



Delivering the Future of Genomic Medicines

August 2025



Forward-Looking Statements and Legal Disclaimers

This presentation, and accompanying oral commentary, contains forward-looking statements regarding our current expectations. These forward-looking statements include, without limitation, statements relating to: the therapeutic and commercial potential and value of our product candidates and engineered capsids, including the ability of our zinc finger epigenetic regulators to address various neurological diseases and our capsid engineering platform to expand delivery beyond currently available methods; potential STACTM-BBB partnerships and its manufacturability at commercial scale; the potential to develop, obtain regulatory approvals for and commercialize durable, safe and effective therapies to treat certain diseases and the timing, availability and costs of such therapies; the potential to use ZF, SIFTER and other technologies to develop durable, safe and effective therapies and capsids; the potential for us to benefit and earn development and commercial milestone and royalty payments and additional licensed target fees from our collaborations and the timing of any such benefits and payments; plans for the near-term execution of a Fabry commercialization license agreement; anticipated revenues from existing and new collaborations and the timing thereof; plans and expectations to seek partners or collaborators for certain of our programs; the potential for isaralgagene civaparvovec to qualify for the FDA's Accelerated Approval program, including the adequacy of data generated in the Phase 1/2 STAAR study to support any such approval; expectations concerning the availability of additional data to support a potential BLA submission for isaralgagene civaparvovec, and the timing of such submission; the potential to accelerate the expected timeline to approval and bring isaralgagene civaparvovec to patients sooner than previously expected; the anticipated advancement of isaralgagene civaparvovec to registration; the advancement of our preclinical neurology programs, including the potential of ST-503 to transform the chronic neuropathic pain landscape, plans to initiate patient enrollment and dosing for ST-503 and announcement and timing of such preliminary proof of efficacy data, and anticipated prion disease CTA submission and announcement and timing of related preliminary clinical data; plans regarding our financial resources, including the impact of a potential Fabry commercialization license agreement to provide cash runway through clinical data readouts for lead neurology programs, iSFN and prion disease; anticipated plans and timelines for us and our collaborators conducting our ongoing and potential future clinical trials and presenting data from our clinical trials and those of our partners and making regulatory submissions; the anticipated advancement of our product candidates to late-stage development, including potential future registrational trials, execution of our corporate strategy, our pipeline, the identification of additional targets, and the advancement of preclinical programs to the clinic, key milestones and catalysts, and other statements that are not historical fact. These statements are not guarantees of future performance and are subject to certain risks and uncertainties that are difficult to predict. Our actual results may differ materially and adversely from those expressed. Factors that could cause actual results to differ include, without limitation, the uncertain and costly research and development process, including the risk that preclinical results may not be indicative of any future clinical trials, to the effects of macroeconomic factors or financial challenges, including as a result of ongoing overseas conflicts, tariffs, geopolitical instability, inflation and fluctuations in interest rates on the global business environment, healthcare systems and business and operations of us and our collaborators, including the initiation and operation of clinical trials; the research and development process; the uncertain timing and unpredictable results of clinical trials, including whether preliminary or initial clinical trial data will be representative of final clinical trial data and whether final clinical trial data will validate the safety, efficacy and durability of product candidates; the unpredictable regulatory approval process for product candidates across multiple regulatory authorities; the potential for Sangamo to cease development of the Hemophilia A program, whether due to its inability to secure options to bring the program forward or otherwise; the manufacturing of products, product candidates and capsids; the commercialization of approved products; the potential for technological developments that obviate technologies used by us and our collaborators; the potential for us or our collaborators to breach or terminate collaboration agreements; the potential for us to fail to realize our expected benefits of our collaborations; the uncertainty of our future capital requirements, financial performance and results, our lack of capital resources to fully develop, obtain regulatory approval for and commercialize our product candidates, including our ability to secure collaboration for some of our programs, our ability to secure the funding required to advance our preclinical programs in a timely manner or at all; and our lack of capital resources and need for substantial additional funding to execute our operating plan and to operate as a going concern, including the risk we will be unable to obtain the funding or partnerships, in particular for our Fabry disease program, or additional collaboration partners necessary to advance our preclinical and clinical programs and to otherwise operate as a going concern in which case we may be required to cease operations entirely, liquidate all or portion of our assets and/or seek protection under applicable bankruptcy laws middle all or a portion of out. There can be no assurance that we and our collaborators will be able to develop commercially viable products. These risks and uncertainties are described more fully in our Annual Report on Form 10-K for the fiscal year ended December 31, 2024 and our Quarterly Report on Form 10-Q for the quarter ended June 30, 2025, as filed with the Securities and Exchange Commission ("SEC") and future reports filed with the SEC. Forward-looking statements contained in this presentation speak only as of the date hereof, and we undertake no duty to update such information except as required under applicable law. This presentation concerns investigational product candidates that are under preclinical and/or clinical investigation, and which have not yet been approved for marketing by any regulatory agency. They are currently limited to investigational use, and no representations are made as to their safety or efficacy for the purposes for which they are being investigated. Any discussions of safety or efficacy are only in reference to the specific results presented here and may not be indicative of an ultimate finding of safety or efficacy by regulatory agencies.

Sangamo is a differentiated genomic medicine company focused on treating debilitating neurological diseases



Potent zinc finger epigenetic regulation technology, with neurology programs advancing towards the clinic



Industry-leading AAV capsid discovery platform has demonstrated non-invasive intrathecal and intravenous delivery to the brain



Powerful research platform **continually innovates in new modes of genome modulation** to support value creation opportunities for both wholly owned programs and potential partners



Strong roster of current partners and a **clear regulatory pathway to Accelerated Approval** agreed with U.S. FDA in Fabry disease, with partner negotiations ongoing

SHARP STRATEGIC FOCUS IN NEUROLOGY

OPTIMIZING ASSET VALUE

Why neurology genomic medicines?

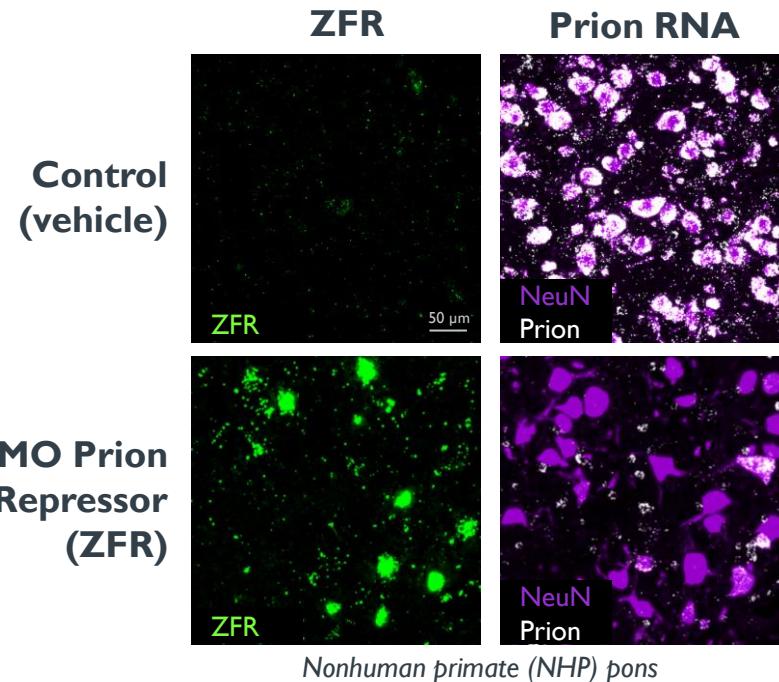
- Widespread, debilitating diseases, largely unserved by current approaches
- Many neurology indications are single-gene or gene-associated
- Genomic medicines are well suited to neurology:
 - Targeting diseases at the DNA level reduces therapeutic complexity
 - Gene expression can be fine-tuned to the level needed for proper brain function
 - Potential for durable effect as most brain cells do not divide
- Addressing the issues of widespread brain delivery is critical to creating an effective neurology medicine



Sangamo pairs the epigenetic regulation *and* capsid delivery capabilities needed to create neurology genomic medicines

Genome-Targeting Cargo

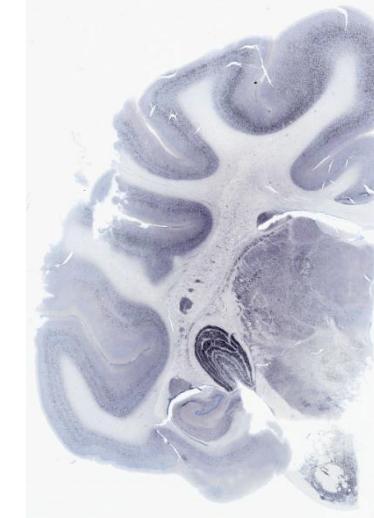
Epigenetic regulation platform



Capsid Delivery Engine

AAV capsid delivery platform via intravenous delivery

SGMO Intravenous Capsid



Negative Control (no treatment)



Sangamo
THERAPEUTICS

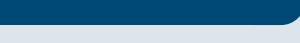
Future of Neurology Genomic Medicines

Company pipeline and business development opportunities

NEUROLOGY PIPELINE – WHOLLY OWNED

| Indication | Preclinical | Phase 1/2 | Pivotal | Partner | Commentary |
|--|--|-----------|---------|---------|--|
| Idiopathic Small Fiber Neuropathy (ST-503) |  | | | - | First clinical site initiated in Phase 1/2 STAND study. Dosing expected fall 2025. |
| Prion Disease (ST-506) |  | | | - | CTA submission anticipated as early as mid-2026 |
| Undisclosed neurology target(s) |  | | | - | |

NEUROLOGY PIPELINE – PARTNERED

| Partnered Indication | Preclinical | Phase 1/2 | Pivotal | Partner | Commentary |
|--|---|-----------|---------|--|--|
| Tauopathies  |  | | |  A Member of the Roche Group | August 2024: Announced epigenetic regulation and capsid delivery license agreement |
| Undisclosed neurology target  |  | | |  A Member of the Roche Group | |
| Undisclosed neurology target  |  | | |  | December 2024: Announced capsid license agreement for up to five neurological diseases |
| Undisclosed CNS target  |  | | |  | April 2025: Announced capsid license agreement for up to five diseases of the CNS |
| ALS/FTD  |  | | |  | |
| Huntington's Disease  |  | | |  | |

OTHER PROGRAMS

| Indication | Preclinical | Phase 1/2 | Pivotal | Partner | Commentary |
|---|--|-----------|---------|---------|---|
| Fabry Disease (Isaralgagene civaparvovec) |  | | | - | June 2025: Announced positive topline readout from registrational STAAR study. BLA submission expected as early as 1Q 2026. |
| Hemophilia A (Giroctogene fitelparvovec) |  | | | * | July 2024: Positive readout in Phase 3 AFFINE trial. |

* We continue to seek a potential collaboration partner to commercialize the Hemophilia A program
 CTA: clinical trial application; CNS: central nervous system; BLA: biologics license application
 Wholly owned programs subject to our ability to secure adequate additional funding

Gateway neurology indication: ST-503 for chronic neuropathic pain

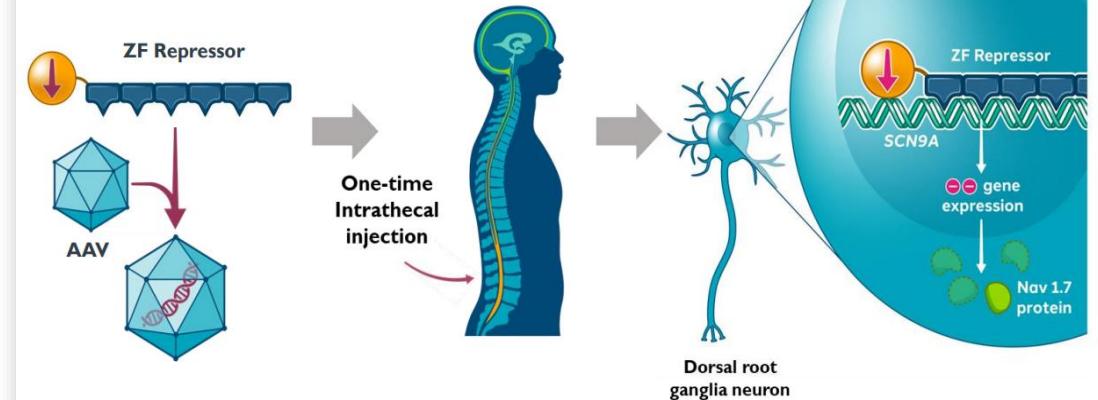


Epigenetic regulation
has the potential to
fundamentally reshape the
treatment of chronic intractable
pain, which impacts millions
globally, with few adequate
treatment options

KEY ANTICIPATED MILESTONES

Fall 2025: Initiate patient dosing

Q4 2026: Preliminary proof of efficacy data



- Starting in **idiopathic small fiber neuropathy (iSFN)**, a debilitating chronic neuropathic pain impacting **43,000 in the U.S.**
- Nav1.7 sodium channel**, encoded by the **SCN9A gene**, is involved in a spectrum of inherited neuropathies
- Engineered **ZFR** resulted in **~70% repression of SCN9A gene** and **reduced pain hypersensitivity in mice**, with **high level of Nav1.7 specificity**
- Intrathecal delivery of **ZFR in NHPs** by AAV9 demonstrated up to **60% repression of SCN9A** in dorsal root ganglia (DRG) tissue
- Short timescale** to expected preliminary clinical efficacy readout
- Gateway pain indication:** if successful, ST-503 could be broadened to other types of chronic neuropathic pain e.g. trigeminal neuralgia

Gateway neurology indication: Prion disease



Clear path

to potential clinical validation in a devastating disease with no current approved treatment options

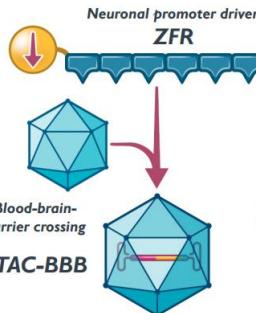
KEY ANTICIPATED MILESTONES

As early as mid-2026: Prion CTA submission

Late-2026: Clinical trial enrollment and dosing

Mid-2027: Preliminary clinical data

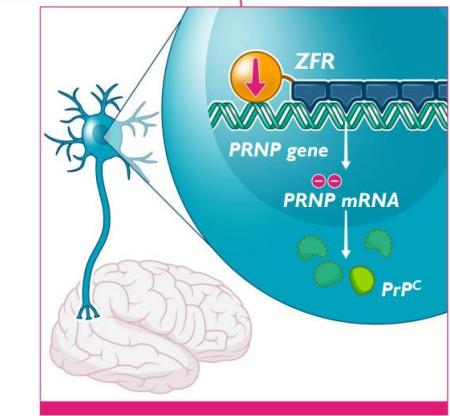
ZFR cassette packaged into AAV vector



One-time IV administration



Stable PrP^C reduction in neurons in the brain



- Progressive condition leading to **rapid neurodegeneration and death**, with **no disease modifying therapy**
- At least **1,300 new cases each year in U.S. and Europe***
- Caused by the **misfolding of the prion protein (PrP)** into toxic species
- **ZFR-driven reduction of neuronal PrP expression** in prion-inoculated mice **profoundly extended survival**, reduced PrP in the brain and **improved biomarker and behavioral readouts**
- Widespread ZFR expression and **prion gene repression seen in NHP brains** following intravenous (IV) **STAC-BBB** administration
- **First-in-human** trial of novel **STAC-BBB** capsid, which if successful, could validate broader neurology pipeline

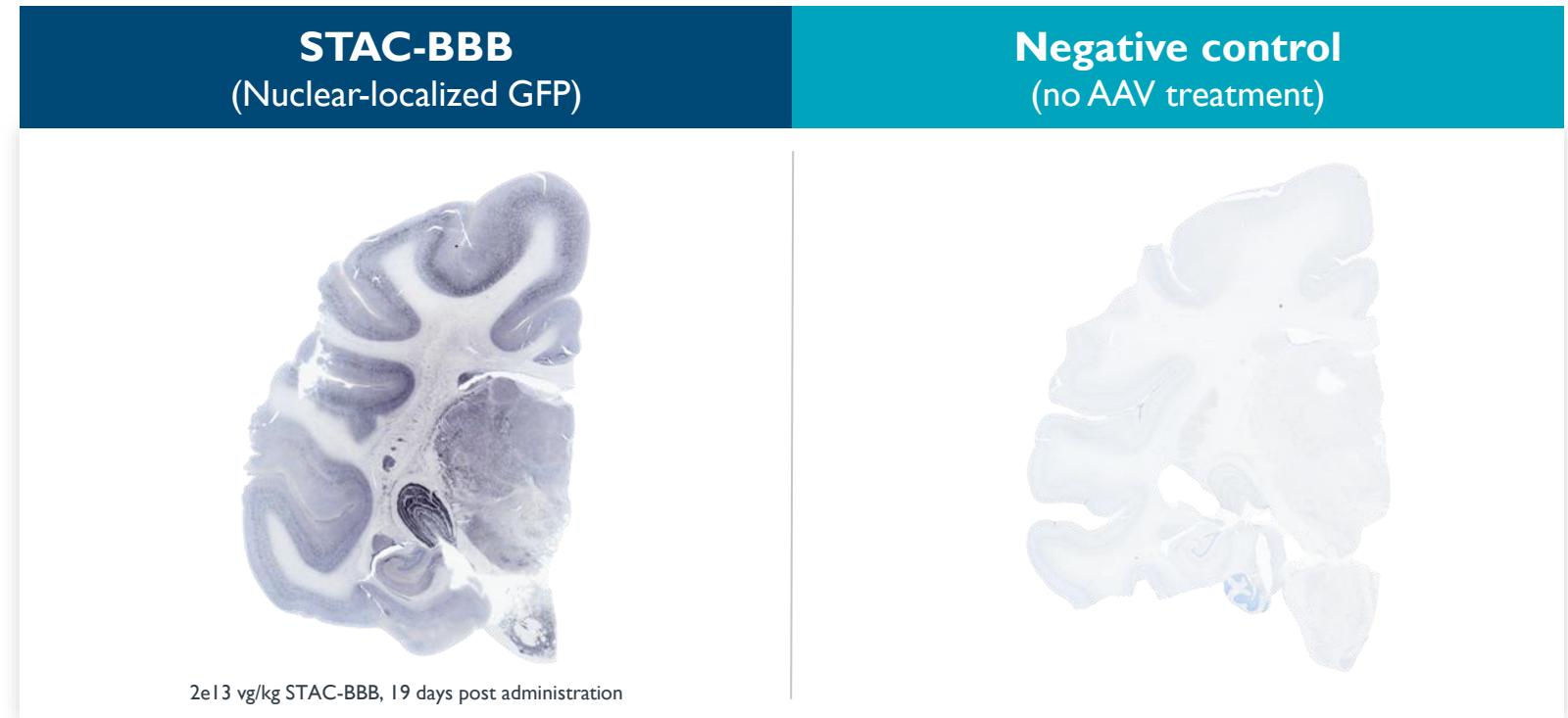
Widespread CNS delivery is challenging with conventional AAVs

Our capsid engineering platform has demonstrated the ability to expand delivery, with industry-leading results



STAC-BBB

Showed robust penetration of the BBB and widespread transgene expression throughout the brain in NHPs following intravenous administration



- Enabled **strong expression** of zinc-finger cargo throughout the brain, including **all key brain regions**
- **Industry-leading** performance: **700-fold higher** transgene expression than benchmark capsid AAV9
- **Capsid-enabled delivery of zinc finger payloads** targeting prion disease and tauopathies resulted in **widespread repression** of target genes
- Vector genomes were **enriched in the CNS** and appear **de-targeted from the DRG and the liver**
- STAC-BBB is already the subject of **three blue-chip pharma agreements** (Genentech, Astellas and Lilly) with the potential for additional partnerships

— Biopharma agreements have demonstrated industry interest in STAC-BBB and could provide significant economics for Sangamo

STAC-BBB partnerships

Genentech
A Member of the Roche Group

 astellas

 Lilly

Potential for additional STAC-BBB license agreements

\$88m
cash received from
partners to date

Up to \$4.6b
in potential future milestones and
exercise fees assuming exercise of
all options and targets

**Additional
potential product
royalties**

Numerous Benefits of Partnerships:

Partner buy-in validates the science

Provides potential non-dilutive capital to advance pipeline

Leverages partner domain expertise

Promotes optimal resource allocation to advance late-stage clinical development

Company Highlights



Advancing epigenetic regulation for important gateway neurology diseases like chronic neuropathic pain and prion disease, with preliminary clinical data anticipated in Q4 2026 for iSFN



Proprietary AAV blood-brain barrier penetrant capsid (STAC-BBB) with industry leading CNS tropism in NHPs. Already the subject of license agreements with Genentech, Astellas and Lilly, with potential for additional partnerships.



STAC-BBB potentially unlocks multiple neurology epigenetic programs that could be advanced ourselves or with partners



Novel next-generation modular integrase (MINT) platform allows targeting of a serine recombinase engineered to enable large-scale genome editing



Positive topline readout in registrational STAAR study in Fabry disease. Clear pathway to Accelerated Approval with FDA, with potential BLA submission as early as 1Q 2026 (3-year acceleration). Engaged in potential commercialization partner negotiations.



2Q25 Business Updates

2Q25 Key Takeaways

Announced positive topline results from registrational STAAR study in Fabry disease, including positive mean annualized eGFR slope at 52-weeks across all dosed patients, which FDA has agreed will serve as primary basis of approval.

Neurology Pipeline

- Initiated first clinical site in Phase 1/2 STAND study of ST-503 for treatment of intractable pain due to idiopathic small fiber neuropathy (iSFN), a type of chronic neuropathic pain.
- Expect to dose first patient in the fall of 2025, with preliminary proof of efficacy data anticipated Q4 2026.
- CTA-enabling activities advance for ST-506 in prion disease, with a CTA submission expected as early as mid-2026.
- Held productive meeting with the MHRA for ST-506, including alignment on nonclinical safety studies and clinical study design.

Fabry Disease

- Announced positive topline results from registrational STAAR study, including a positive mean annualized eGFR slope of 1.965 mL/min/1.73m²/year (95% CI: -0.153, 4.083) observed at 52-weeks across all 32 dosed patients.
- Key secondary endpoints also positive. Elevated expression of α -Gal A activity maintained up to 4.5 years for longest treated patient. Plasma lyso-Gb3 levels remained generally stable following ERT withdrawal. A stabilization in cardiac endpoints was also observed.
- ST-920 demonstrated favorable safety and tolerability profile, without the requirement for preconditioning.
- Sangamo continues to engage with the FDA ahead of an anticipated BLA submission as early as Q1 2026.



Financial Highlights

- Raised approximately \$21 million in net proceeds from an underwritten registered equity offering.
- Approximately **\$38.3 million in cash and cash equivalents** as of June 30, 2025, which, together with the proceeds from our at-the-market offering program since June 30, 2025, we believe will be sufficient to fund our planned operations into the fourth quarter of 2025.



Q2 Pipeline Progress & Anticipated Milestones

CORPORATE UPDATES

- ✓ Raised approximately \$21 million in net proceeds from an underwritten registered equity offering.
- Continue to engage in potential business development discussions across the Sangamo pipeline and platforms.

NEUROLOGY

- ✓ Initiated first clinical site in Phase 1/2 STAND study of ST-503 for treatment of intractable pain due to iSFN.
- ✓ Expect to dose first iSFN patient in the fall of 2025.
- Preliminary ST-503 proof of efficacy data anticipated in Q4 2026.
- ✓ Continued to advance CTA-enabling activities for ST-506 in prion disease, leveraging STAC-BBB.
- ✓ Held productive meeting with MHRA for ST-506, including alignment on nonclinical safety studies and clinical study design.
- ✓ Presented in the prestigious Presidential Symposium at the 28th American Society of Gene & Cell Therapy (ASGCT) Annual Meeting to showcase the potent combination of epigenetic regulation and capsid delivery technology for the treatment of prion disease in animal models, including a profound survival extension observed in disease mouse models.
- A CTA submission for prion is expected as early as mid-2026.

FABRY DISEASE

- ✓ Announced positive topline results from registrational STAAR study in Fabry disease, including positive mean annualized eGFR slope at 52-weeks across all dosed patients, which FDA has agreed will serve as primary basis of approval.
- ✓ Following a single dose of ST-920, a positive mean annualized eGFR slope of 1.965 mL/min/1.73m²/year (95% confidence interval (CI): -0.153, 4.083) at 52-weeks was observed across all 32 dosed patients in the study.
- ✓ Key secondary endpoints in the study were also positive and patients demonstrated a range of other clinical benefits.
- ✓ ST-920 was well tolerated, without the need for preconditioning.
- Sangamo continues to engage with the FDA ahead of an anticipated BLA submission as early as Q1 2026 and continues to engage in business development negotiations for a potential Fabry commercialization agreement.

Financial metrics

Historical

\$910m

Cash received from
partners to date

\$33.0m*

Non-GAAP OpEx – Q2 2025

~\$38.3m

Cash and cash equivalents balance
as of 6/30/25

Forward Looking

Up to \$6.1b

In potential future milestones and exercise fees, assuming exercise of all
options and targets

\$125m – \$145m (2025)**

Non-GAAP OpEx guidance excludes certain non-cash charges as noted
below***

* On a GAAP basis, the Q2 2025 operating expenses were \$36.2 million which included depreciation and amortization of \$1 million and stock-based compensation expense of \$2.2 million.

** Assuming adequate additional funding.

*** On a GAAP basis we expect our 2025 operating expenses to be in the range of \$135 million - \$155 million, including estimated depreciation and amortization of approximately \$3 million and estimated stock-based compensation expense of approximately \$7 million.



Engineering Versatile Zinc Finger Payloads for Neurology

Sangamo has the tools needed to advance a next-generation neurology genomic medicine company



Potent Zinc Finger Cargo

Level of potency is precisely customizable to the indication being targeted



Versatility and Exquisite Specificity

We believe any gene in the genome is targetable for up- or down-regulation



All Human Derived

Potentially avoids issues with immunogenicity



Small Size. Easily Packaged.

Zinc fingers can be easily packaged into viral vectors



Powerful AAV Delivery Platform

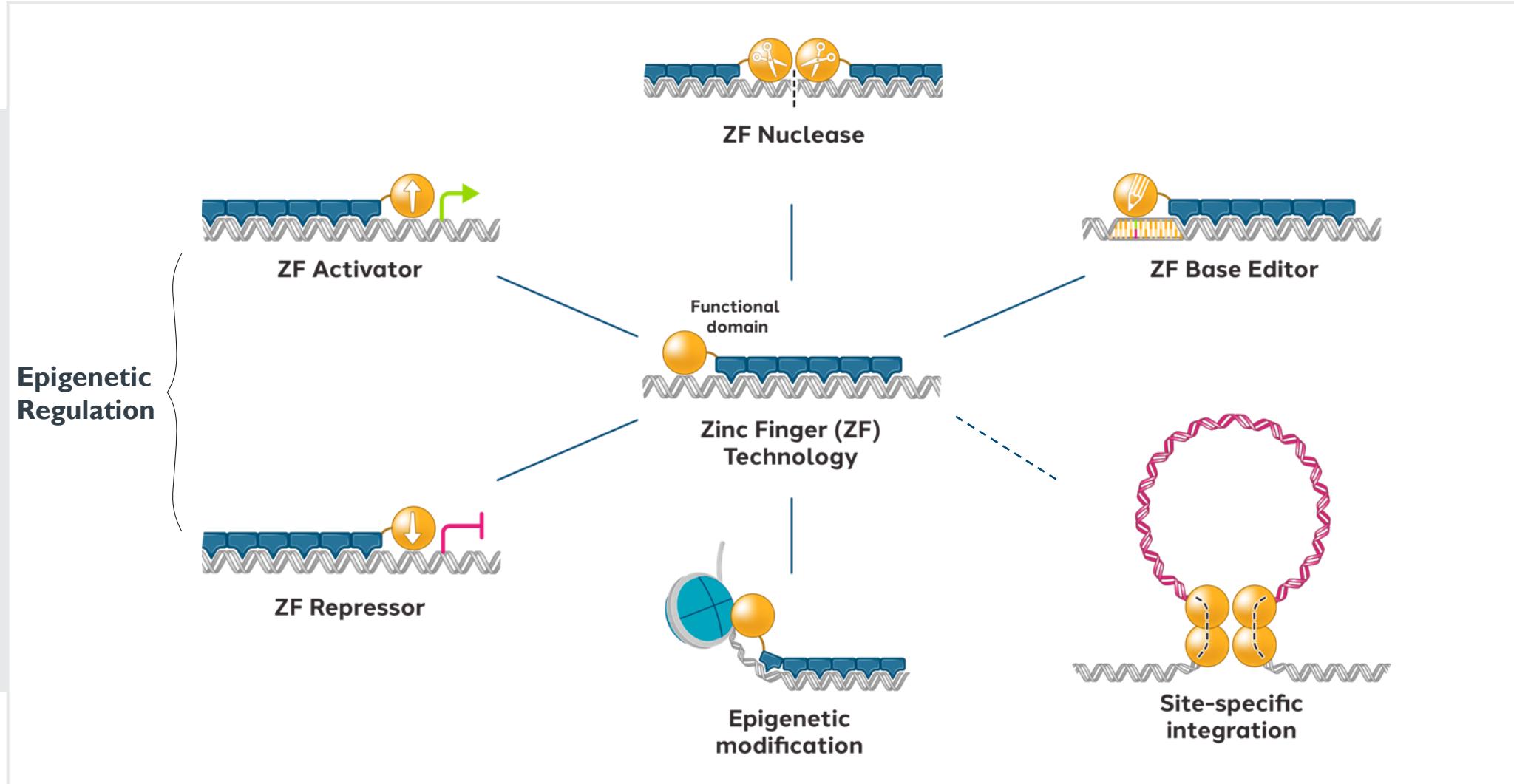
Widespread zinc-finger 'cargo' delivery – via both intravenous AND intrathecal delivery



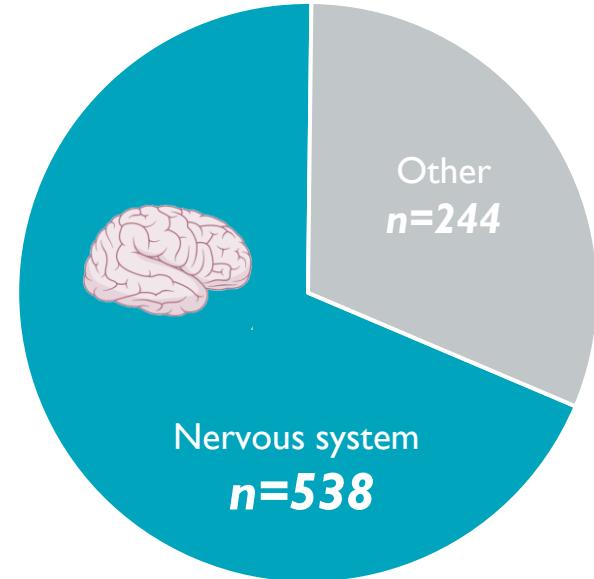
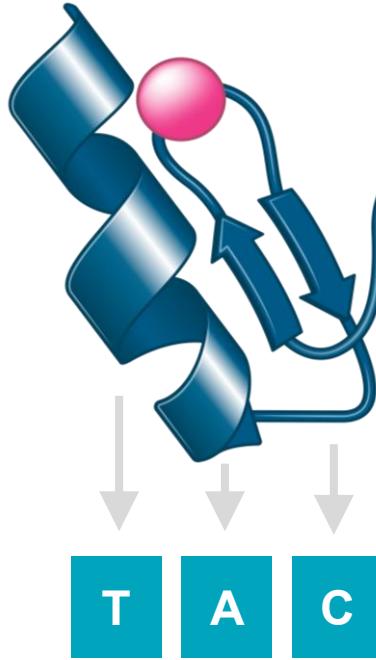
Industry Leading CNS Tropism

Robust penetration of the blood-brain barrier and widespread brain distribution in NHPs

Sangamo's differentiated genomic engineering platform is flexible, creating specific tools for the needs of each target



Zinc finger epigenetic regulators are the ideal cargo for neurology-focused genomic medicines



Zinc Fingers are natural proteins that bind DNA with high specificity

At least 782 human genes encode Zinc Finger Proteins
Most regulate the epigenetic state of other genes

n=782 C2H2 ZF-containing genes

Sources: Ensembl human genes; GTEx: CNS (>5 TPM)
ASO: antisense oligonucleotide



| | ZFR/ZFA | ASO | CRISPR |
|-------------------------|---------|-----|--------|
| Single administration | ✓ | ✗ | ✓ |
| Human derived | ✓ | ✗ | ✗ |
| Target any sequence | ✓ | ✗ | ✗ |
| Cell-type specificity | ✓ | ✗ | ✗ |
| Compact / multiplexing | ✓ | ✗ | ✗ |
| Supplement with cDNA | ✓ | ✗ | ✗ |
| All RNA / protein forms | ✓ | ✗ | ✓ |
| Allele specific | ✓ | ✗ | ✗ |

Zinc fingers are differentiated in key therapeutic features for potentially treating neurologic diseases

Sangamo's neurology portfolio provides opportunities for wholly owned program advancement and potential partnering opportunities

| | | | | | | | |
|--|---|--|--|---|---|--|---|
| WHOLLY OWNED PRIORITY PROGRAMS | Chronic Neuropathic Pain Nav1.7  | Prion Disease PRNP  | | | | | |
| CURRENTLY PAUSED CARGO PROGRAMS ENABLED BY STAC-BBB | Phelan-McDermid Syndrome SHANK3  | Dravet Syndrome SCN1A  | Myotonic Dystrophy Type I DMPK  | ALS SOD1  | Charcot Marie Tooth 2A MFN2  | Charcot Marie Tooth 1A PMP22  | Haploinsufficiency Syndrome SCN2A  |
| PARTNERED PROGRAMS | ALS C9orf72  | Huntington's Disease HTT  | Tauopathies MAPT  <small>A Member of the Roche Group</small> | Undisclosed neurology  <small>A Member of the Roche Group</small> | Undisclosed neurology  | Undisclosed CNS  | |

ALS: Amyotrophic Lateral Sclerosis; CMT: Charcot-Marie Tooth

 Cerebrospinal fluid (CSF) capsid  Intravenous (IV) capsid



Epigenetic regulation to address chronic neuropathic pain

The urgent need for novel chronic neuropathic pain therapeutics



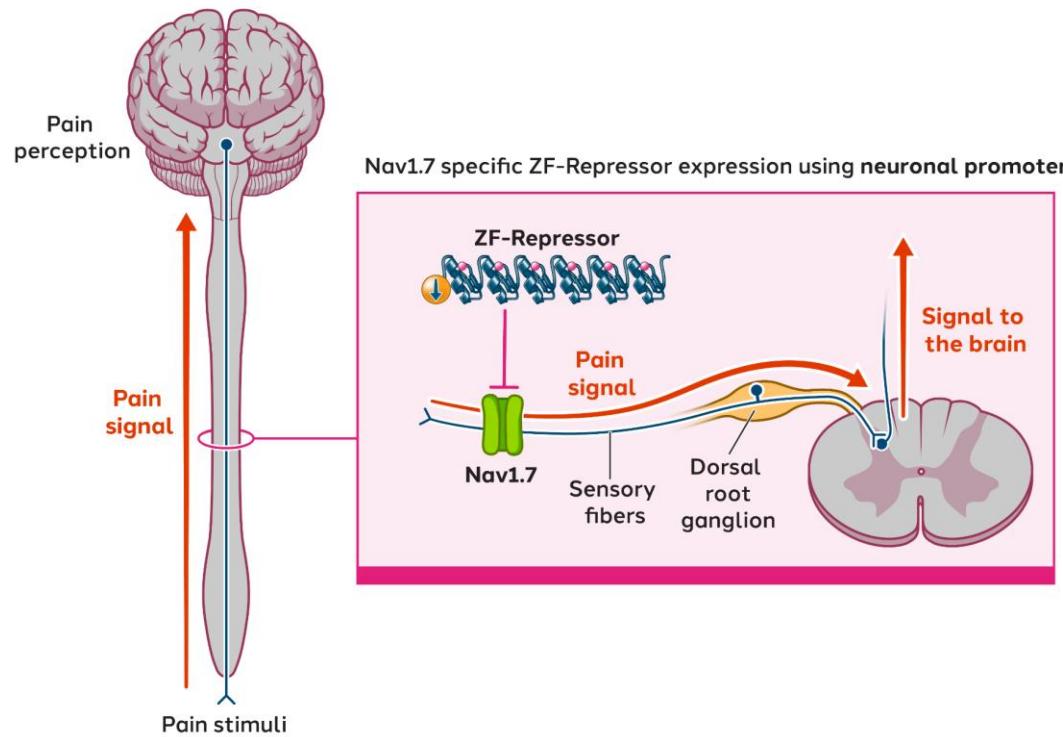
Epigenetic regulation
has the potential to
fundamentally reshape the
treatment of intractable pain



- ST-503 is an **investigational epigenetic regulator** for the treatment of **intractable, chronic neuropathic pain**
- **Peripheral neuropathies** are estimated to affect **~40 million Americans**
- Our **first study** assesses ST-503 in **idiopathic small fiber neuropathy (iSFN)**, a type of chronic neuropathic pain
- iSFN is a **chronic, highly debilitating** pain syndrome, with an estimated prevalence of at least **43,000 patients in the U.S**
- **High unmet medical need**, with insufficient current treatment options (anticonvulsants, opioids and topical therapies)
- **Short timescale** to expected clinical efficacy readout
- **Gateway indication:** if successful, ST-503 could be **broadened** to other types of **chronic neuropathic pain**

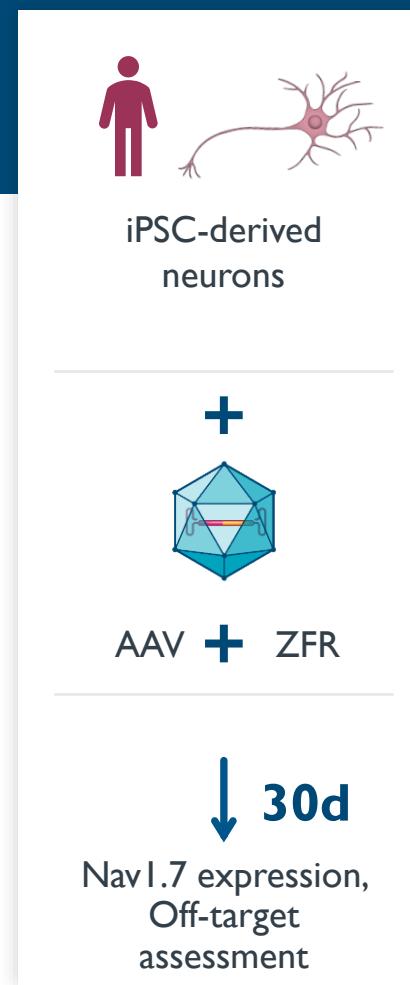
— Targeting the Nav1.7 pathway at the DNA level, we seek to succeed where others have failed

ST-503 targets a gene validated by human genetics and leverages an AAV delivery capsid already in the clinic

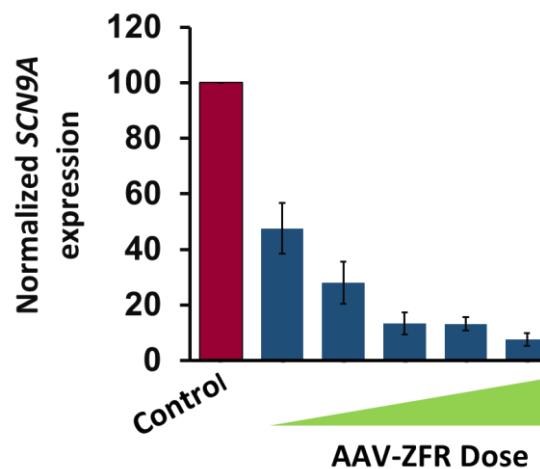


- A significant body of evidence implicates **sodium channels** in mediating the **pathophysiology of neuropathic pain**
- **Nav1.7** is a voltage gated sodium channel expressed in the Dorsal Root Ganglion (DRG)
- Blocking Nav1.7 in the DRG is expected to prevent the **transmission of nociceptive pain signals** to the brain
- This allows us to target multiple **neuropathic pain indications**, regardless of the cause of the pain
- Reducing pain by inhibiting Nav1.7 is not predicted to be associated with **any neurological side effects**
- Administered **intrathecally via AAV9**, a well-established, well-tolerated capsid

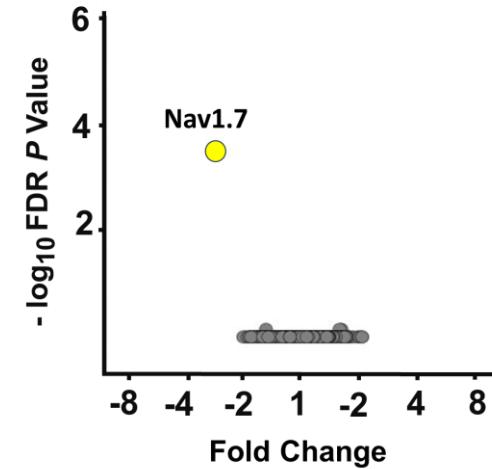
Zinc finger repressors potently reduced Nav1.7 in human neurons with high level of specificity



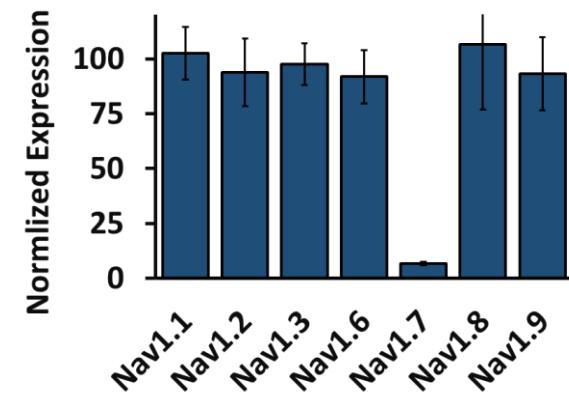
Potent and dose-dependent repression of *SCN9A* gene, which encodes Nav1.7



Selective repression of SCN9A as shown by global transcriptome analysis

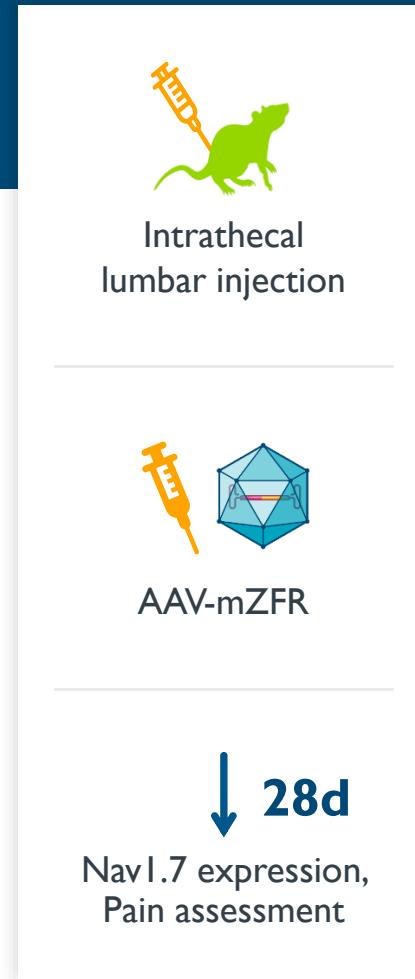


Specific repression of Nav1.7 without impacting other sodium channels

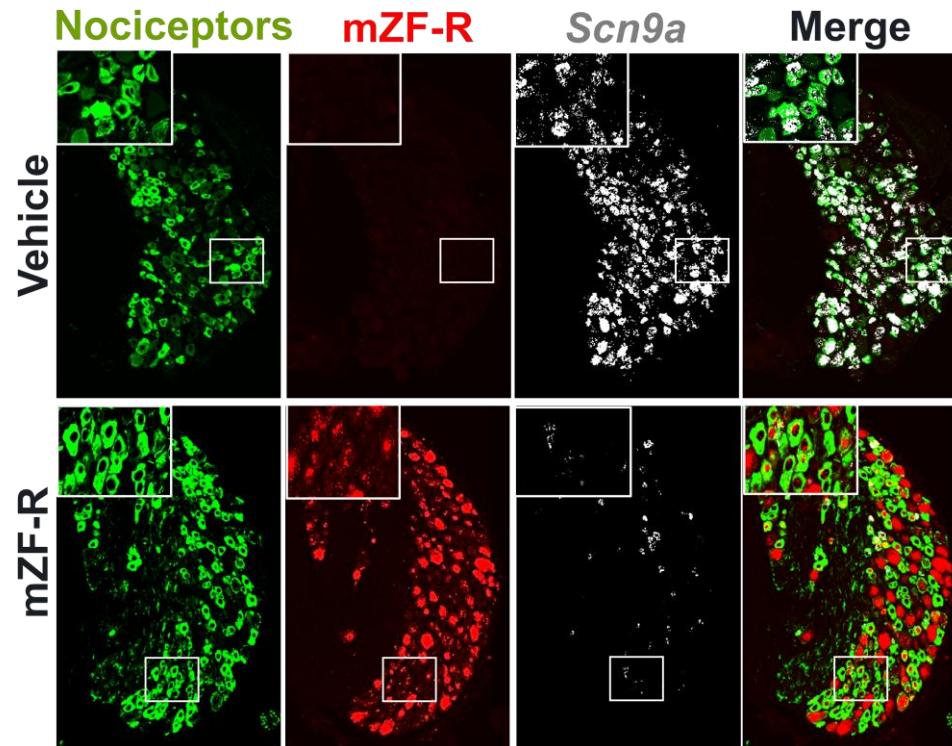


Data presented at ASGCT 2023

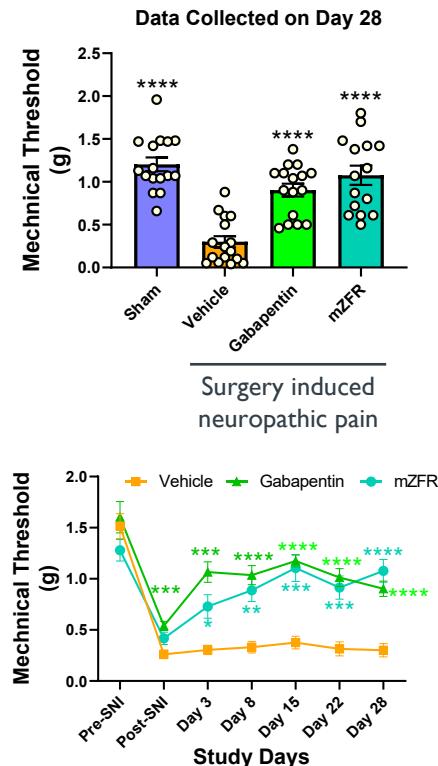
Nav1.7 repressor reversed neuropathic pain in preclinical mouse models



Potent *Scn9a* mRNA repression in mouse Lumbar DRG nociceptors

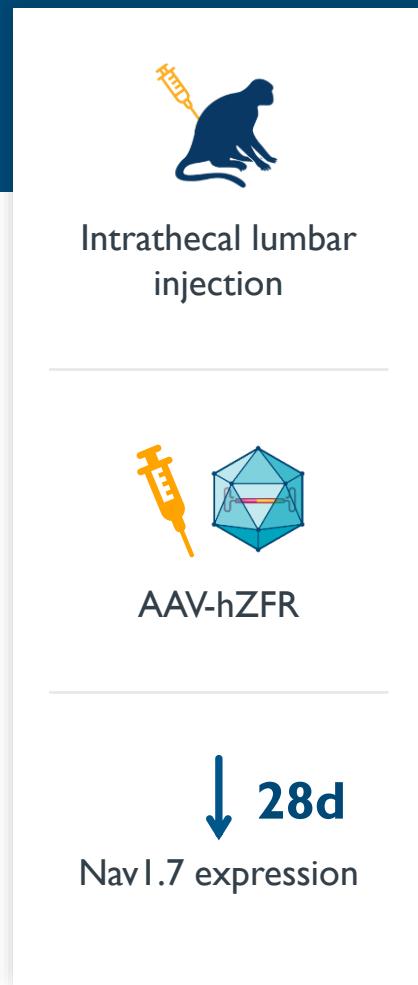


Full restoration of normal sensitivity to mechanical pain

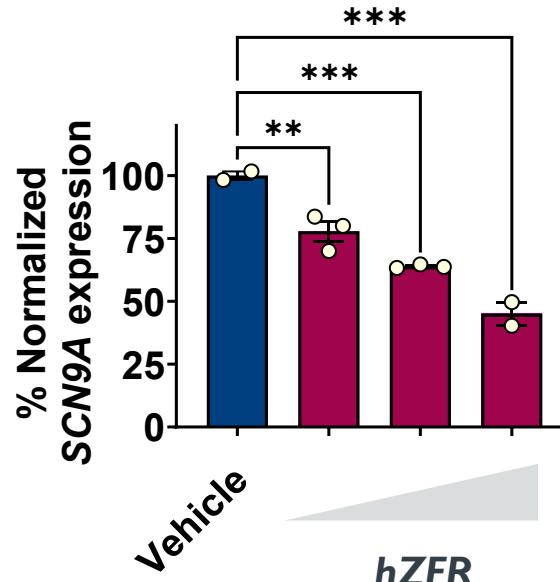


mZFR: mouse ZFR

Potent and selective repression of SCN9A observed in NHPs, with no clinical signs of toxicity or adverse clinical pathology

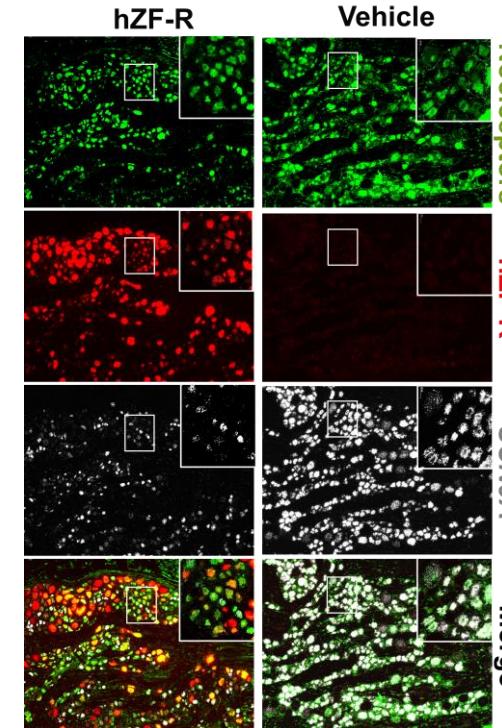


Potent and dose-dependent repression of SCN9A gene, which encodes Nav1.7

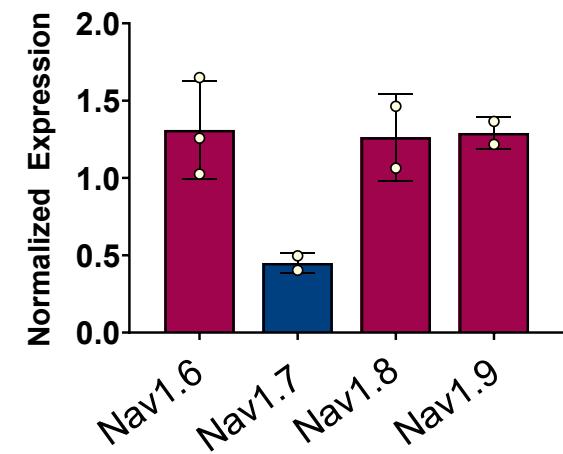


Comparable data were obtained in other DRG levels

Selective repression of SCN9A as shown by single cell analysis



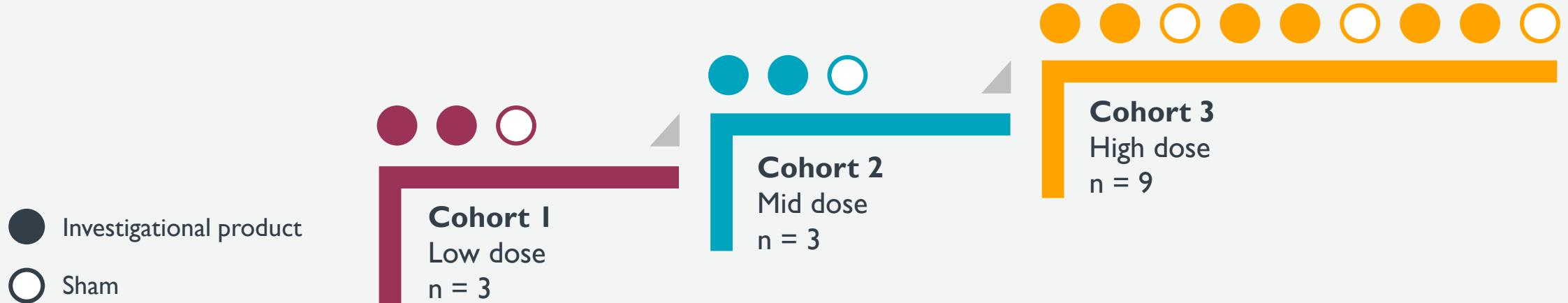
Specific repression of Nav1.7 without impacting other sodium channels



Comparable data were obtained in other DRG levels

hZFR: human ZFR

First clinical site has been initiated, with preliminary proof of efficacy data anticipated in Q4 2026



- FDA clearance of IND received November 2024 to assess **ST-503** in iSFN patients
- Preparing for **double-blind, randomized, sham-controlled dose escalation** study to determine safety and tolerability of single dose **intrathecal ST-503** gene therapy
- Dose escalation protocol with a **2:1 randomization** of investigational product to sham
- **First clinical site initiated** in Phase 1/2 STAND study. Anticipate dosing first patient **in the fall of 2025**.
- Anticipate preliminary **proof of efficacy data** in **Q4 2026**

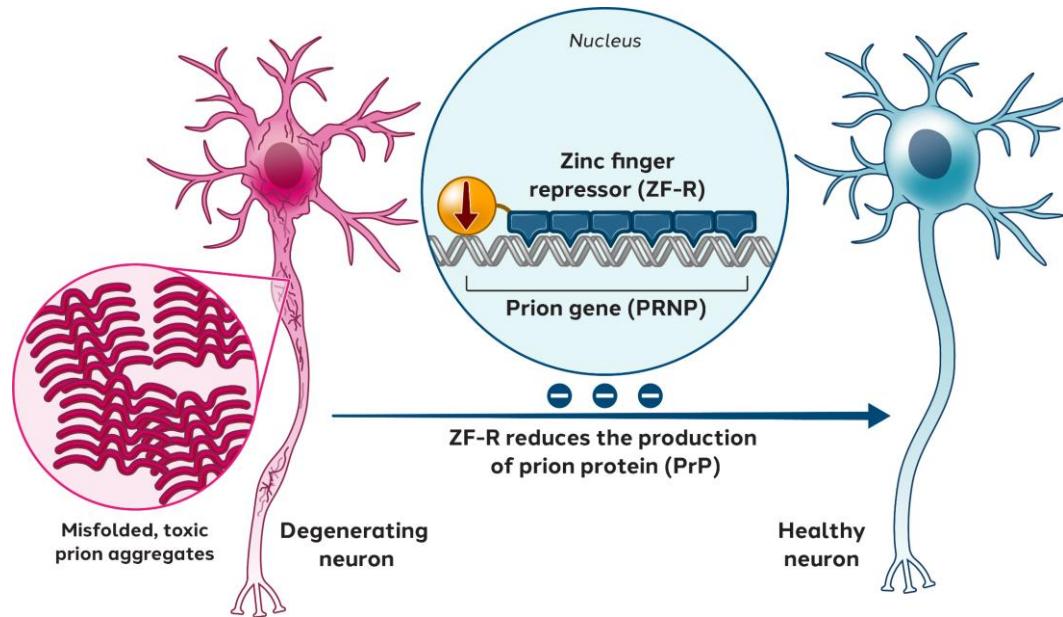


Epigenetic regulation to address prion disease, leveraging STAC-BBB



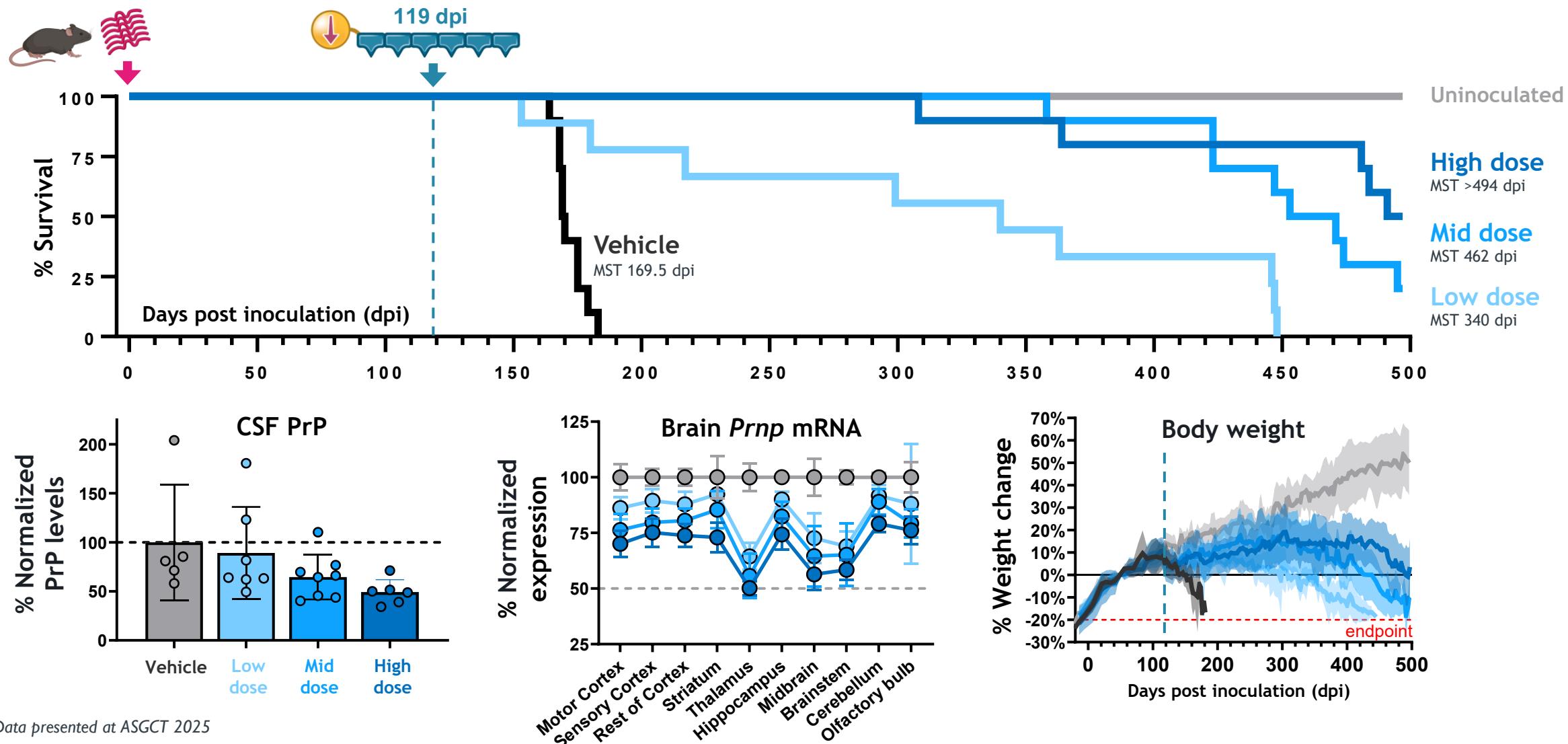
Prion disease is rapidly progressive and always fatal

Path to potential clinical validation in a devastating disease with no current approved treatment options



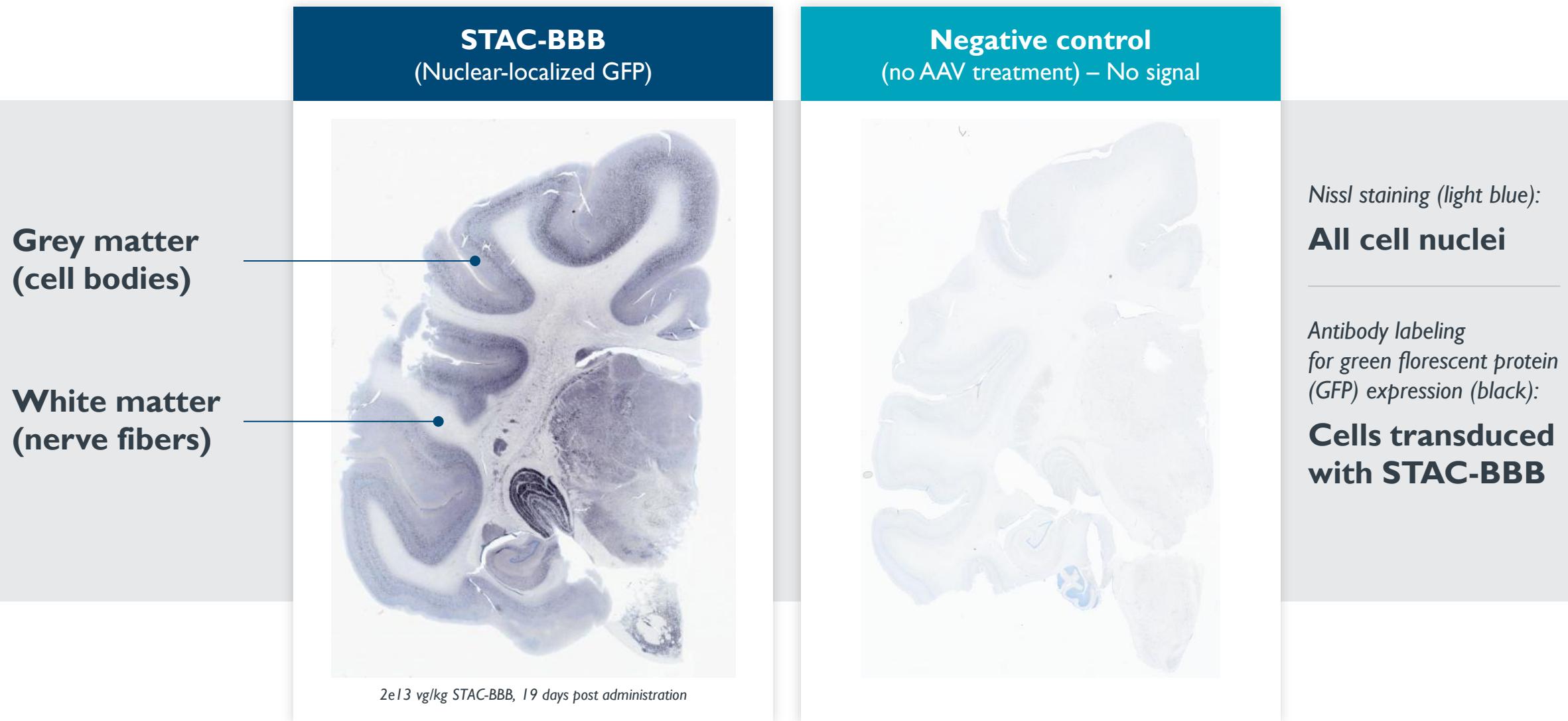
- Progressive condition, with **no disease modifying therapy**
- Caused by the misfolding of the prion protein (PrP) into toxic species, **leading to neurodegeneration and death**
- At least **1,300 new cases** each year in **U.S. and Europe***
- **Sporadic, inherited and acquired forms**
- **Well-defined patient population**
- **Excellent fit** for a zinc finger repression approach
 - Prion knockout animals do not get disease
 - Prion reduction can delay disease
- Repression of prion expression in the brain **should slow or halt disease progression and neurodegeneration**
- **First-in-human** trial of **STAC-BBB** capsid, which if successful, could validate broader wholly owned and partnered programs

Zinc finger repressors extended survival in a mouse model of aggressive prion disease, even when administered post-symptomatically



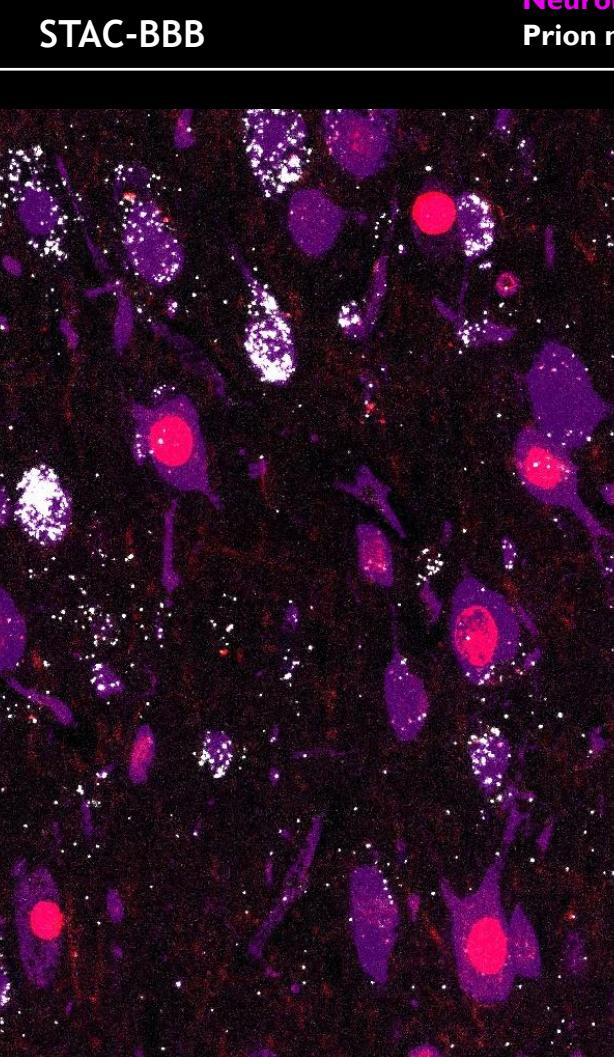
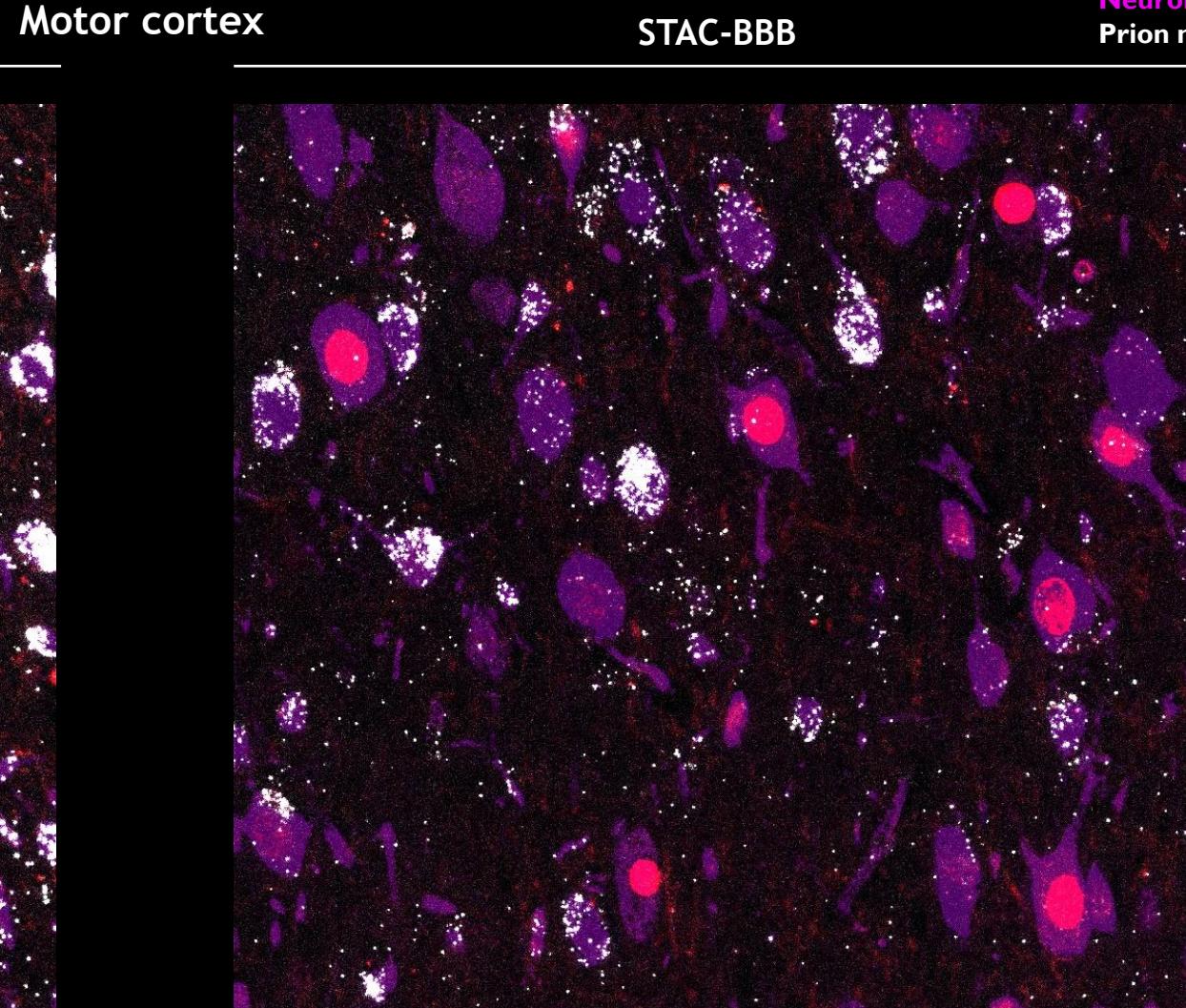
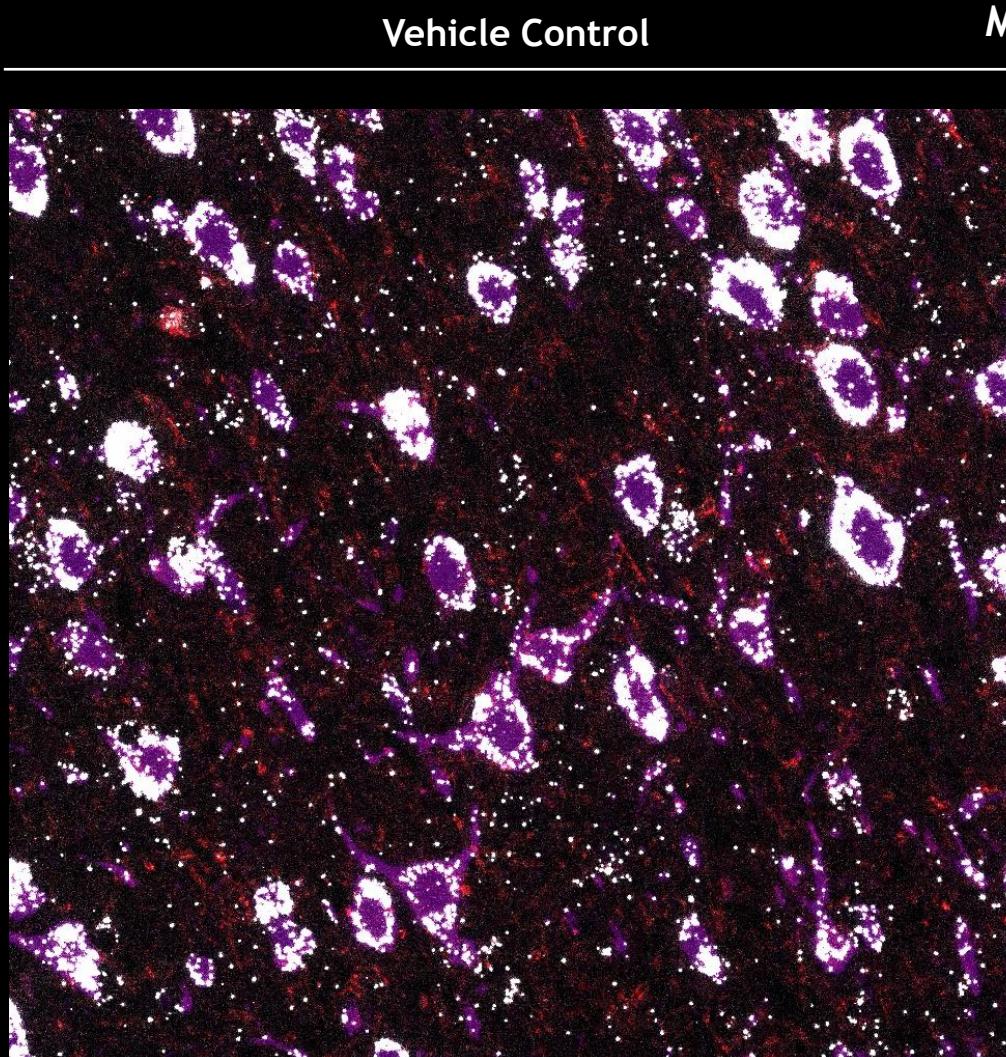
Data presented at ASGCT 2025

— STAC-BBB demonstrated widespread and robust expression throughout the nonhuman primate brain



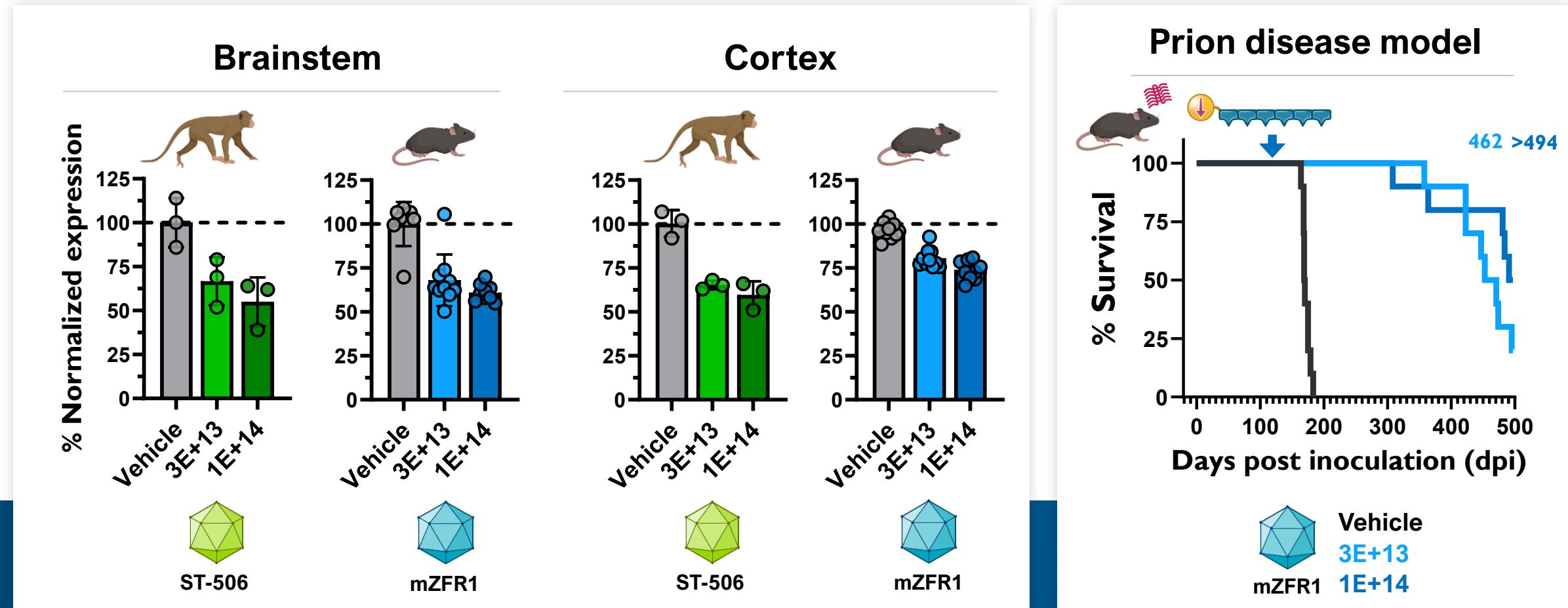
— STAC-BBB mediated ZFR expression and Prion repression in the NHP brain

ZFR+ cells (GFP)
Neurons (NeuN)
Prion mRNA



STAC-BBB transgene encodes a nuclear-localized GFP and PRNP-targeted ZFR
Multiplexed RNAscope ISH / IHC assay for NeuN, GFP, PRNP mRNA, and ZFR mRNA
2e13 vg/kg dose, 19 days post administration

— ST-506 mediated prion repression in NHPs that matched or exceeded levels associated with profound survival extension in mice



ST-506 was safe at both dose levels, with no adverse safety findings in any tissue

Phase 1/2 CTA-enabling activities and clinical study preparations are ongoing

| Item | Category criteria | Score |
|--|--|-------|
| Bowel function | At least one episode of incontinence in last 7 days | 0 |
| | Continent for last 7 days | 1 |
| Bladder function | Always incontinent or catheterized | 0 |
| | Continent or occasional accidents | 1 |
| Toilet use | Fully dependent | 0 |
| | Needs some help | 1 |
| | Independent | 2 |
| Bathing | Fully dependent or needs some help | 0 |
| | Independent | 1 |
| Feeding | Unable or NG/PEG/RIG fed (takes nothing by mouth) | 0 |
| | Needs help but can swallow (even if unsafe) | 1 |
| | Independent | 2 |
| Transfers and mobility | Bedbound, unable to sit | 0 |
| | Can sit, but cannot mobilize or transfer without help (from person or walking aid) | 1 |
| | Can transfer or mobilize independently or both | 2 |
| Stairs | Unable | 0 |
| | Needs help | 1 |
| | Independent | 2 |
| Best verbal response | Mute | 0 |
| | Incomprehensible sounds | 1 |
| | Single words | 2 |
| | Sentences, but difficulty in finding words, uses incorrect words or is often disoriented/confused | 3 |
| | Normal conversation | 4 |
| Memory and orientation to surroundings | Shows no awareness of surroundings or any evidence of memory | 0 |
| | Evidence of retaining some highly learned material (e.g. recognizing familiar people) or awareness of surroundings but no evidence of acquiring new material | 1 |
| | Able to retain some new information but memory consistently impaired | 2 |
| | Memory normal or some impairment off and on | 3 |
| Judgement and problem solving | Unable to show any judgement or problem-solving | 0 |
| | Able to show some judgement or problem-solving, even if this is severely impaired | 1 |
| Use of tools | Unable to use any tools or objects | 0 |
| | Able to use some tools or objects, with help if necessary | 1 |

NG = nasogastric; PEG = percutaneous endoscopic gastrostomy; RIG = radiologically inserted gastrostomy.

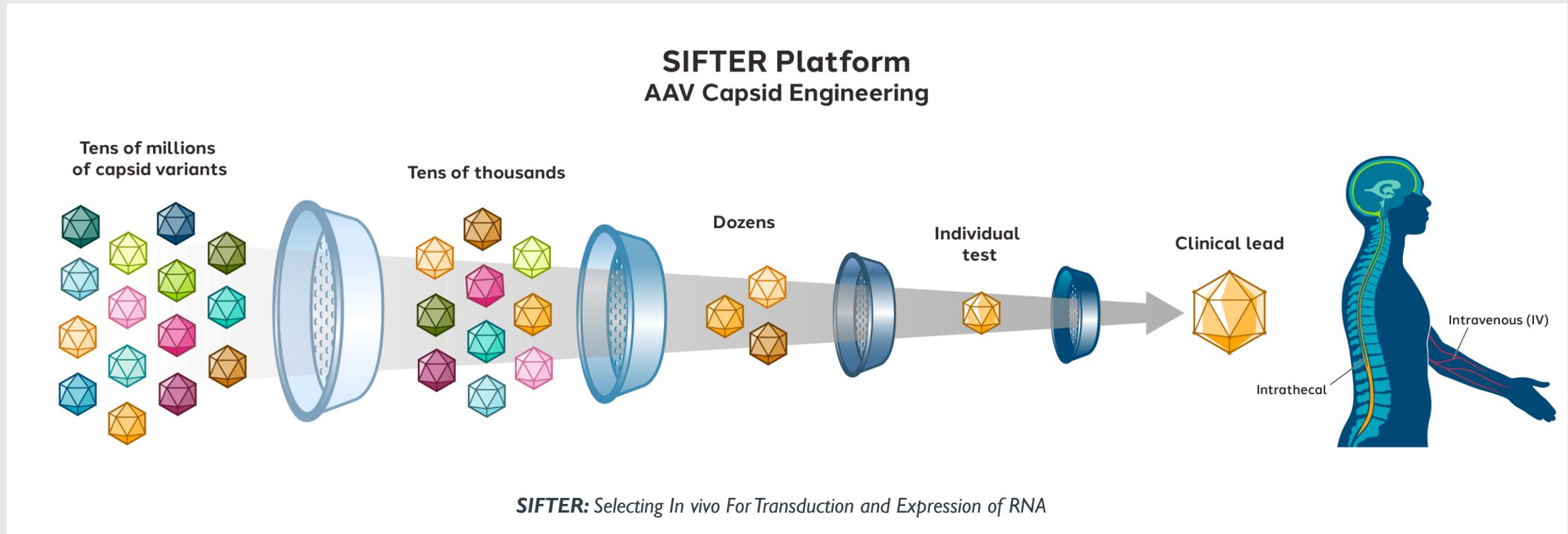
MRC Prion Disease Rating Scale

- **CTA submission anticipated as early as mid-2026**
- Clinical study expected to be a **Bayesian Optimal Interval (BOIN) design** to assess safety and efficacy, while potentially enabling rapid escalation to maximum tolerated dose
- Study will use the **MRC prion disease rating scale** to assess efficacy of the ZFR and **compare to matched historic controls**
- **Aim is to delay progression of disease, offering potential for meaningful extension of survival**
- Plan to initiate clinical study in **late-2026**
- **Anticipate preliminary clinical data in mid-2027**



Achieving Widespread Central Nervous System Delivery for Optimal Therapeutic Benefit

Widespread CNS delivery is challenging with conventional AAVs. Our SIFTER platform is designed to enable the selection of neurotropic AAV capsids to potentially advance our innovative preclinical programs to the clinic.

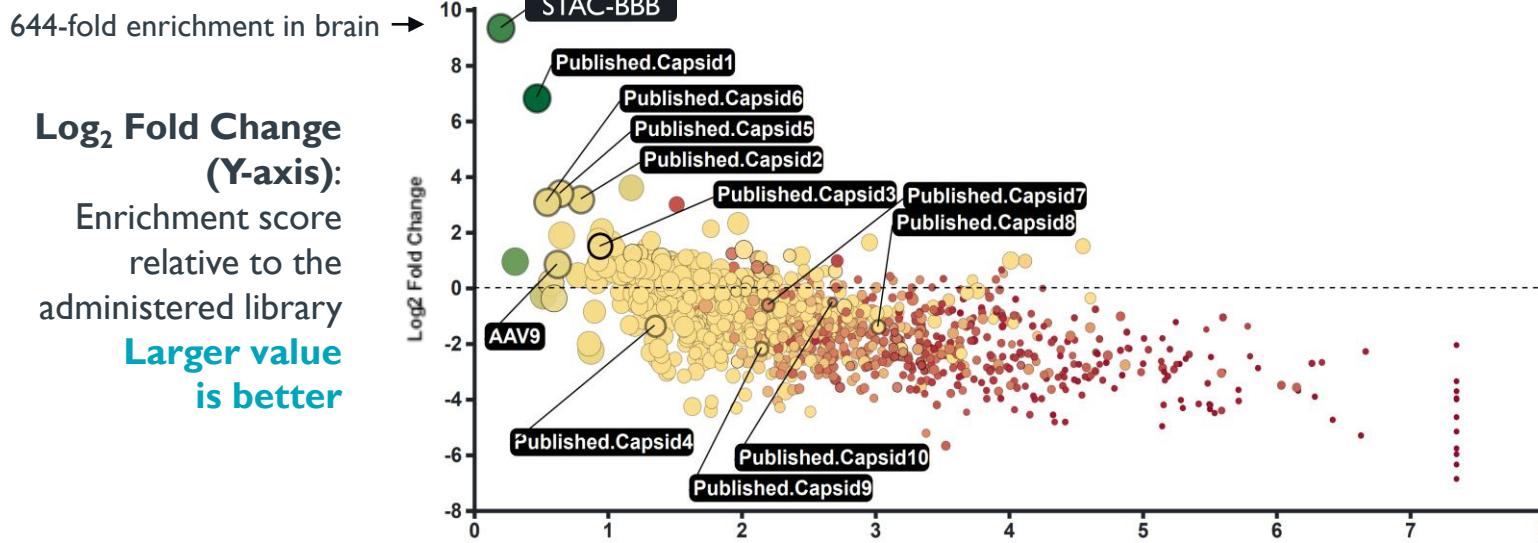


Sangamo STAC-BBB findings exceeded expectations for a successful blood-brain barrier penetrant capsid

- ✓ STAC-BBB achieved robust penetration of the blood-brain barrier and widespread distribution throughout the brain in NHPs
- ✓ Industry-leading performance: 700-fold better enrichment than the benchmark AAV9
- ✓ Appears to primarily target neurons regardless of promoter
- ✓ Results are consistent across individual animals and groups
- ✓ Enabled robust expression of zinc-finger cargo throughout the brain, including all key brain regions
- ✓ Vector genomes are enriched in the CNS and appear de-targeted from the DRG and the liver
- ✓ We believe STAC-BBB is manufacturable at scale

In vivo library evaluation in cynomolgus macaques identified STAC-BBB as the top performing BBB-penetrant capsid, with additional enhancements in progress

Capsid-mediated expression of cargo in neurons



WHOLE BRAIN ASSESSMENT



Unique Molecular Identifier count (Color):
Informs number of unique AAV transduction events
Darker green is better

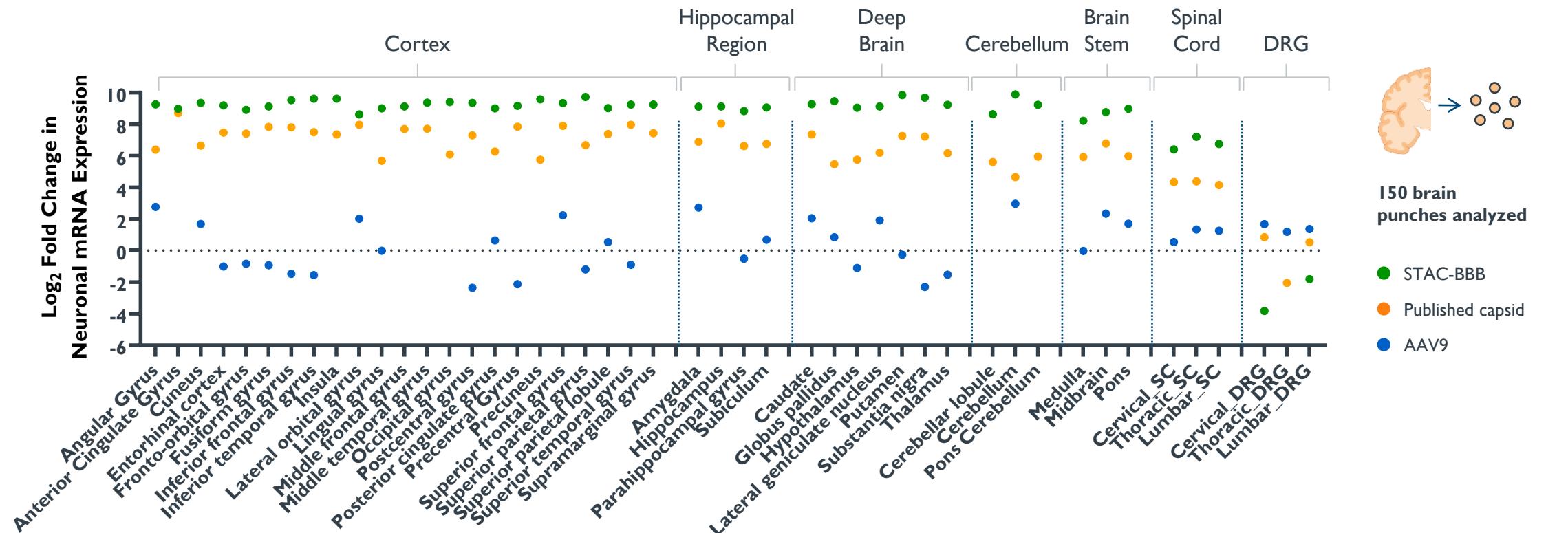


Fraction of replicates found (Bubble size):
Informs consistency of replicate recovery
Larger circle is better

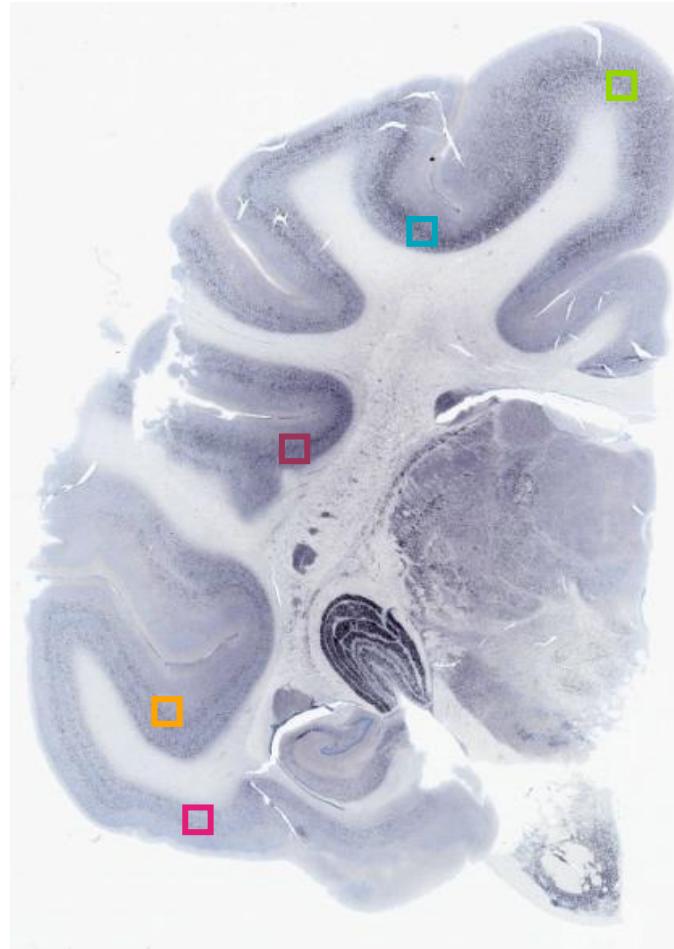
Neuronal RNA expression (3-week study, hSyn 1)

STAC-BBB was enriched in neuronal RNA expression in all CNS regions

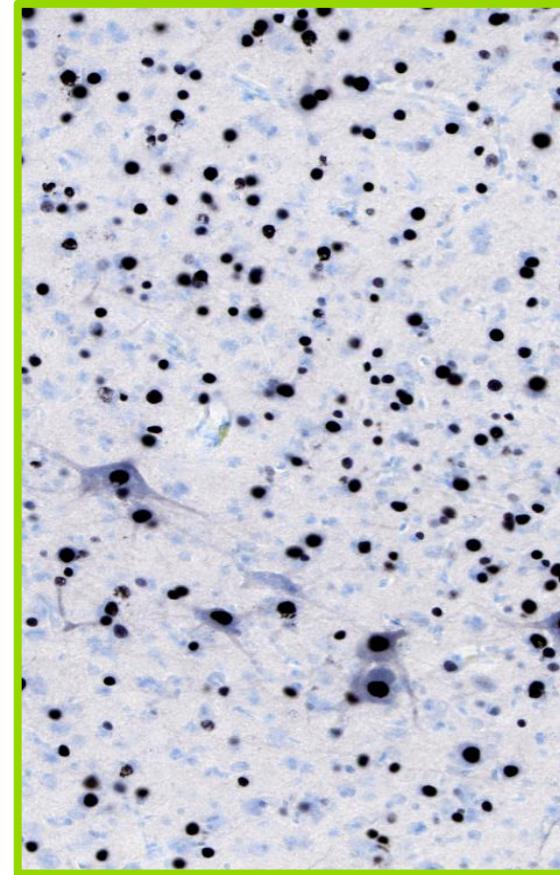
Capsid-mediated expression of cargo in neurons



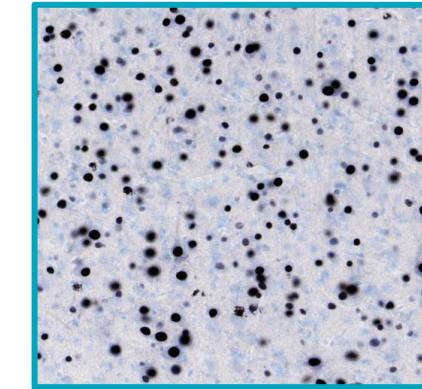
— STAC-BBB showed widespread neuronal transduction across all cortical regions



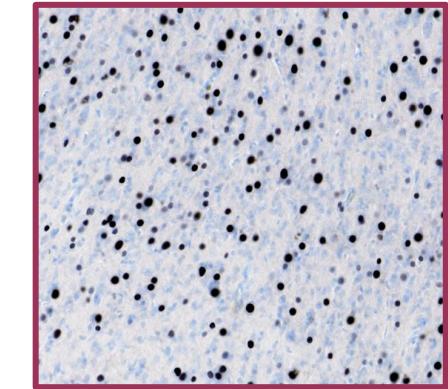
Precentral Gyrus (Motor Cortex)



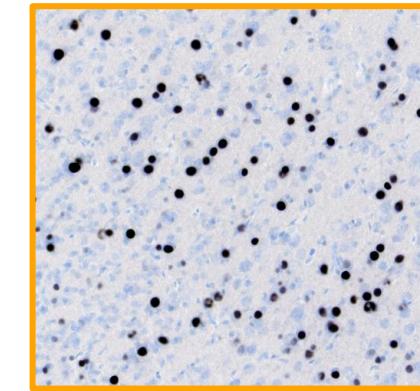
Postcentral Gyrus



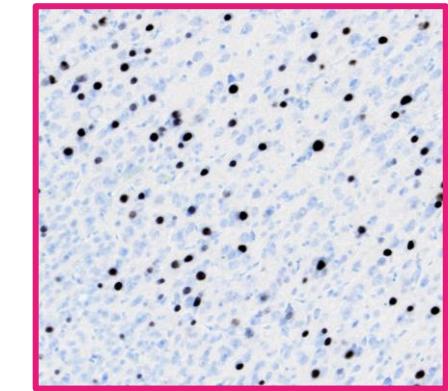
Superior Temporal Gyrus



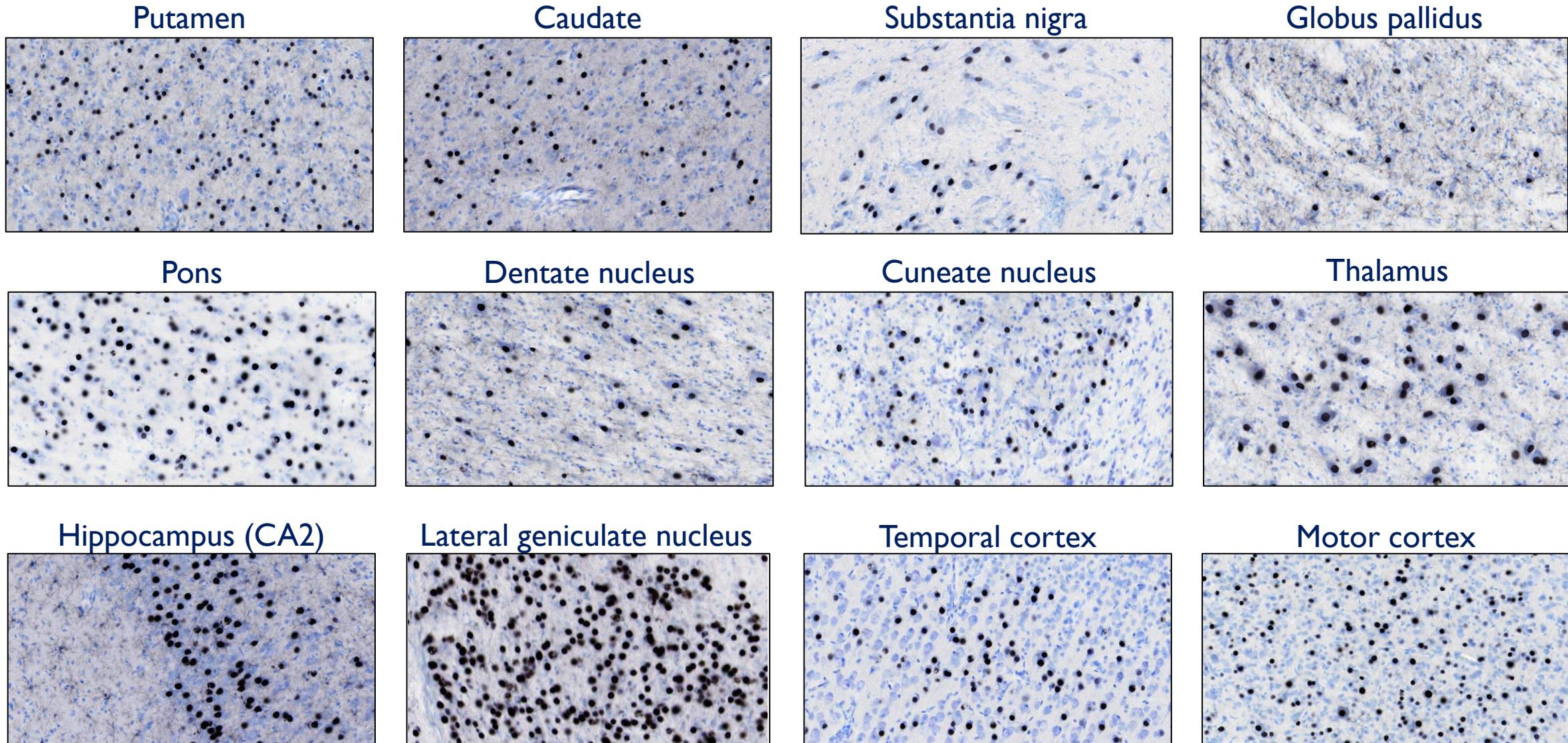
Middle Temporal Gyrus



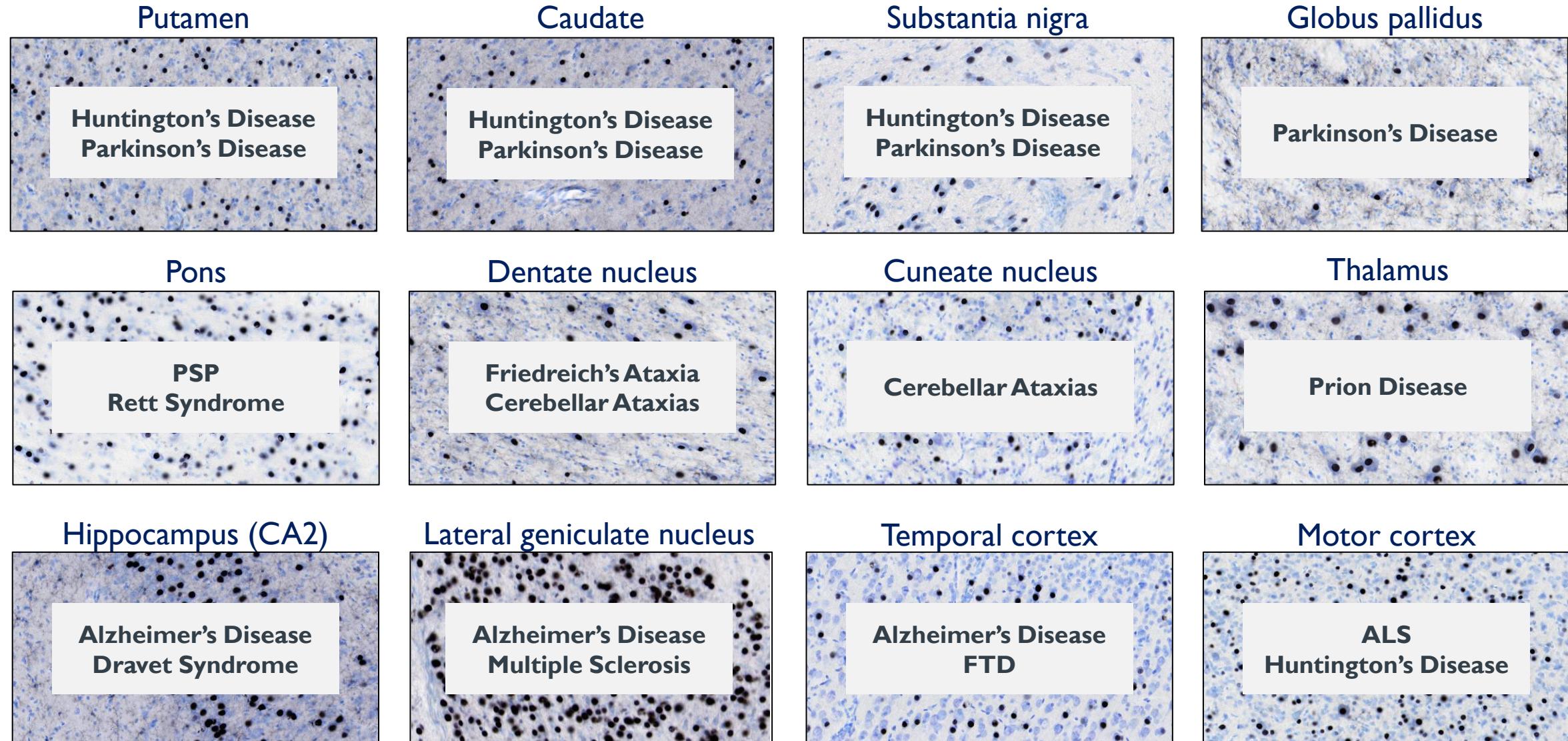
Inferior Temporal Gyrus



— STAC-BBB mediated widespread brain transduction



— Neurons were widely transduced in regions integral to disease pathology



ALS: amyotrophic lateral sclerosis; FTD: frontotemporal dementia; PSP: progressive supranuclear palsy
2e13 vg/kg STAC-BBB, 19 days post administration

We believe STAC-BBB is manufacturable at scale

- Capsid manufacturability is critical to create a successful potential commercial drug product for patients
- We believe STAC-BBB is:
 - Manufacturable at commercial scale using standard cell culture and purification processes
 - Soluble using known excipients
 - Can be characterized using available analytics
- We have successfully manufactured up to 50-liter scale, and further scale up to 500-liter is in progress



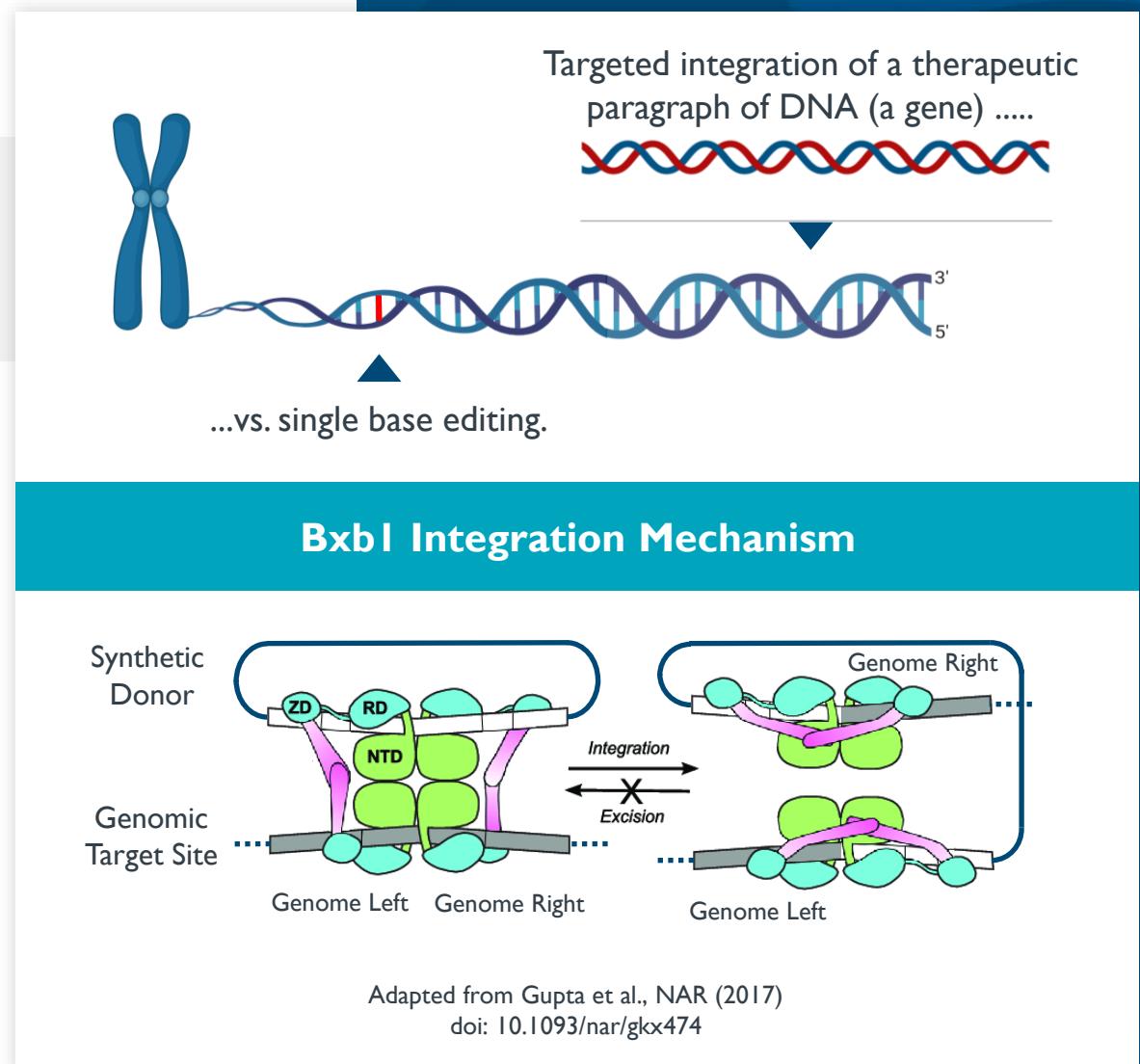


Advancing Next-Generation Genome Engineering

What is an integrase and why is it important?

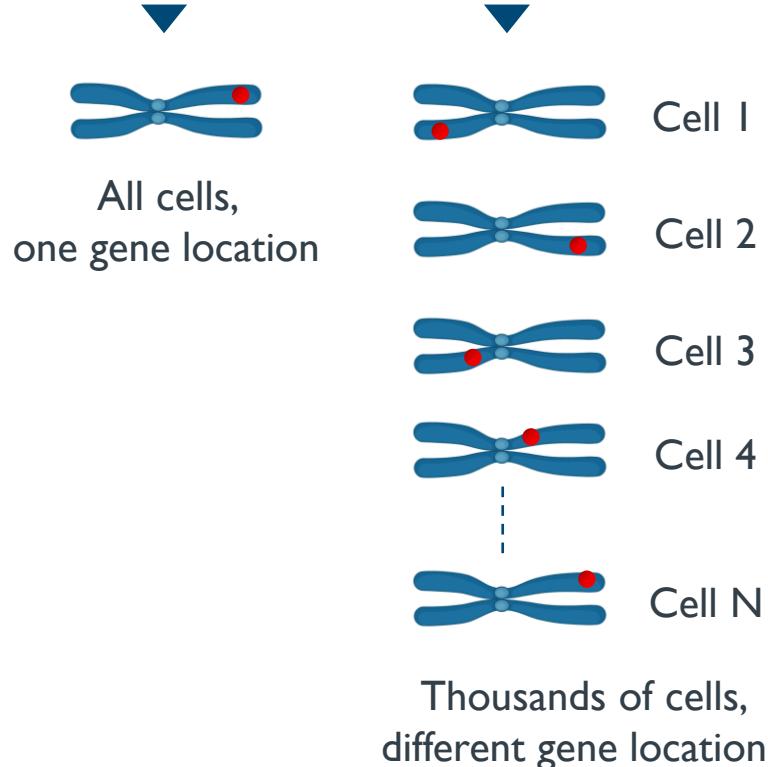
Targeted integration enables large-scale genome editing

- ✓ Capable of delivering large payloads - 10 kb+
- ✓ No copying required - low error rate
- ✓ Self sufficient - no dependence on cell DNA repair machinery
- ✓ No DNA breaks - reduced translocation risk

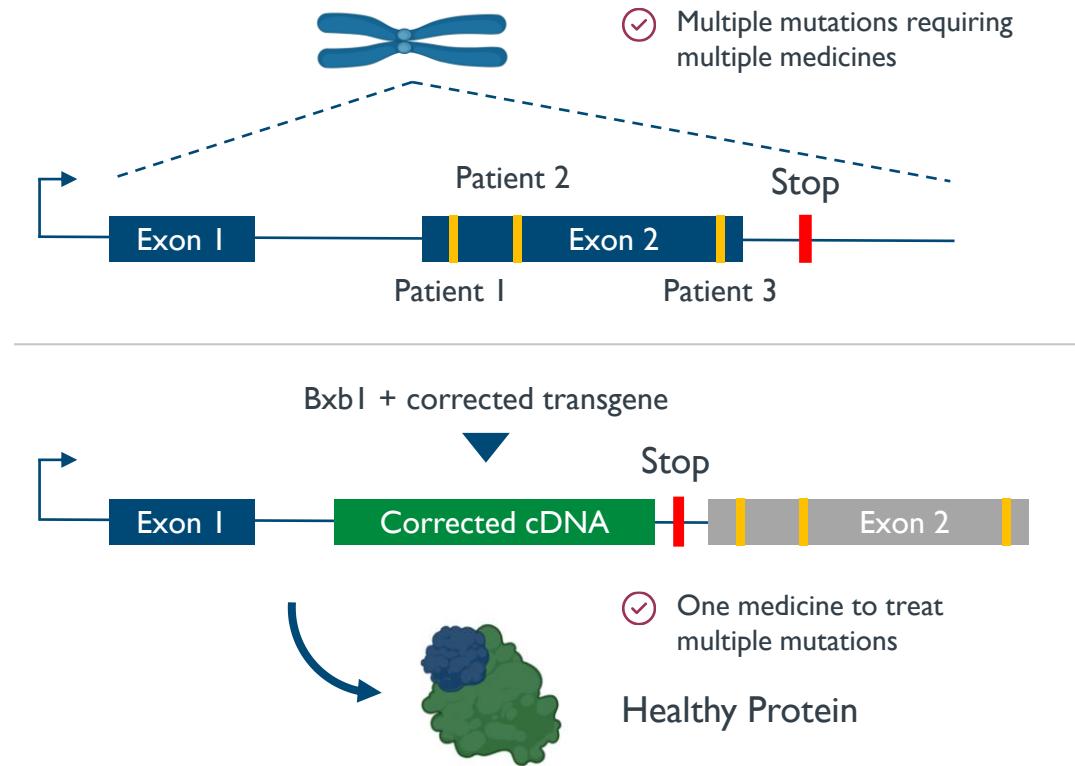


Targeted integration improves existing therapies, and enables new therapies

Targeted vs. Random Integration



One medicine vs. multiple variants for each mutation



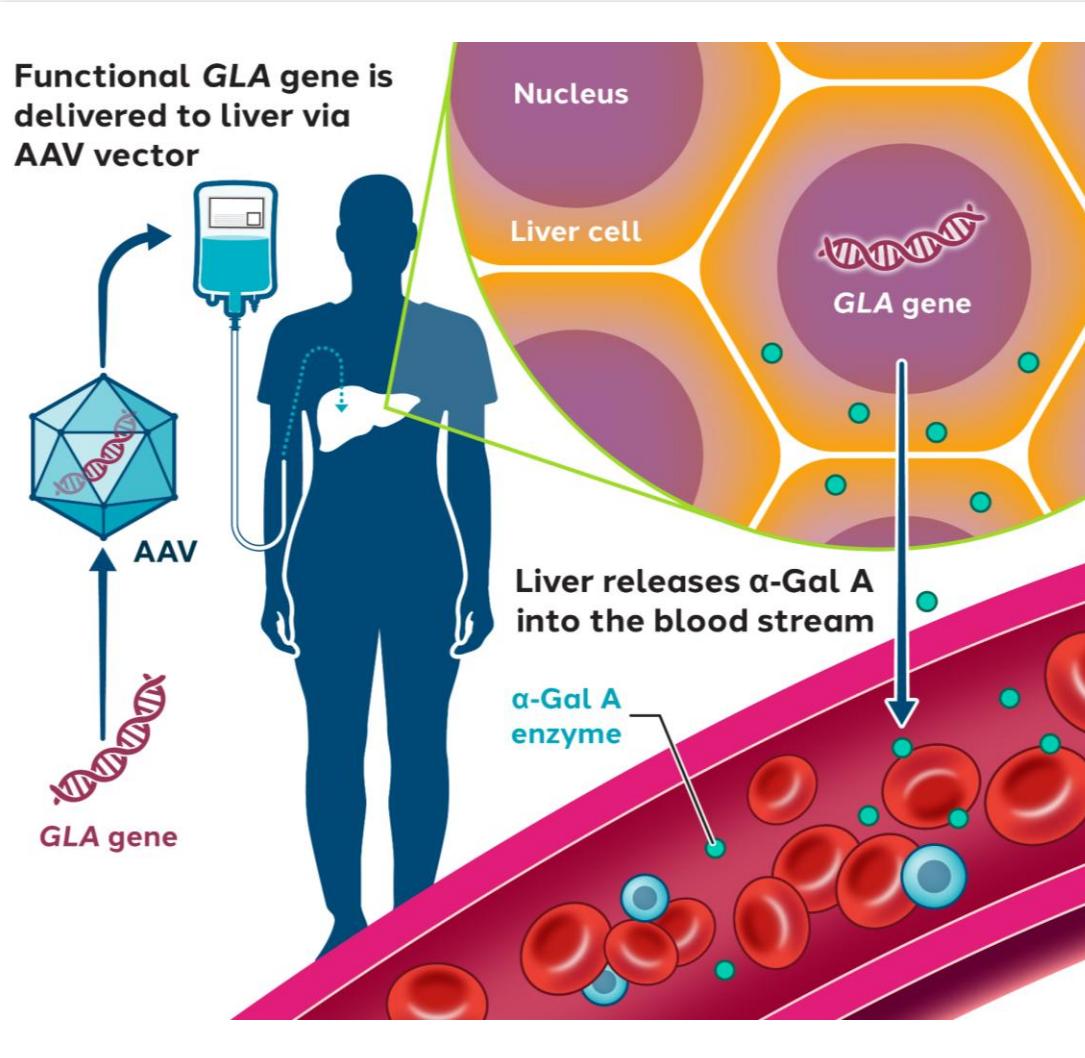
Images by Biorender



Optimizing Value of Clinical Programs

Fabry Disease: Isaralgagene civaparvovec (ST-920)

Abbreviated clinical pathway supports efforts to secure a commercialization partner



➤ Largest known gene therapy program in Fabry disease

- All 32 patients in the Phase 1/2 STAAR study have now rolled into the long-term follow-up study

➤ Positive topline readout achieved

- In June 2025, announced positive topline readout from registrational STAAR study.
- Positive mean annualized eGFR slope observed at 52-weeks across all dosed patients.
- ST-920 demonstrated a favorable safety and tolerability profile.
- Sangamo plans to present additional clinical data at the ICIEM 2025, September 2-6, 2025 in Kyoto, Japan.

➤ FDA alignment on Accelerated Approval pathway

- FDA confirmed that eGFR slope data at one year across all Phase 1/2 patients can serve as primary basis for accelerated approval
- Potential BLA submission expected as early as 1Q 2026

➤ Discussions with EMA on regulatory pathway ongoing

➤ Has EMA PRIME eligibility and UK MHRA ILAP status

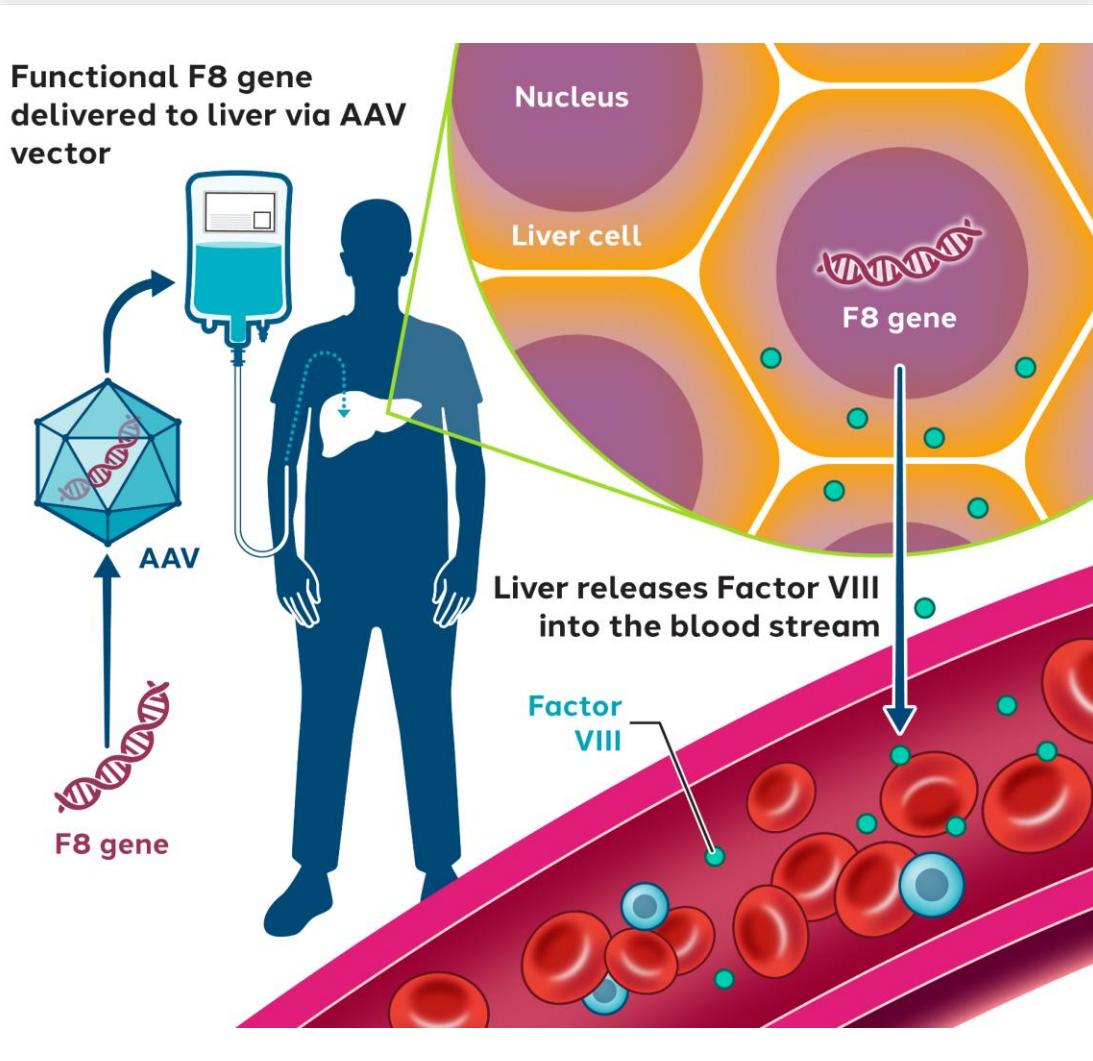
— Fabry Disease: isaralgagene civaparvovec (ST-920)

Summary of positive topline readout, June 2025

- Following a single dose of ST-920, a positive mean annualized eGFR slope of 1.965 mL/min/1.73m²/year (95% confidence interval (CI): -0.153, 4.083) at 52-weeks was observed across all 32 dosed patients in the study, which the FDA has agreed will serve as an intermediate clinical endpoint under the Accelerated Approval pathway.
- Furthermore, a mean annualized eGFR slope of 1.747 mL/min/1.73m²/year (95% CI: -0.106, 3.601) was observed for the 19 patients who have achieved 104-weeks of follow-up.
- Key secondary endpoints in the study were also positive. Elevated expression of alpha-galactosidase A (α-Gal A) activity was maintained for up to 4.5 years for the longest treated patient. Plasma lyso-Gb3 levels remained generally stable following Enzyme Replacement Therapy (ERT) withdrawal and a stabilization in cardiac endpoints was also observed.
- Patients demonstrated a range of other clinical benefits, including improvements in disease severity reported in the Fabry Outcome Survey adaptation of the Mainz Severity Score Index (FOS-MSSI) age-adjusted score and statistically and clinically significant improvements in the short form-36 (SF-36) quality of life scores at week 52 compared to baseline, including:
 - Role-physical +14.8 (95% CI: 7.3, 22.4, p=0.0003), vitality +9.6 (95% CI: 3.9, 15.2, p=0.0017), bodily pain +9.0 (95% CI: 2.3, 15.7, p=0.0104), social functioning +7.8 (95% CI: 2.0, 13.6, p=0.0100), general health +7.4 (95% CI: 2.0, 12.8, p=0.0091), and physical component scores +4.2 (95% CI: 1.8, 6.6, p=0.0014).
- Statistically significant improvements in the gastrointestinal symptoms rating scale (GSRS) compared to baseline were also observed.
- Furthermore, following a single administration of isaralgagene civaparvovec, additional clinical benefits were observed in some patients, such as the reduction or elimination in pain medication usage and the resumption of sweating, that has enabled these patients to perform physical tasks and exercise.
- Isaralgagene civaparvovec demonstrated a favorable safety and tolerability profile in the study, without the requirement for preconditioning. The majority of adverse events were grade 1-2 in nature.
- We believe these data support the potential for isaralgagene civaparvovec as a one-time, durable treatment for Fabry disease that can improve patient outcomes and will form the basis for a planned BLA submission under the Accelerated Approval pathway as early as the first quarter of 2026.

Hemophilia A: Giroctocogene fitelparvovec

Compelling readout for Phase 3 AFFINE trial



- Pfizer reported positive topline results from the Phase 3 AFFINE trial in July 2024, which met primary and key secondary endpoints
- Phase 3 data presented at ASH Annual Meeting and Exposition in December 2024 via platform and poster presentations
- Pfizer and Sangamo have substantially completed the transition of our collaboration, which terminated on April 21, 2025
- We continue to seek a potential collaboration partner to commercialize the Hemophilia A program

Sangamo is a differentiated genomic medicine company focused on treating debilitating neurological diseases



Potent zinc finger epigenetic regulation technology, with neurology programs advancing towards the clinic



Industry-leading AAV capsid discovery platform has demonstrated non-invasive intrathecal and intravenous delivery to the brain



Powerful research platform **continually innovates in new modes of genome modulation** to support value creation opportunities for both wholly owned programs and potential partners



Strong roster of current partners and a **clear regulatory pathway to Accelerated Approval** agreed with U.S. FDA in Fabry disease, with **partner negotiations ongoing**

SHARP STRATEGIC FOCUS IN NEUROLOGY

OPTIMIZING ASSET VALUE