CRISPR THERAPEUTICS®

Creating transformative gene-based medicines for serious diseases

Corporate Overview | November 2020

Forward-Looking Statements

The presentation and other related materials may contain a number of "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, including statements regarding CRISPR Therapeutics' expectations about any or all of the following: (i) the safety, efficacy and clinical progress of our various clinical programs; (ii) the status of clinical trials (including, without limitation, the timing of filing of clinical trial applications and INDs, any approvals thereof and the timing of commencement of clinical trials), development timelines and discussions with regulatory authorities related to product candidates under development by CRISPR Therapeutics and its collaborators; (iii) the number of patients that will be evaluated, the anticipated date by which enrollment will be completed and the data that will be generated by ongoing and planned clinical trials, and the ability to use that data for the design and initiation of further clinical trials; (iv) the intellectual property coverage and positions of CRISPR Therapeutics, its licensors and third parties as well as the status and potential outcome of proceedings involving any such intellectual property; (v) the sufficiency of CRISPR Therapeutics' cash resources; and (vi) the therapeutic value, development, and commercial potential of CRISPR/Cas9 gene editing technologies and therapies. Without limiting the foregoing, the words "believes," "anticipates," "plans," "expects" and similar expressions are intended to identify forward-looking statements. You are cautioned that forward-looking statements are inherently uncertain. Although CRISPR Therapeutics believes that such statements are based on reasonable assumptions within the bounds of its knowledge of its business and operations, forward-looking statements are neither promises nor guarantees and they are necessarily subject to a high degree of uncertainty and risk. Actual performance and results may differ materially from those projected or suggested in the forward-looking statements due to various risks and uncertainties. These risks and uncertainties include, among others: the potential for initial and preliminary data from any clinical trial not to be indicative of final trial results; the risk that the initial data from a limited number of patients (as is the case with CTX001 at this time) may not be indicative of results from the full planned study population; the outcomes for each of CRISPR Therapeutics' planned clinical trials and studies may not be favorable; that one or more of CRISPR Therapeutics' internal or external product candidate programs will not proceed as planned for technical, scientific or commercial reasons; that future competitive or other market factors may adversely affect the commercial potential for CRISPR Therapeutics' product candidates; uncertainties inherent in the initiation and completion of preclinical studies for CRISPR Therapeutics' product candidates; availability and timing of results from preclinical studies; whether results from a preclinical trial will be predictive of future results of the future trials; uncertainties about regulatory approvals to conduct trials or to market products; uncertainties regarding the intellectual property protection for CRISPR Therapeutics' technology and intellectual property belonging to third parties, and the outcome of proceedings (such as an interference, an opposition or a similar proceeding) involving all or any portion of such intellectual property; and those risks and uncertainties described under the heading "Risk Factors" in CRISPR Therapeutics' most recent annual report on Form 10-K, and in any other subsequent filings made by CRISPR Therapeutics with the U.S. Securities and Exchange Commission, which are available on the SEC's website at www.sec.gov. Existing and prospective investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date they are made. CRISPR Therapeutics disclaims any obligation or undertaking to update or revise any forward-looking statements contained in this presentation, other than to the extent required by law.

CRISPR Therapeutics Highlights

Leading gene editing company focused on translating revolutionary CRISPR/Cas9 technology into transformative therapies

Advancing CRISPR in the clinic with CTX001™ in β-thalassemia and sickle cell disease

Next-generation immuno-oncology platform underlying wholly-owned, potentially best-in-class gene-edited allogeneic cell therapies CTX110™, CTX120™ and CTX130™

Enabling regenerative medicine 2.0 with CRISPR/Cas9-edited allogeneic stem cells

Advancing *in vivo* applications based on in-licensed technologies, platform improvement and strategic partnerships

The CRISPR/Cas9 Revolution

A **SPECIFIC**, **EFFICIENT** and **VERSATILE** tool for editing genes

Disrupt

Delete

Correct or Insert

"If scientists can dream of a genetic manipulation,
CRISPR can now make it happen"

Science

Our Pipeline

PROGRAM	RESEARCH	IND-ENABLING	CLINICAL	MARKETED	STATUS	PARTNER	STRUCTURE
Hemoglobinopathies							
CTX001™: β-thalassemia					*Enrolling*	VERTEX	Collaboration
CTX001™: Sickle cell disease (SCD)					*Enrolling*	VERTEX	Collaboration
Immuno-oncology							
CTX110™: Anti-CD19 allogeneic CAR-T					*Enrolling*		Wholly-owned
CTX120™: Anti-BCMA allogeneic CAR-T					*Enrolling*		Wholly-owned
CTX130™: Anti-CD70 allogeneic CAR-T					*Enrolling*		Wholly-owned
Regenerative medicine							
Type I diabetes mellitus					*PhI/II in 2021*	VIACYTE®	Collaboration
***In vivo* approaches**							
Glycogen storage disease Ia (GSD Ia)							Wholly-owned
Duchenne muscular dystrophy (DMD)						VERTEX	License
Myotonic dystrophy type 1 (DM1)						VERTEX	Collaboration
Cystic fibrosis (CF)						VERTEX	License

Additional undisclosed, early stage programs subject to collaboration or license agreements with Vertex and Bayer

Hemoglobinopathies – Devastating Blood Diseases

Sickle Cell Disease (SCD) and β-Thalassemia

Blood disorders caused by mutations in the β-globin gene

Sickled Normal Cell Thalassemic

Significant worldwide burden

ANNUAL BIRTHS

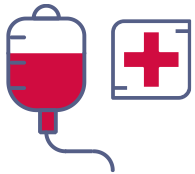
300K
SCD

60K
β-thalassemia

High morbidity and mortality

Anemia Pain Early death

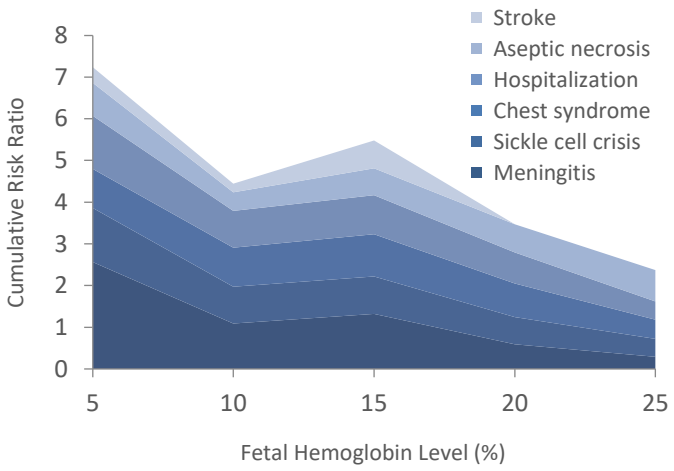
Heavy burden of patient care



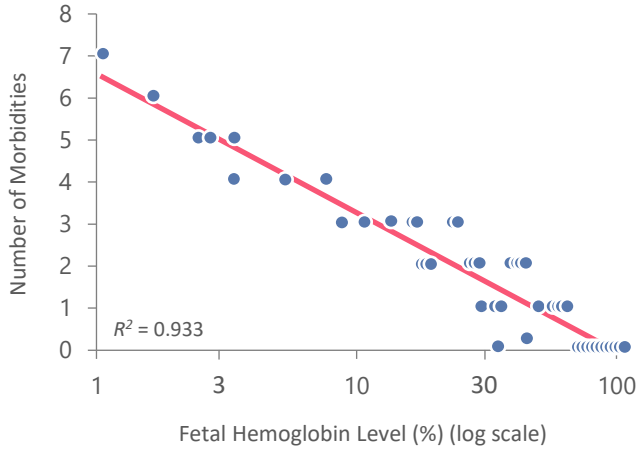
Frequent transfusions and hospitalizations

Our Approach – Upregulating Fetal Hemoglobin

Symptoms in SCD and β-Thalassemia Decrease as HbF Level Increases



Powars, *et al*. Blood 1984



Musallam, *et al*. Blood 2012

- **Naturally occurring genetic variants** cause a condition known as **hereditary persistence of fetal hemoglobin** (HPFH), which **leads to reduced or no symptoms** in patients with SCD and β-thalassemia
- **Our gene editing strategy aims to mimic these variants in symptomatic patients,** an approach supported by well-understood genetics

Pioneering CRISPR Trials

	CLIMB THAL-111	CLIMB SCD-121
Design	**Phase 1/2, international, multi-center, open-label, single arm studies to assess the safety and efficacy of CTX001 in patients with β-thalassemia and SCD, respectively**	
Target enrollment	45 patients between 12 - 35 years of age with transfusion dependent thalassemia (TDT), including β0/β0 genotypes	45 patients between 12 - 35 years of age with severe SCD and a history of ≥2 vaso-occlusive crises/year over the previous two years
Primary endpoint	Proportion of patients achieving sustained transfusion reduction for at least 6 months starting 3 months after CTX001 infusion	Proportion of patients with HbF ≥ 20%, sustained for at least 3 months starting 6 months after CTX001 infusion

Potential to expand into registrational trials, as well as into additional age cohorts, if supported by safety and efficacy

TDT Patient Baseline and Treatment Characteristics

Patient baseline	*Patient 1*	*Patient 2*
Genotype	**β0 / β+ (IVS-I-110)**	**β0 / β+ (IVS-II-745)**
Age at consent, *years*	**19**	**26**
Gender	**Female**	**Male**
Pre-study pRBC transfusions[1] *Units/year* *Transfusion episodes/year*	 **34** **16.5**	 **61** **15**

Treatment characteristics		
Cell dose, *CD34+ cells/kg*	**17.0×10^6**	**12.3×10^6**
Neutrophil engraftment[2], *Study day*	**33**	**36**
Platelet engraftment[3], *Study day*	**37**	**34**

Overall safety consistent with myeloablative conditioning and autologous transplant

- Each patient experienced 2 SAEs, none considered related to CTX001 by study investigators, all resolved:
  - Patient 1: Veno-occlusive liver disease attributed to busulfan conditioning and pneumonia in the presence of neutropenia
  - Patient 2: Pneumonia and upper respiratory tract infection

Data disclosed June 12, 2020

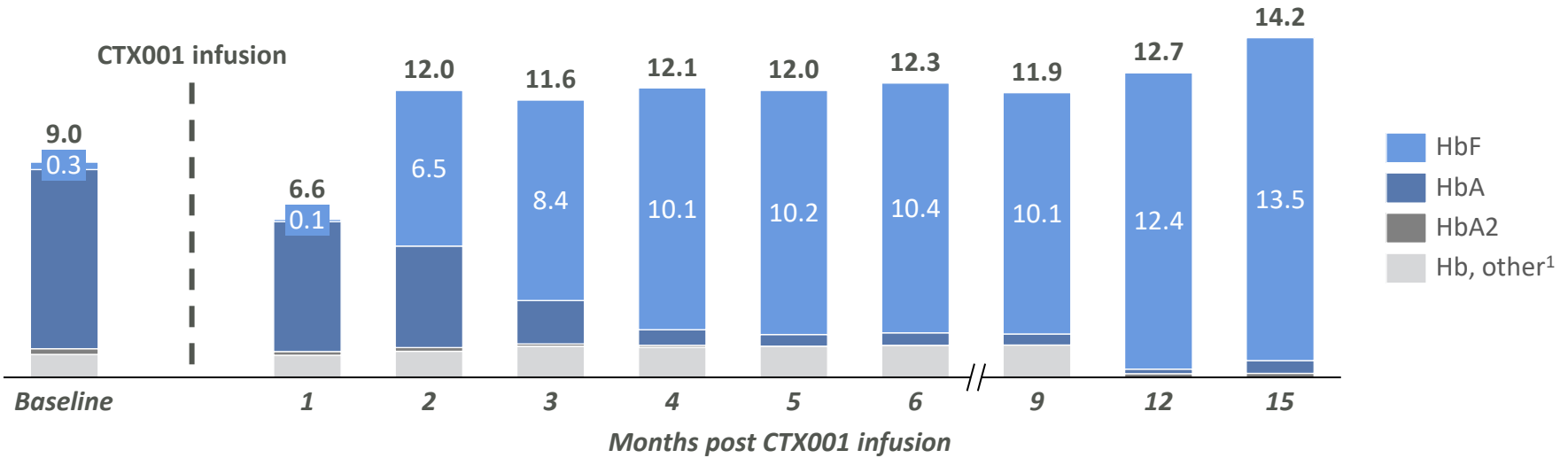
1 Annualized number during the 2 years before consenting to study participation

2 Defined as the first day of 3 measurements of absolute neutrophil count ≥500 cells/µL on 3 consecutive days

3 Defined as the first day of 3 consecutive measurements of platelet count ≥20,000/µL on 3 different days after CTX001 infusion, without a platelet transfusion in the past 7 days

TDT Patient 1: High Levels of HbF and Total Hb Achieved Rapidly and Sustained at 15 Months

Hemoglobin fractionation, Hb (g/dL)



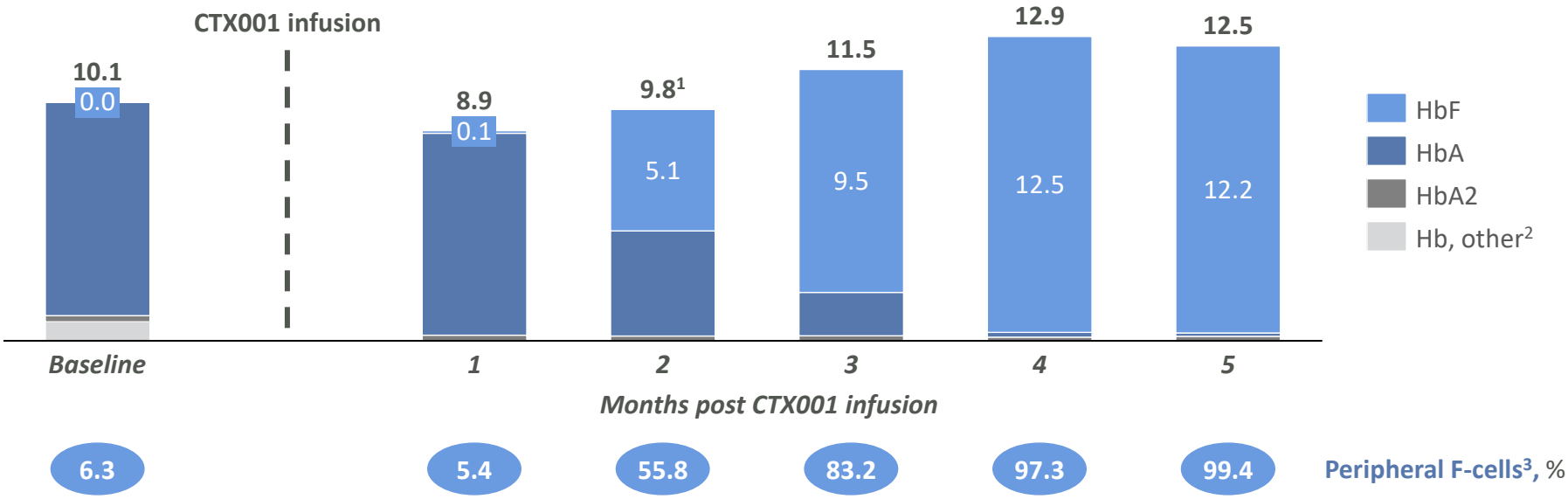
Baseline	1	2	3	4	5	6	9	12	15	
10.1	3.9	59.4	83.4	95.4	97.4	99.7	99.8	99.9	100	Peripheral F-cells[2], %
						78.1		76.1		Allelic editing in CD34+ bone marrow cells, %

Data disclosed June 12, 2020

1 Hb adducts and other variants 2 Circulating RBCs expressing fetal hemoglobin

TDT Patient 2: High Levels of HbF and Total Hb Achieved Rapidly and Sustained at 5 Months

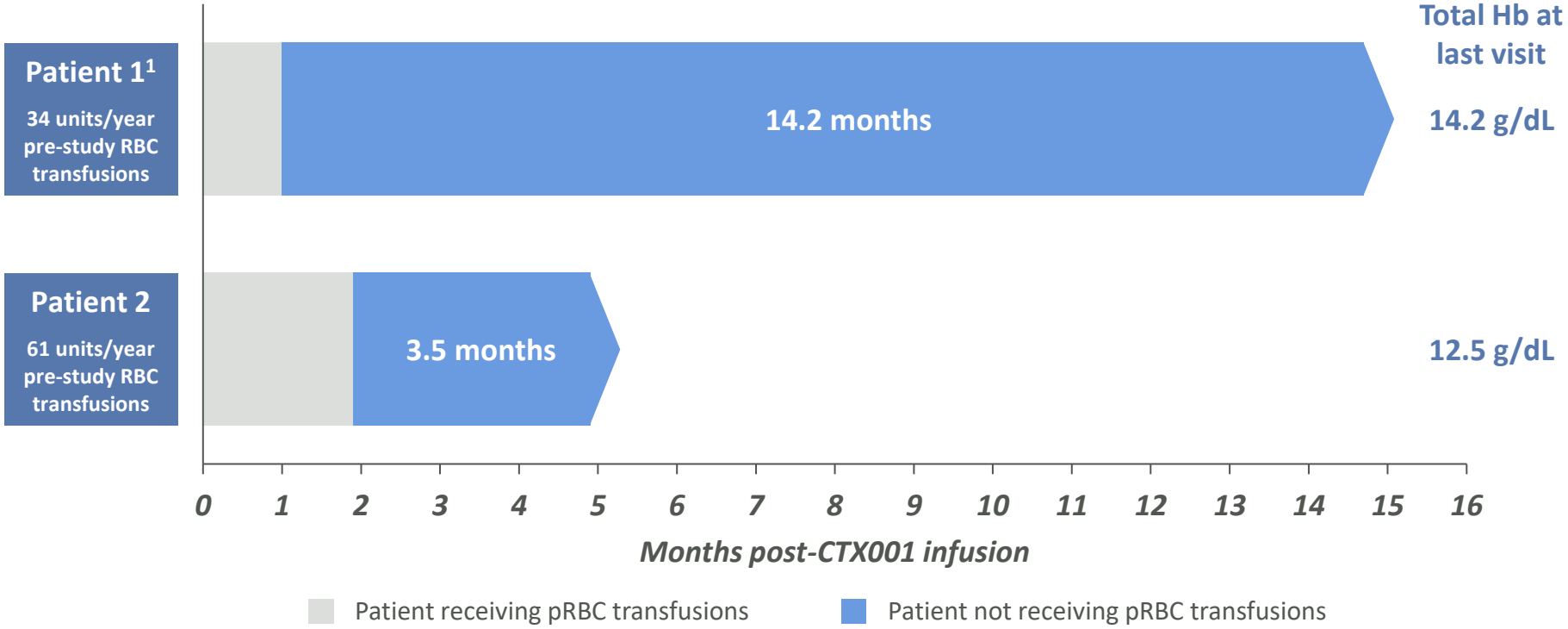
Hemoglobin fractionation, Hb (g/dL)



Data disclosed June 12, 2020

1 Total hemoglobin from local lab and hemoglobin fraction from central lab 2 Hb adducts and other variants 3 Circulating RBCs expressing fetal hemoglobin

Both TDT Patients Have Stopped pRBC Transfusions



Data disclosed June 12, 2020

1 In the 15 months after CTX001 infusion, phlebotomy for iron reduction occurred on Study Days 98, 147, 170, and 191. Iron chelation therapy received from Study Day 205 to Study Day 316

SCD Patient Baseline and Treatment Characteristics

Patient baseline[1]

Genotype	**βS / βS**
Age at consent, *years*	**33**
Gender	**Female**
Pre-study VOCs[2]**,** *VOCs/year*	**7**

Treatment characteristics

Cell dose, *CD34+ cells/kg*	**3.3×10^6**
Neutrophil engraftment[3]**,** *Study day*	**30**
Platelet engraftment[4]**,** *Study day*	**30**

Overall safety consistent with myeloablative conditioning and autologous transplant

- 3 SAEs occurred, none considered related to CTX001 by study investigator, all resolved:
  - Sepsis in the presence of neutropenia
  - Cholelithiasis
  - Abdominal pain

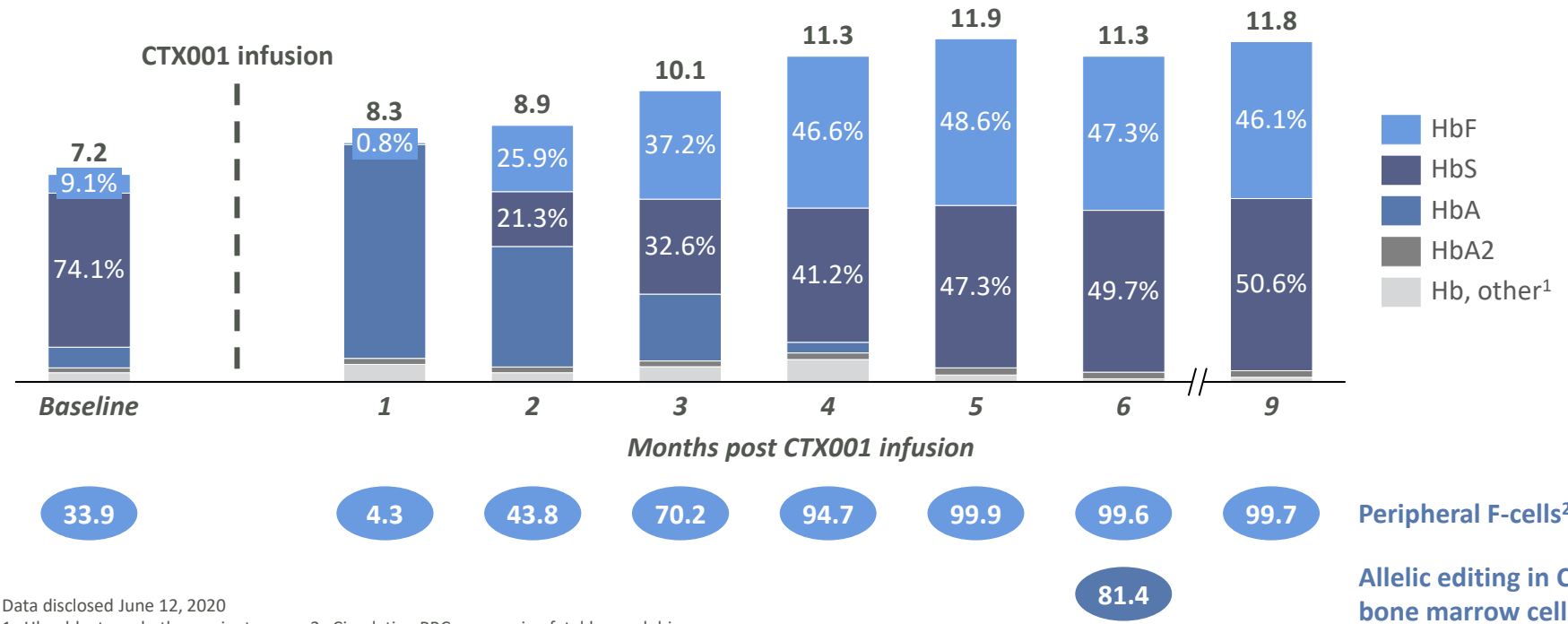
Data disclosed June 12, 2020

1 Patient had received hydroxyurea treatment from 2016 to November 22, 2018 (Study Day −222) 2 Annualized rate during the 2 years before consenting to study participation

3 Defined as the first day of 3 measurements of absolute neutrophil count ≥500 cells/μL for 3 consecutive days 4 Defined as the first of 3 consecutive measurements on 3 separate days with platelet count ≥50,000/μL without a platelet transfusion for 7 consecutive days

SCD: Robust, Pancellular HbF Expression Achieved Rapidly and Sustained at 9 Months

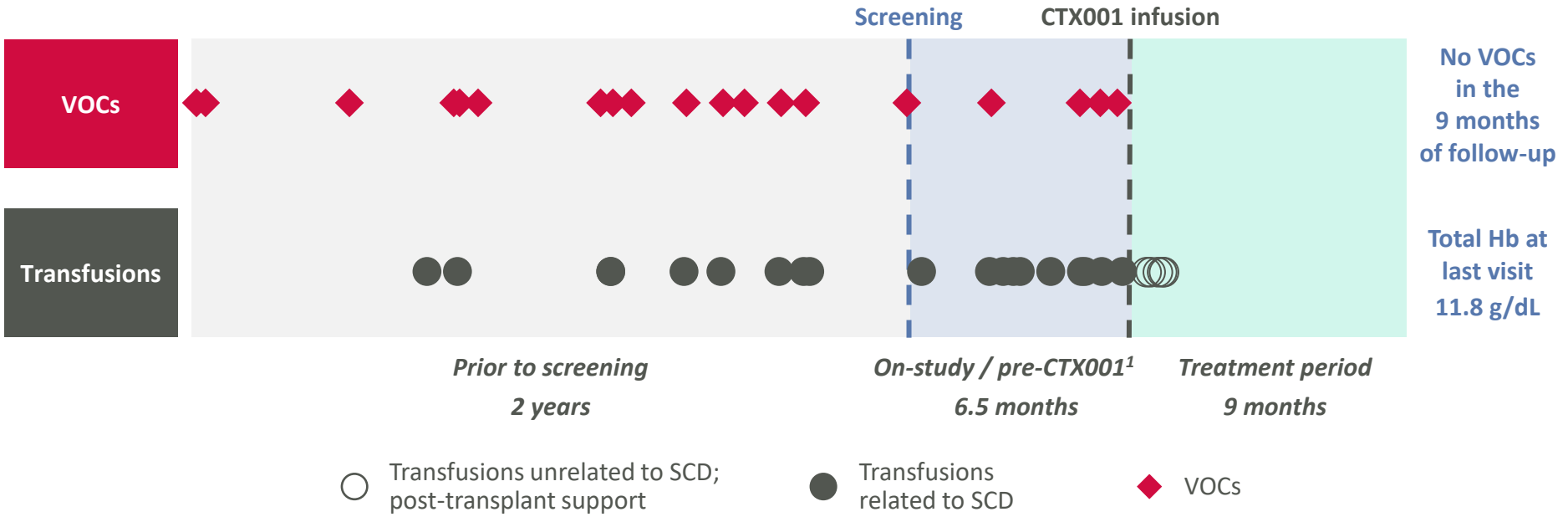
Hemoglobin fractionation, Hb (g/dL) and % of total Hb



Data disclosed June 12, 2020

1 Hb adducts and other variants 2 Circulating RBCs expressing fetal hemoglobin

SCD: No VOCs Have Occurred Post-CTX001 Infusion

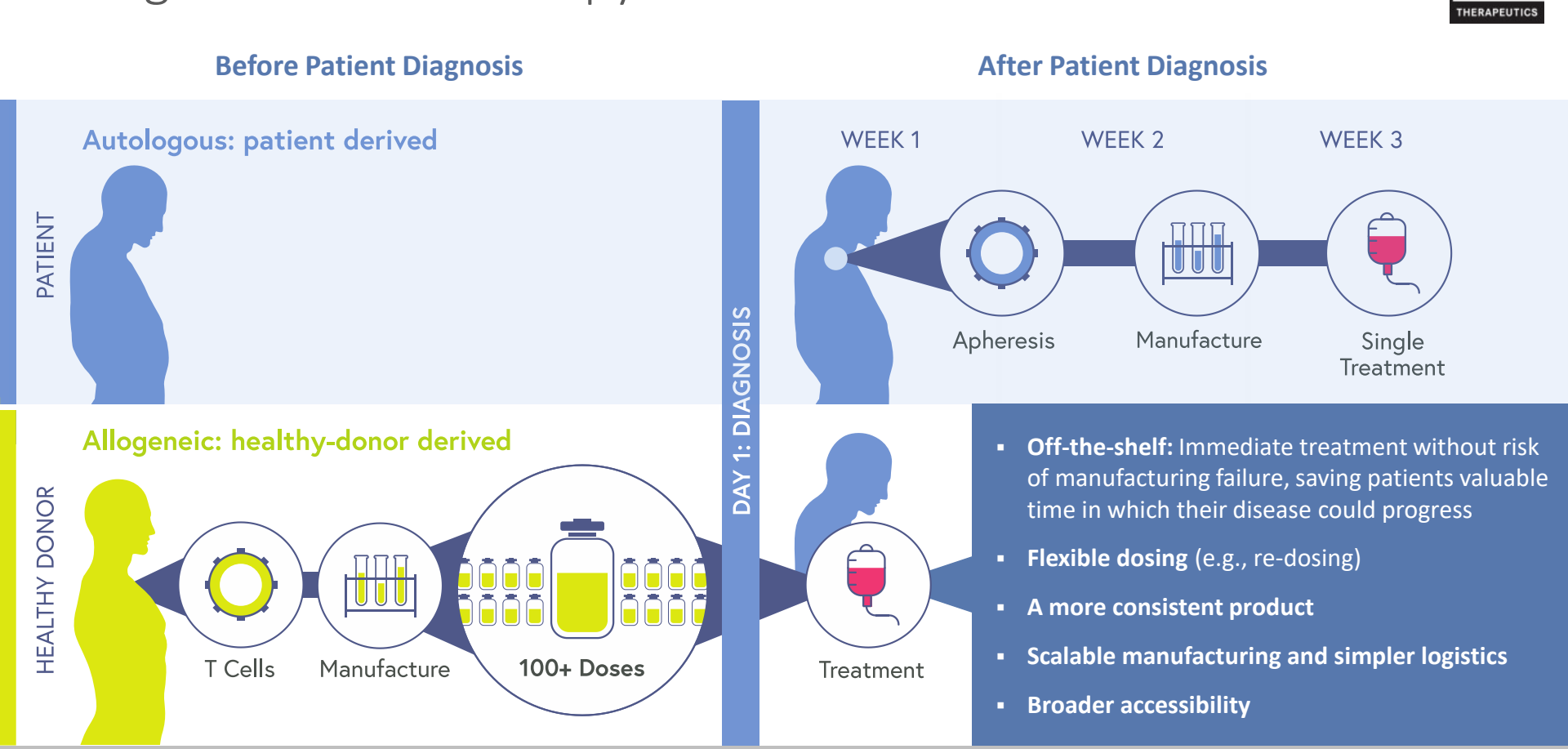


No pRBC transfusions have occurred since Study Day 19

Data disclosed June 12, 2020

1 Exchange transfusions per study protocol occurred during the on-study / pre-CTX001 period (not included here)

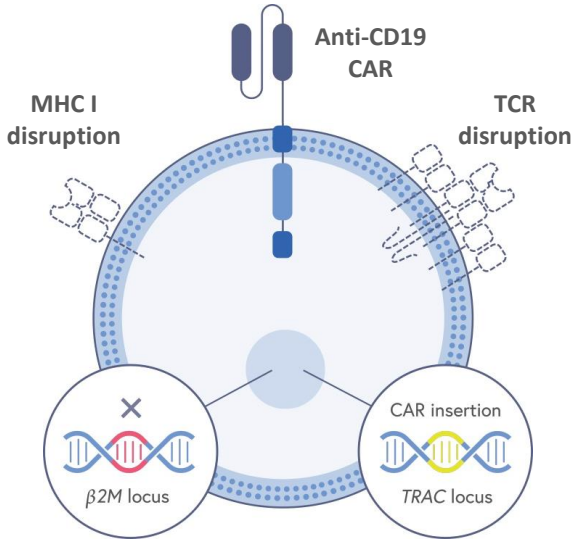
Allogeneic CAR-T Therapy Has Transformative Potential



CTX110: Differentiated CRISPR-Edited Allogeneic CAR-T Design

Multiplex CRISPR gene editing in one step designed to:

- **Improve persistence in the allo setting** via β2M knock-out to eliminate MHC I expression
- **Avoid need** for more toxic lymphodepletion regimens



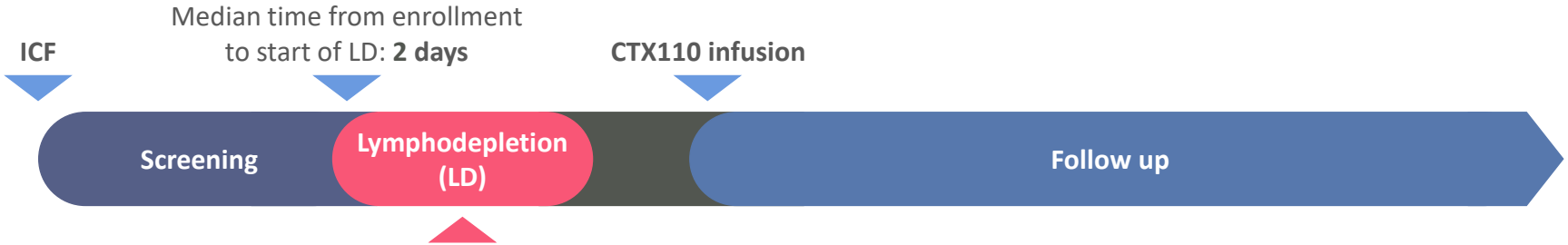
- **Prevent GvHD** via TCR disruption
- **Improve consistency and safety by precise insertion** of CAR construct into *TRAC* locus without using lentivirus or retrovirus

*CTX120™ and CTX130™ utilize the **same CRISPR-edited allogeneic T cell design**, but with different CAR targets, as well as additional editing in the case of CTX130*

CARBON: Trial Design

CARBON: Single-arm study evaluating the safety and efficacy of CTX110

Allogeneic CAR-T enables simplified trial design: short screening timeframe, no apheresis, no bridging chemotherapy, and on-site availability of CAR-T cell product



NCT04035434

Key eligibility criteria

- Age ≥18 years
- Relapsed/refractory non-Hodgkin lymphoma, as evidenced by 2+ lines of prior therapy
- ECOG performance status 0 or 1
- Adequate renal, liver, cardiac, and pulmonary organ function
- No prior allogeneic SCT or treatment with CAR-T therapy

Primary endpoints

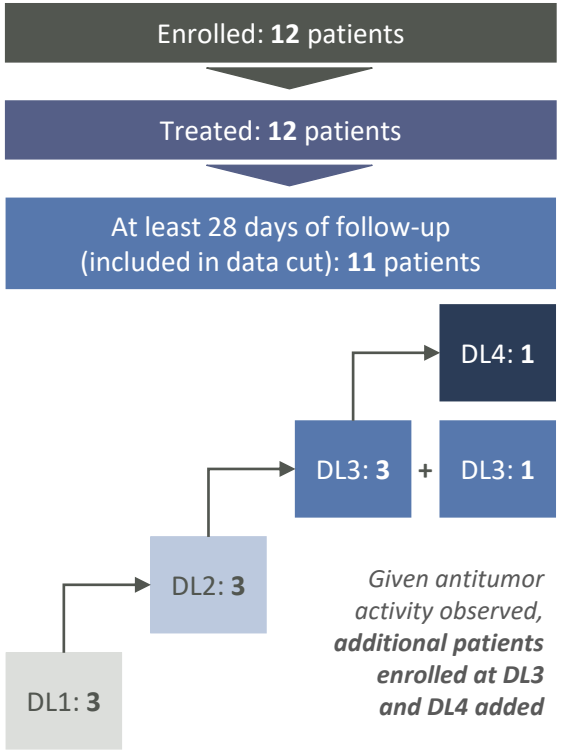
- Incidence of adverse events, defined as DLTs
- ORR

Key secondary endpoints

- DoR, PFS, and OS

CARBON: Patient Flow and Baseline Characteristics

As of the data cutoff date:



N (%) (unless otherwise noted)

Cell dose (CAR+ T cells)	DL1 30x10⁶ *N=3*	DL2 100x10⁶ *N=3*	DL3 300x10⁶ *N=4*	DL4 600x10⁶ *N=1*
Median age, years (range)	52 (50-61)	64 (58-74)	64.5 (62-74)	72
Male	2 (66.7)	2 (66.7)	1 (25)	1 (100)
Lymphoma subtypes				
Diffuse large B-cell lymphoma (DLBCL)[1]	3 (100)	3 (100)	4 (100)	1 (100)
Follicular lymphoma	0	0	0	0
Current disease stage (per Lugano 2014)[2]				
Stage III	1 (33.3)	1 (33.3)	2 (50)	0
Stage IV	2 (66.7)	2 (66.7)	1 (25)	1 (100)
Prior treatments				
Median number (range)	2.0 (2-8)	3.0 (2-3)	2.0 (2-4)	5
Hematopoietic stem cell transplant	0	0	3 (75)	1 (100)
Refractory to last therapy	3 (100)	3 (100)	0	0

(1) Including high grade lymphoma (e.g., triple hit), transformed follicular lymphoma (tFL), Richter's Transformation; (2) One patient with Stage II disease treated at DL3

Data as of September 28, 2020

Dose-Dependent Responses Observed with CTX110

Best response per 2014 Lugano criteria[1] by independent central assessment

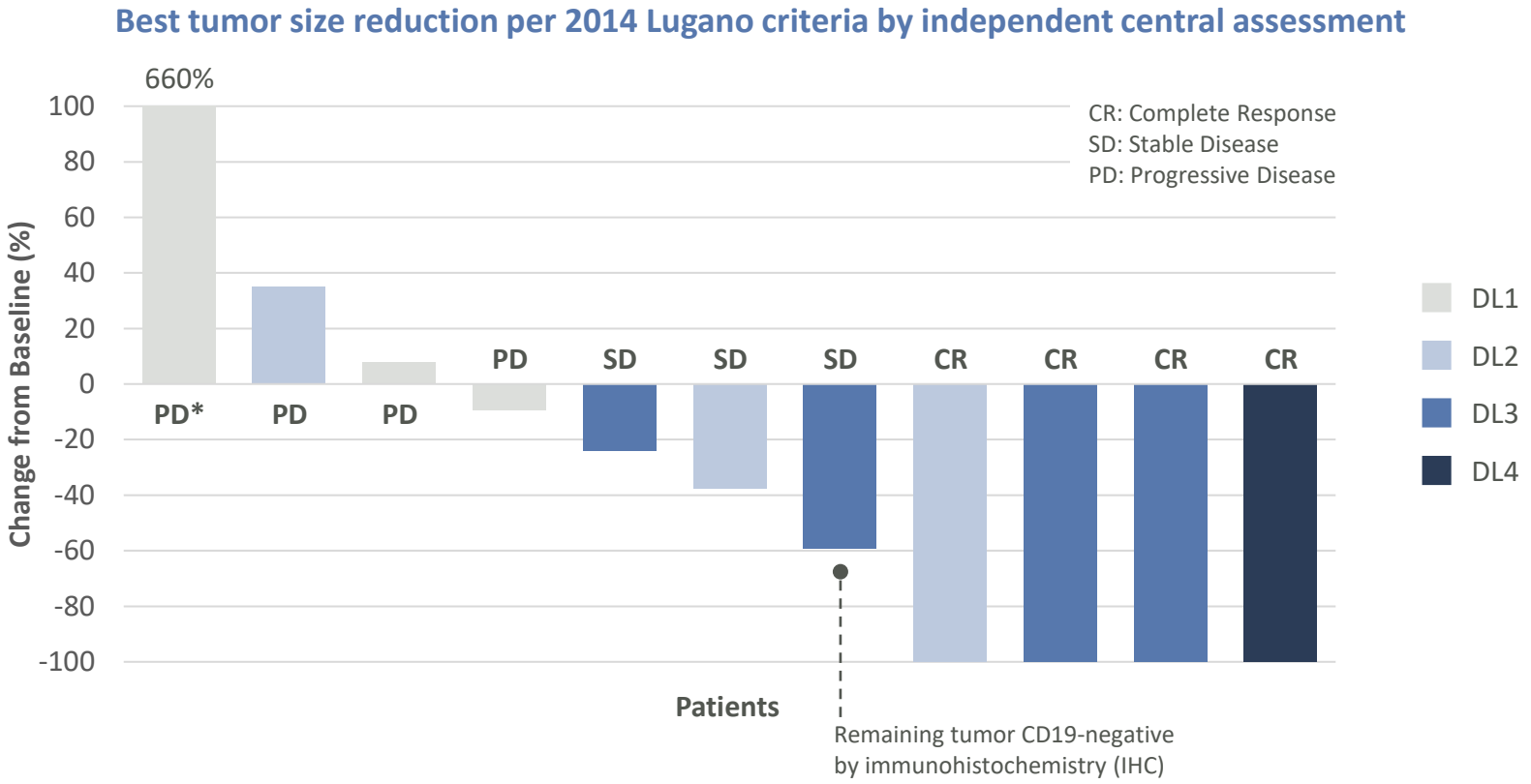
Cell dose (CAR+ T cells)	DL1 $30x10^6$ *N=3*	DL2 $100x10^6$ *N=3*	DL3 $300x10^6$ *N=4*	DL4 $600x10^6$ *N=1*
Overall response rate (ORR), N (%)	0 (0%)	1 (33%)	2 (50%)	1 (100%)
Complete response (CR) rate, N (%)	0 (0%)	1 (33%)	2 (50%)	1 (100%)

- Early evidence of **dose response, with complete responses achieved in 4 patients**
- **Responses achieved without the use of more toxic lymphodepletion agents,** consistent with engineering of CTX110 for immune evasion
- **CAR-T cells detected at multiple time points in all patients** in DL2-4, with **consistent peak expansion** of CTX110 in the peripheral blood seen around 1-2 weeks post infusion and CTX110 detected out **as late as 180 days** after administration

First efficacy assessment occurs at M1 visit; (1) Cheson, *et al*. *J Clin Oncol*. (2014)

Data as of September 28, 2020

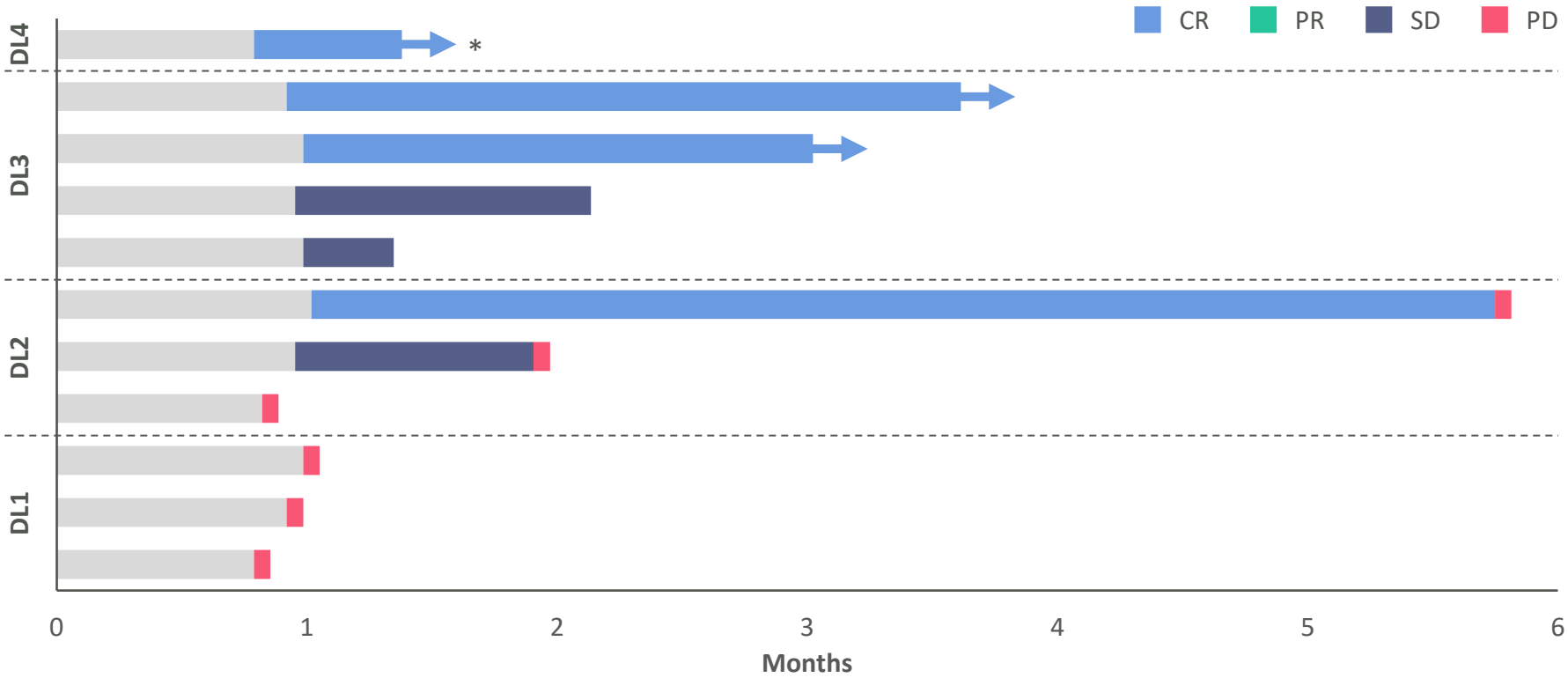
Dose-Dependent Reduction in Tumor Size with CTX110



* Patient subsequently failed autologous CAR-T

Data as of September 28, 2020

Complete Responses with CTX110 Showed Durability at Month 3 and Beyond



Imaging per protocol occurs at M1, M3, and M6; * Patient died while in CR at Day 52 post CTX110 infusion following data cutoff

Data as of September 28, 2020

Acceptable Safety Profile with CTX110 at DL3 and Below

Treatment-emergent adverse events (AEs) of special interest in DL1-3, N (%)

N=10	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Graft-versus-Host Disease (GvHD)	0	0	0	0	0
Cytokine Release Syndrome (CRS)[1,2]	1 (10%)	2 (20%)	0	0	0
ICANS[1,3]	0	1 (10%)	0	0	0
Infections	0	0	1 (10%)	0	0

For patients in DL1 through DL3 (N=10):

- **No GvHD** despite all patients with ≤3/12 HLA match to CTX110 donors
- **No CRS or ICANS above Grade 2**
- **No infusion reactions**
- **4 serious adverse events (SAEs) following CTX110 infusion not related to disease progression among 3 treated patients:** ICANS (n=1), CRS (n=1), periorbital cellulitis (n=1), febrile neutropenia (n=1)

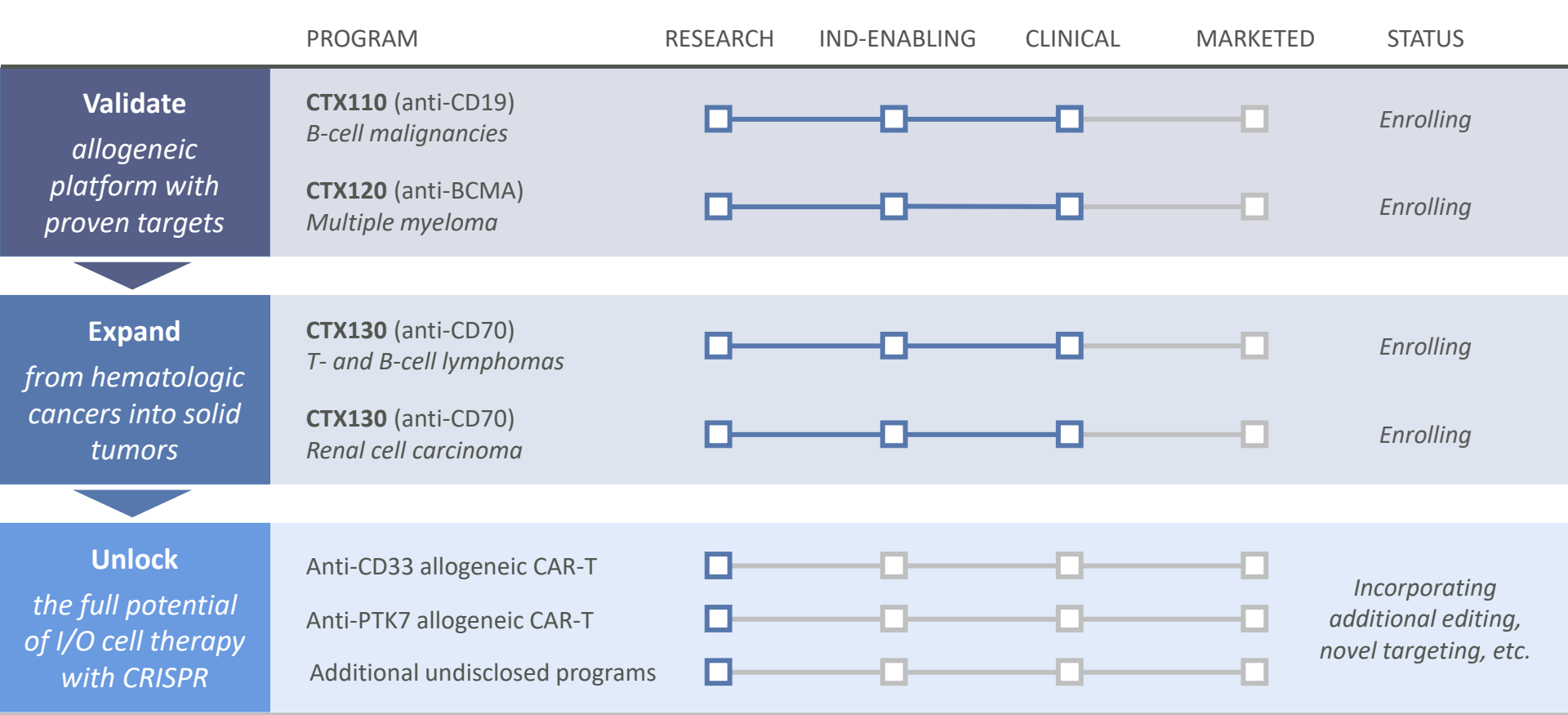
Safety for patient treated at DL4 (600x10^6 CAR$^+$ T cells):

- Patient had received five prior lines of therapy, including autologous stem cell transplant
- Experienced Grade 2 CRS at Day 5 that resolved
- Admitted with febrile neutropenia at Day 26 and developed confusion and memory loss starting at Day 28, with further deterioration ultimately requiring intubation for airway protection
- Initially treated for ICANS and later found to have reactivation of HHV-6 and HHV-6 encephalitis
- Despite treatments, patient remained obtunded and died on Day 52 after family requested withdrawal of care

(1) Per ASTCT criteria; other AEs graded per CTCAE; (2) Includes two separate episodes of CRS (1 G1, 1 G2) in single patient; worst grade reported;
(3) Immune effector Cell-Associated Neurotoxicity Syndrome

Data as of September 28, 2020

Our I/O Strategy and Allogeneic CAR-T Pipeline

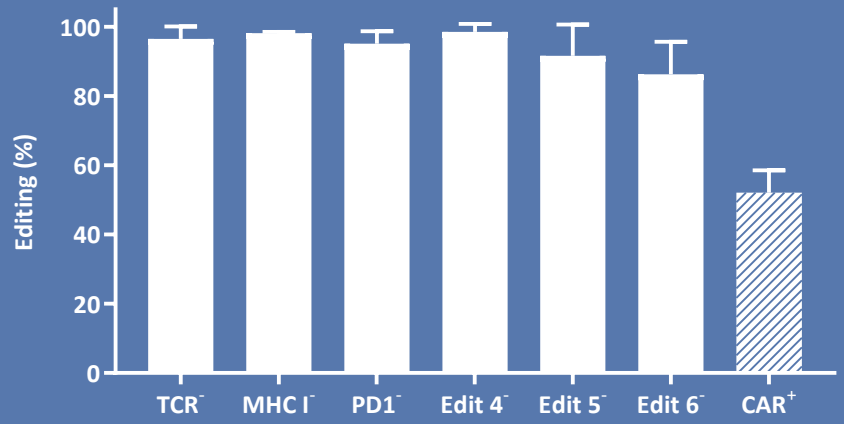


CRISPR Enables the Next Generation of I/O Cell Therapy

CRISPR gene editing facilitates consistent, multiplex editing to:

- Produce allogeneic cell therapies
- Enhance immune cell performance
- Speed the discovery and generation of novel therapeutic candidates

Multiplexed, single-shot 6x knock-out plus CAR insertion performed at high efficiency



6x-edited CAR-T cells show no viability decrease, no cytokine-independent growth and robust target-specific cytotoxicity

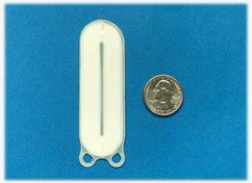
CRISPR Enables Regenerative Medicine 2.0

CRISPR/Cas9 Technology Opens Broader Applications for Regenerative Medicine

CRISPR/ Cas9

- Allow immune evasion
- Improve cell function
- Direct cell fate

Stem Cell Technology



Therapeutic Targets
e.g., diabetes

Exemplified by our collaboration with ViaCyte

- Aim to develop beta-cell replacement product to treat diabetes that does not require immunosuppression
- Applies immune-evasive gene-editing expertise from our allo CAR-T programs to stem cells
- Plan to initiate trials in 2021

ViaCyte®

Unlocking *In Vivo* Applications of CRISPR/Cas9

AAV Vectors for Neuromuscular Indications

- **Adeno-associated virus (AAV)** to deliver Cas9 and gRNA to muscle, the nervous system and other tissues
- Collaboration with StrideBio to improve tissue specificity and reduce immunogenicity
- Programs include DMD and DM1 in collaboration with Vertex, as well as other early research programs

LNPs for Liver Indications

- **Lipid nanoparticles (LNPs)** containing mRNA encoding Cas9 and gRNA for delivery to the liver
- Lipid technology from MIT and mRNA technology from CureVac
- Programs include GSD Ia and other early research programs

Enabling collaborations

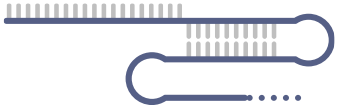
Optimizing the CRISPR/Cas9 Platform

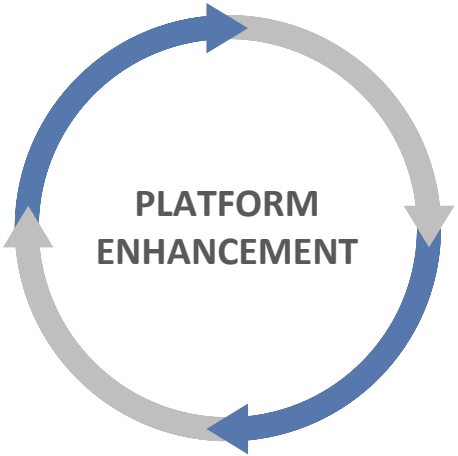
Nuclease Engineering

Enhance CRISPR/Cas9 system through protein engineering

Guide RNA Optimization

Identify optimal guide RNA formats and sequences for therapeutic editing





Advanced Editing

Improve efficiency of gene correction and multiplexing

Synthetic Biology

Engineer improved cellular therapeutics

Strong U.S. and Global Foundational IP Position

United States

Charpentier / UC Berkeley / U. Vienna granted patents of broad scope; multiple applications progressing

- **33** Patents of broad scope granted, including the patent involved in the first interference
- **2** Patent applications of broad scope allowed
- **25+** Additional patent applications moving forward in parallel with both broad and narrow claims
- **2nd** Interference entering priority phase to determine who was first to invent CRISPR/Cas9 gene editing in eukaryotic cells

Europe and Global

Charpentier / UC Berkeley / U. Vienna granted foundational patents, including use in eukaryotes

- **3** Patents of broad scope granted in the EU
- **31** Patents of broad scope granted in the UK, Germany, Japan, China, Singapore, Hong Kong, Ukraine, Israel, Australia, New Zealand, Mexico, South Africa and elsewhere
- **~80** Jurisdictions worldwide in which applications with both broad and narrow claims are advancing

As of September 2020

Building a Great Company

EXPERIENCED
Management Team

END-TO-END CAPABILITIES
With >300 Employees

COLLABORATIVE & ENTREPRENEURIAL
Culture