

A blue silhouette of a human figure in profile, facing right. The internal organs, including the brain, heart, and kidneys, are visible in a lighter blue. Surrounding the figure are various molecular structures, including a large black chain of spheres, a smaller orange cluster, and several grey clusters of spheres.

# Capsida Biotherapeutics Corporate Presentation

**June 2025**

This presentation is made solely for informational purposes and contains forward-looking statements based on current expectations and assumptions. These statements are not guarantees of future results.

The information contained herein is provided only as of the date on which this presentation is made and is subject to change.

This presentation does not constitute an offer or solicitation of any offer to sell or purchase any securities.

# Solving the Challenges of Gen-1 Genetic Medicines

Starting in CNS and Ophthalmology with IP rights and applicability across all therapeutic areas

	CNS Challenges	Capsida Solutions
<b>Crossing the BBB</b>	Limited ability to cross BBB; < 1% neuronal transduction	>70% of neurons transduced in NHPs
<b>Safety Concerns</b>	Liver and dorsal root ganglia (DRG) toxicity	>16x liver & >50x DRG detargeting; lower dosing
<b>Patient Populations</b>	Narrow therapeutic index (TI) limits to ultra-rare/rare diseases	Broader TI = more common diseases across ages
<b>Route of Administration</b>	Direct injection to brain or CSF causes significant risks and inconsistent expression	IV delivery avoids risks of invasive delivery and allows for consistent expression
	IV delivery increases risk of off-target effects (esp. liver) and triggering immune response	Well-tolerated safety profile with no adverse histopathological findings

# Next-generation Genetic Medicines Company

Unlocking the full potential of gene therapy for all

## Wholly-owned Pipeline

### Two clinical programs in 2025

#### **CAP-002: STXBP1-DEE**

- ✓ IND clearance
- ✓ ODD granted
- ✓ Fast Track granted

#### **CAP-003: PD-GBA**

- ✓ IND clearance
- Human POC in Q4

### Third clinical program in 2026

#### **CAP-004: Friedreich's ataxia**

## Fully-integrated Capabilities

- » **Capsid engineering**
- » **Cargo optimization**
- » **Clinical development**
- » **In-house manufacturing**
- » **Protected by expansive IP portfolio**

## External Validation

### Strategic partnerships

**abbvie** » 1st AbbVie opt-in (\$40M) achieved

*Lilly*

**CRISPR**  
THERAPEUTICS

### Contract manufacturing

**KATE**  
THERAPEUTICS  
A NOVARTIS COMPANY

>\$300M funding to date, including \$50M Series A

**VERSANT**  
ventures

**Westlake**  
BioPartners

# Near Clinical Stage Wholly-owned Programs

First human POC by end of 2025

Disease / Target	Preclinical	IND-Enabling	Phase 1/2	Key Catalysts
STXBP1 Developmental and Epileptic Encephalopathy (STXBP1-DEE)	First-in-class CAP-002			<div>2024 Q4 ✓ ODD received</div> <div>2025 Q2 ✓ IND clearance received</div> <div>✓ Fast-track designation received</div> <div>Q3 - First patient dosed</div> <div>2026 Q1 - First efficacy data</div>
Parkinson's disease associated with GBA mutations (PD-GBA)	Best-in-class CAP-003			<div>2025 Q2 ✓ IND clearance received</div> <div>Q3 - First patient dosed</div> <div>Q4 - First biomarker data</div> <div>2026 Q3 - First efficacy data (1 yr)</div>
Friedreich's ataxia (FA)	Best-in-class CAP-004			<div>2025 Q1 - IND-enabling studies ongoing</div> <div>Q3 - Traditional &amp; self-regulating cargo results</div> <div>2026 2H - IND filing</div>

**Capsida is the first genetic medicines company with 2 FDA IND clearances for engineered IV-delivered gene therapies that cross the blood-brain-barrier and detarget liver**



## **CAP-002: STXBP1-DEE**

**STXBP1 Developmental and Epileptic  
Encephalopathy**

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# STXBP1 Developmental and Epileptic Encephalopathy

## Opportunity

- DEE (like LGS and Dravet) with no approved treatments
- Seizures, developmental delays, and motor impairment
- ~5,000 patients in US and Europe
- Genetic validation and potential for FDA approval after Ph2
- >\$1B peak year sales

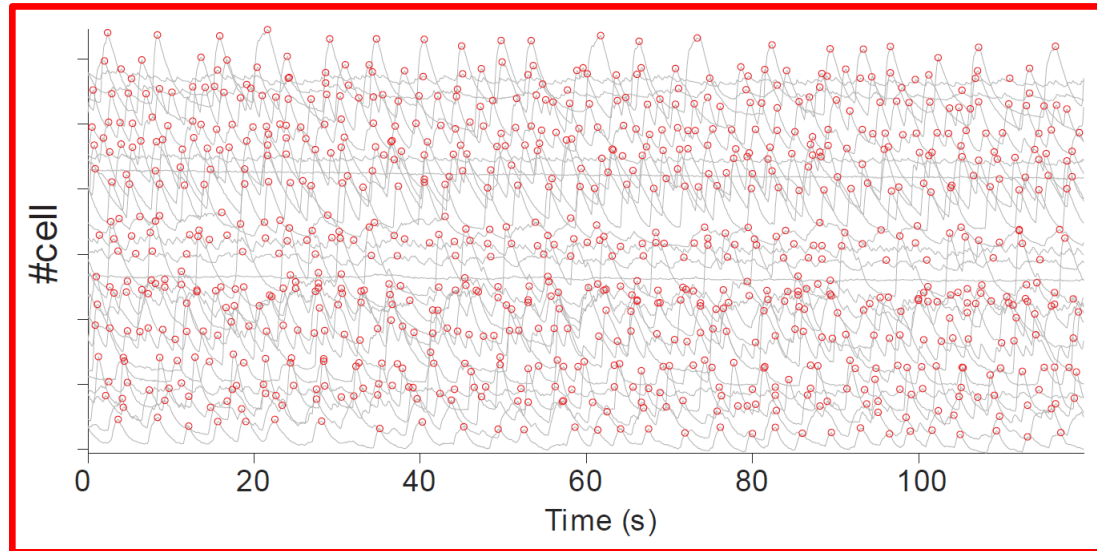
## CAP-002

- ✓ First and best in class IV-administered program
- ✓ Industry-leading brain wide STXBP1 protein increases
- ✓ Potential for correction of all phenotypes
- ✓ Safety demonstrated in GLP-Toxicology study in NHPs, including liver and DRGs
- ✓ ODD and Fast Track granted
- ✓ Successful IND clearance

SYNRGY Ph 1/2a clinical trial start up activities have initiated

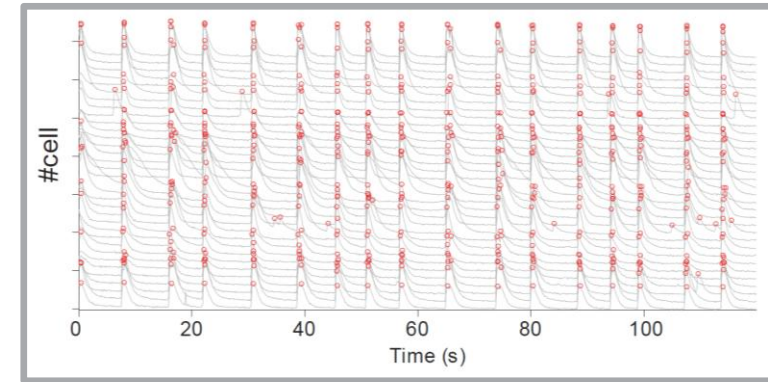


# CAP-002 Restores Normal STXBP1 Expression and Neuronal Firing in Human Knock Out Neurons

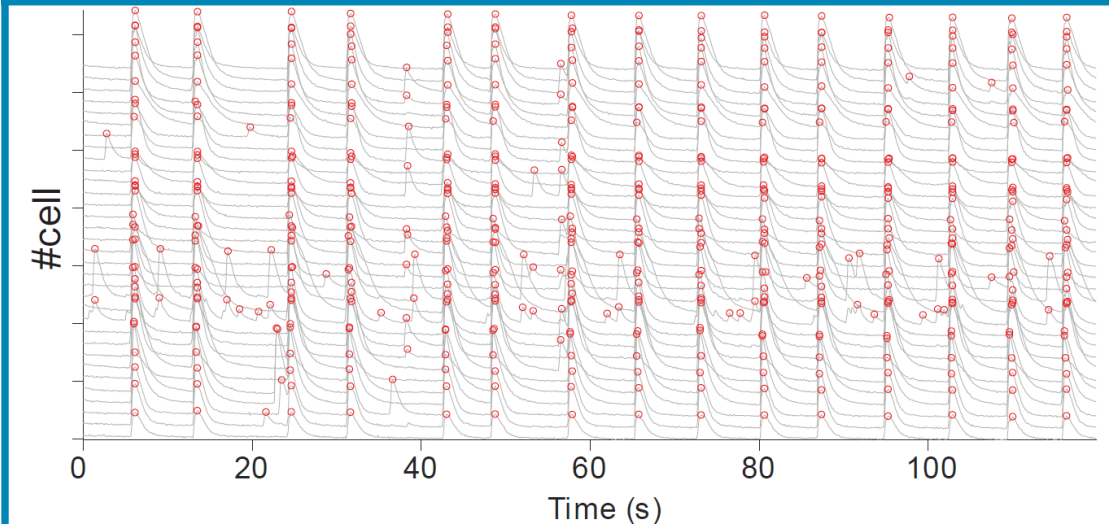


**STXBP1 Knock Out**

Normal



**CAP-002 restores neurons to normal firing**



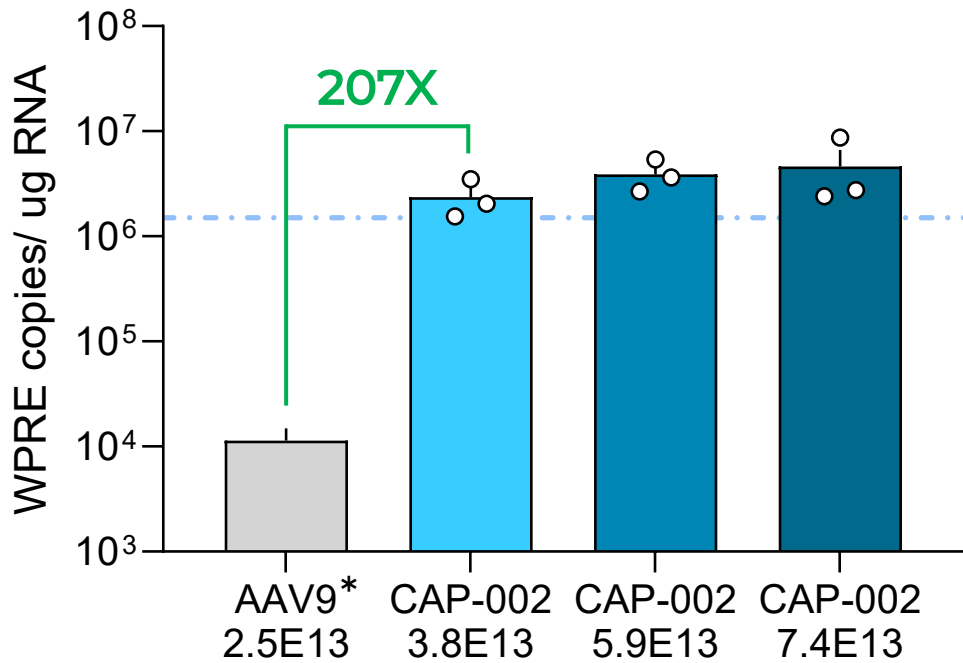
**STXBP1 Knock Out with CAP-002**

Generated in collaboration with Neurospector, a CRO established by Matthijs Verhage's laboratory at VUmc Research BV, part of Foundation Stichting Amsterdam UMC

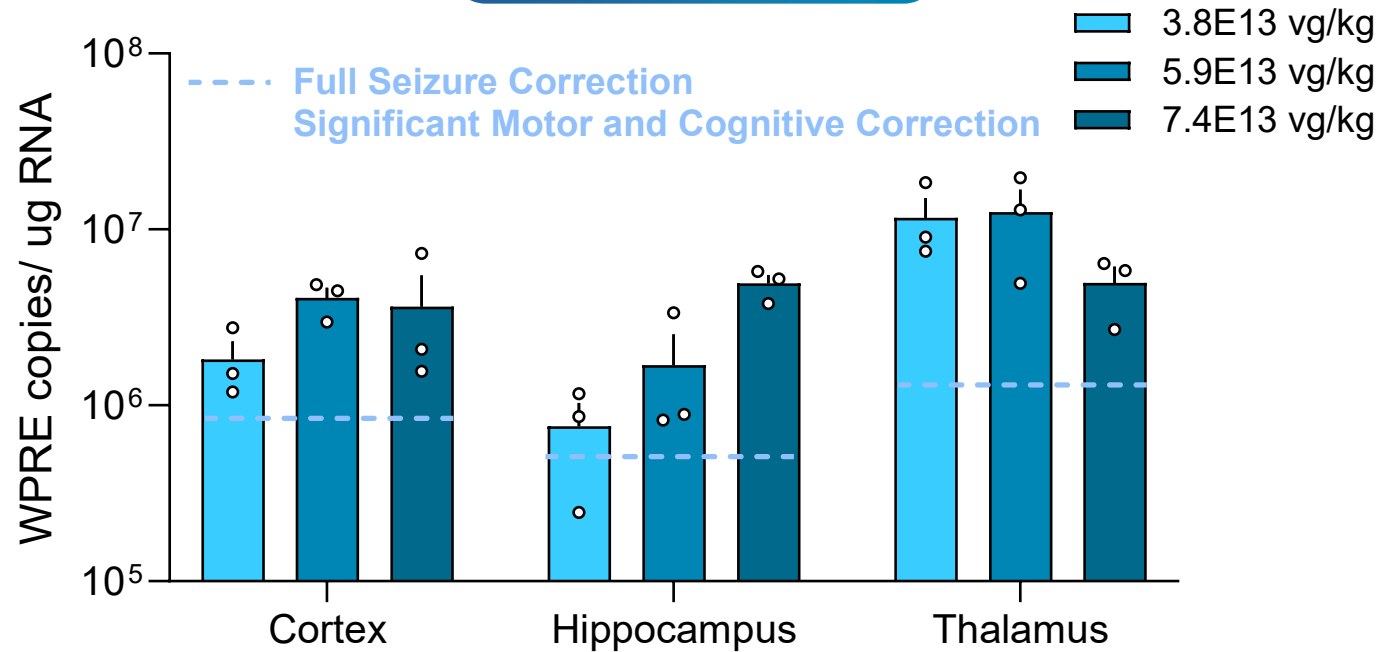
# STXBP1 Expression with CAP-002 in GLP Tox is Above Levels Required for Significant Correction of All Disease Phenotypes

## Brain Expression in NHPs in GLP Tox Study

### Average Brain RNA



### RNA in key ROIs

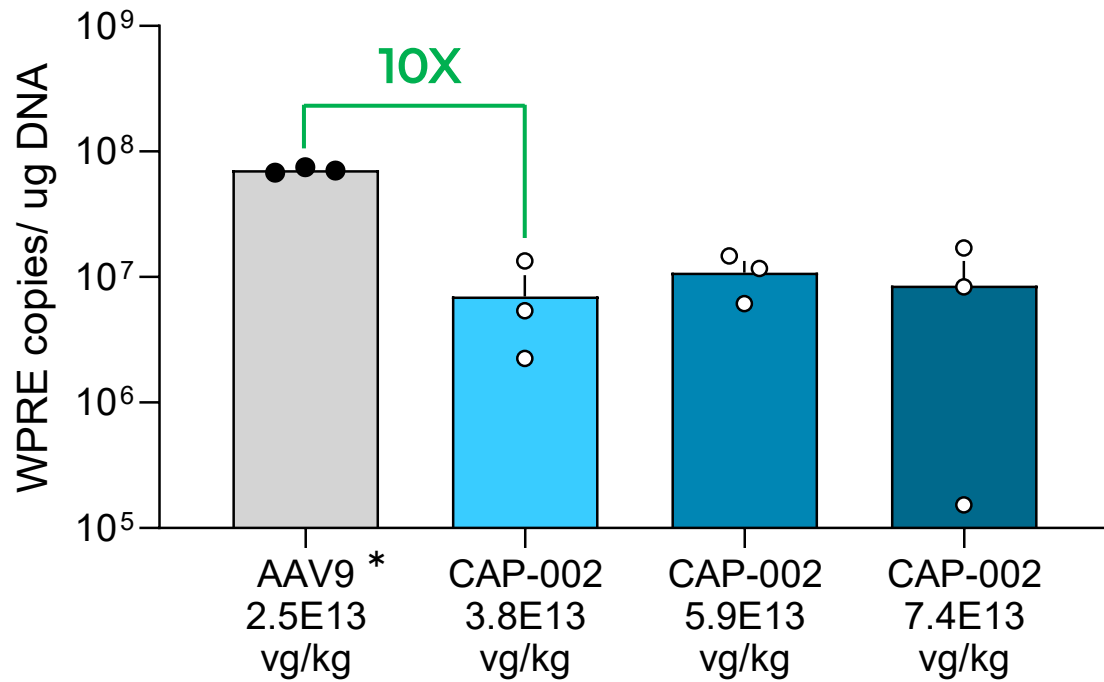


<sup>1</sup>Murine data generated in collaboration with lab of Mingshan Xue, Baylor College of Medicine

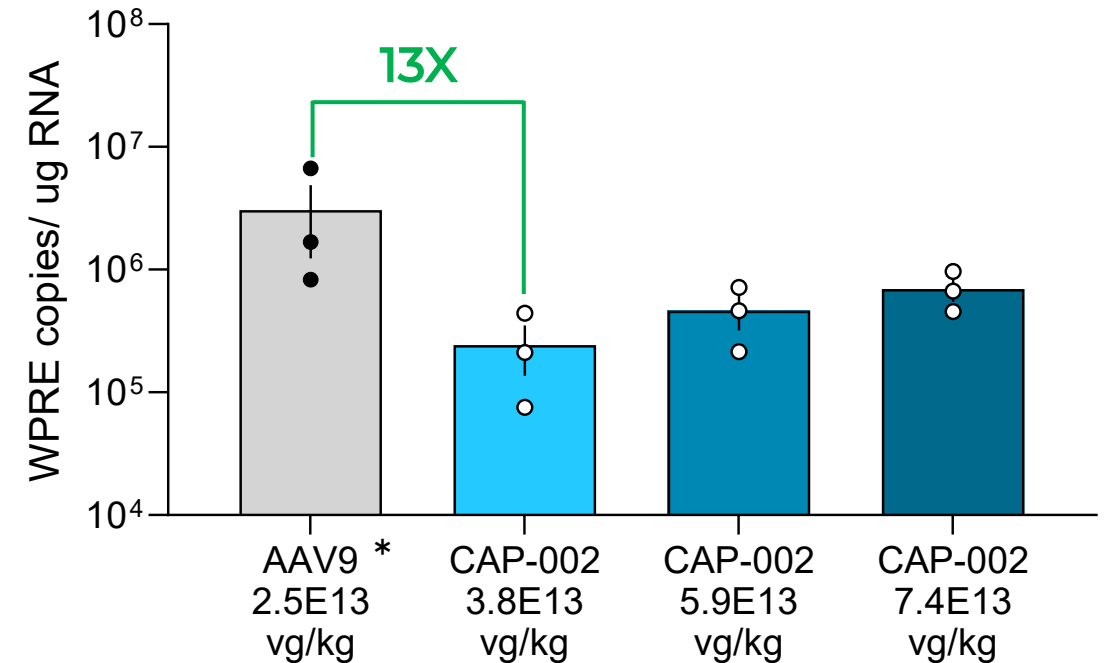


# CAP-002 is Substantially Detargeted from Liver and DRGs in NHPs in GLP Tox Compared to AAV9

Liver DNA in NHP GLP Tox Study



DRG RNA in NHP GLP Tox Study



**Well-tolerated safety profile with no adverse histopathological findings**

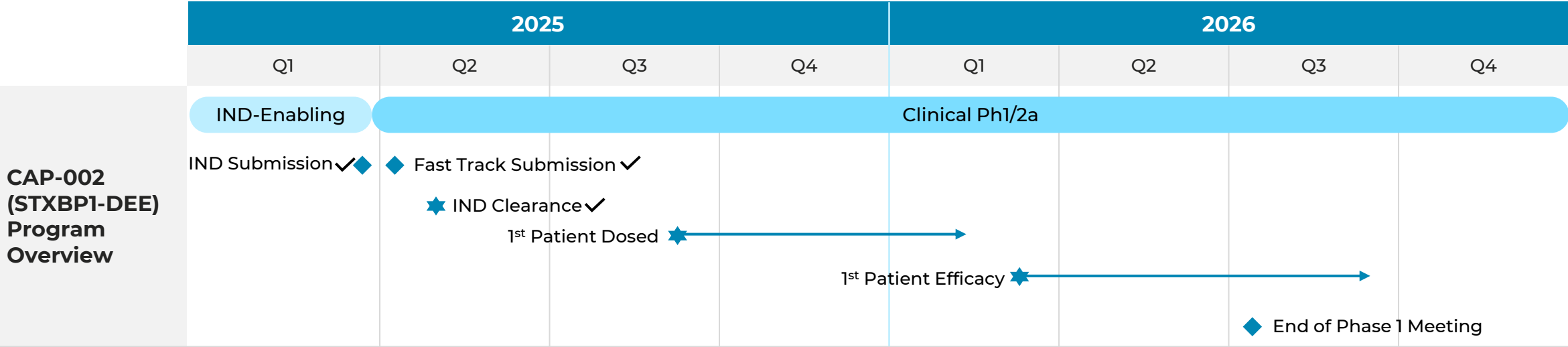
\*Historical IV-delivered AAV9 2.5E13 vg/kg (non-STXBP1 cargo control)

GLP Tox Study  
In-life: 3 months  
Species: Cynomolgus macaques (n=3/grp)

# CAP-002 Phase 1/2a SYNRGY Study

Potential for approval after Phase 2 study

Clinical Ph1/2 Planning	Population		Key Measurements		Plan to leverage Fast Track, ODD, and other designations to accelerate approval
	» 18 months – 7 years » Potential expansion to broader ages » Ph1: 6 patients		» Safety » Motor, language, neurocognitive, seizure, and EEG » Clinical scales consistent with STARR natural history study		



For more information about the SYNRGY trial, please visit [www.clinicaltrials.gov](http://www.clinicaltrials.gov) and search for NCT06983158

EEG = electroencephalogram; STARR = STXBPI Clinical Trial Ready



## **CAP-003: PD-GBA**

**Parkinson's disease associated  
with GBA mutations**

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# Parkinson's Disease Associated with GBA Mutations

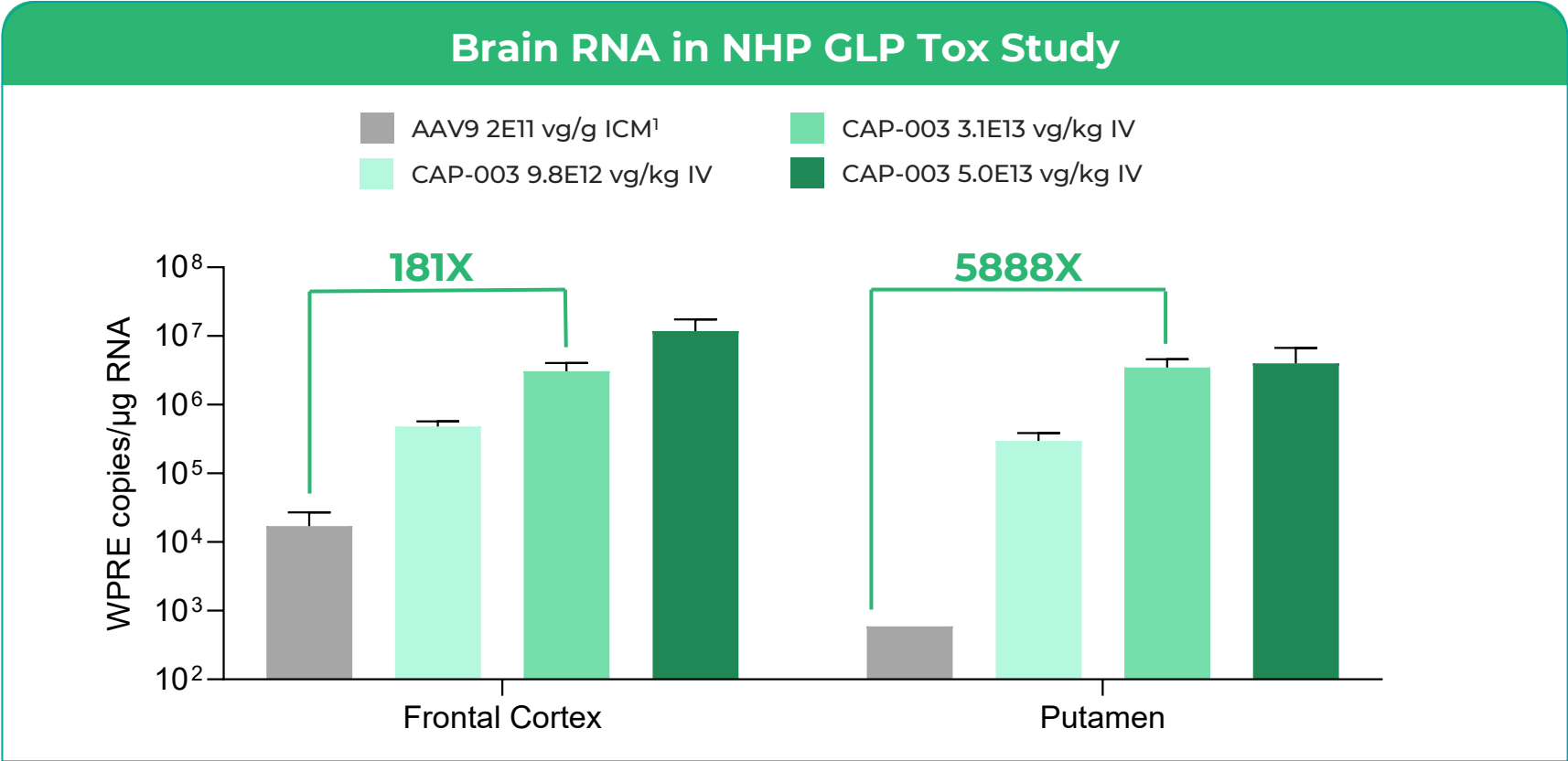
## Opportunity

- Up to 15% of all PD cases = ~330k patients in US and Europe
- No approved GBA1 treatments and no PD disease modifying treatments
- >\$1B peak year sales
- Potential for expansion to idiopathic PD

## CAP-003

- ✓ Best in class IV-administered program
- ✓ Industry-leading brainwide GCase enzyme elevation
- ✓ Potential for significant disease modification
- ✓ Safety demonstrated in GLP-Toxicology study in NHPs, including liver and DRGs
- ✓ Successful IND clearance
- Q2 Fast Track filing

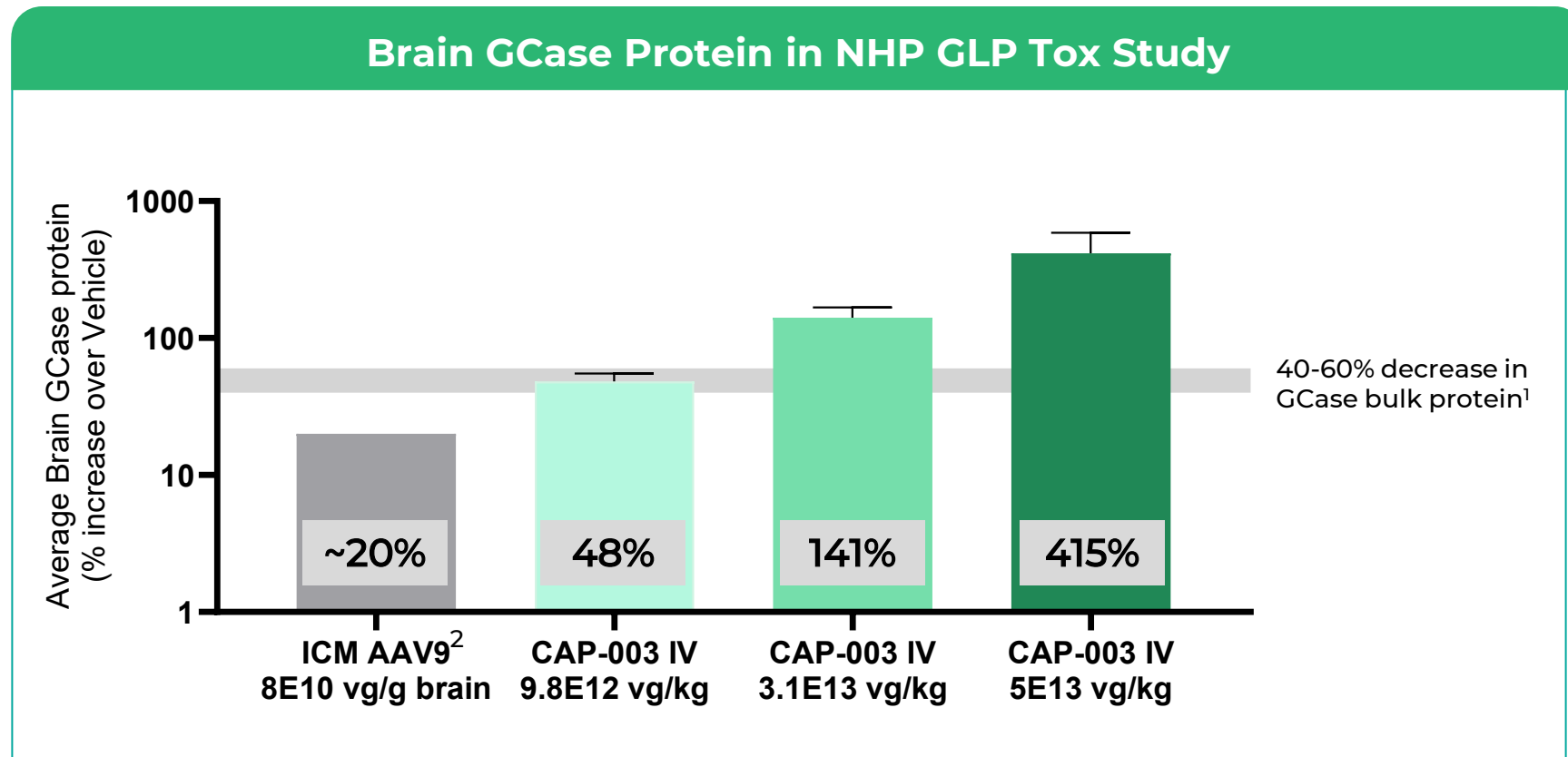
# IV-delivered CAP-003 Achieves Superior RNA Expression Compared to ICM-delivered AAV9 in NHPs



<sup>1</sup>AAV9 ICM data generated from past Capsida study with same expression cassette (promoter, regulatory elements, etc.) but different therapeutic cargo; no protein or %neuron comparison possible

**GLP Tox Study**  
**In-life:** 3 months  
**Species:** Cynomolgus macaques (n=3/grp)

# IV CAP-003 Achieves Superior GCase Protein Expression in GLP Tox Study Compared to ICM-delivered AAV9



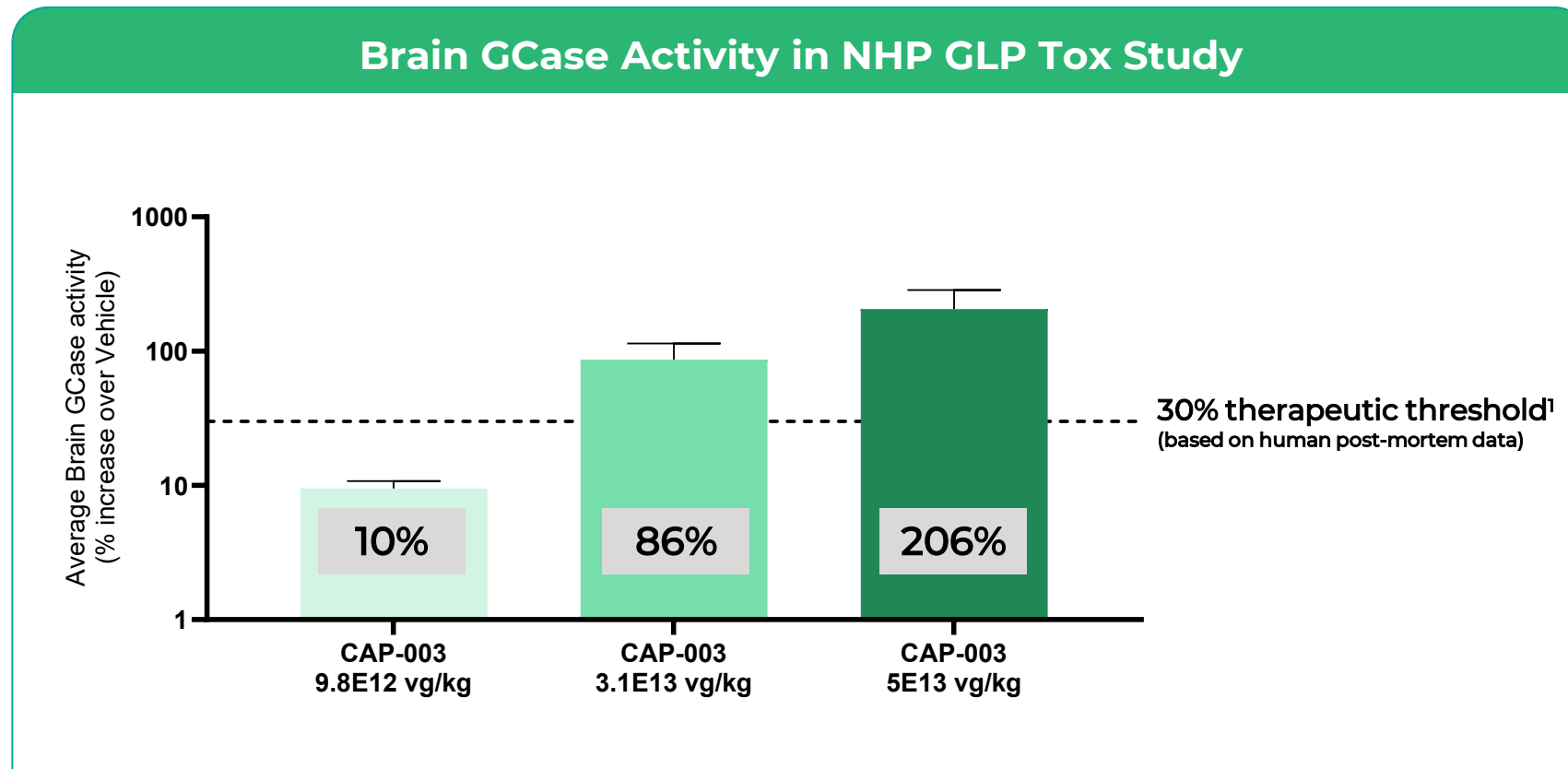
<sup>1</sup> Sanz Munoz et al., 2021 Decrease in GCase bulk protein in post-mortem brain tissues compared to healthy individuals

<sup>2</sup> ICM AAV9 reported by Prevail (Source: 2019 S1 filing) in their non-clinical NHP studies (~20% increase across cortex, hippocampus, midbrain 6 months after administration)

**GLP Tox Study**  
**In-life:** 3 months  
**Species:** Cynomolgus macaques (n=3/grp)



# CAP-003 Exceeds Efficacy Threshold for Normalizing GCase Activity in Patients in NHP GLP Tox Study

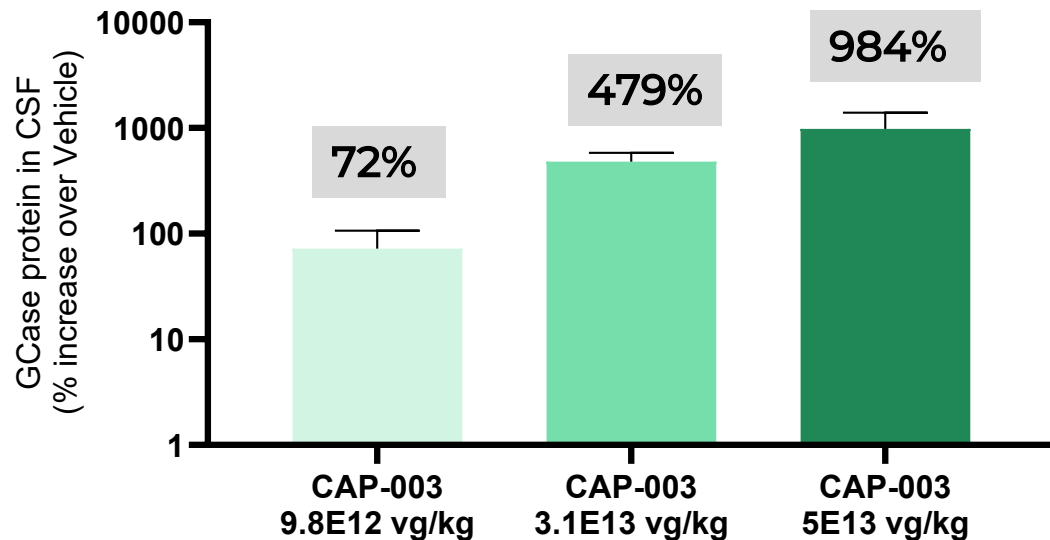


<sup>1</sup>Leyns et al., 2023. Post-mortem studies demonstrate an approximate 30% GCase activity deficit in patients compared to healthy individuals

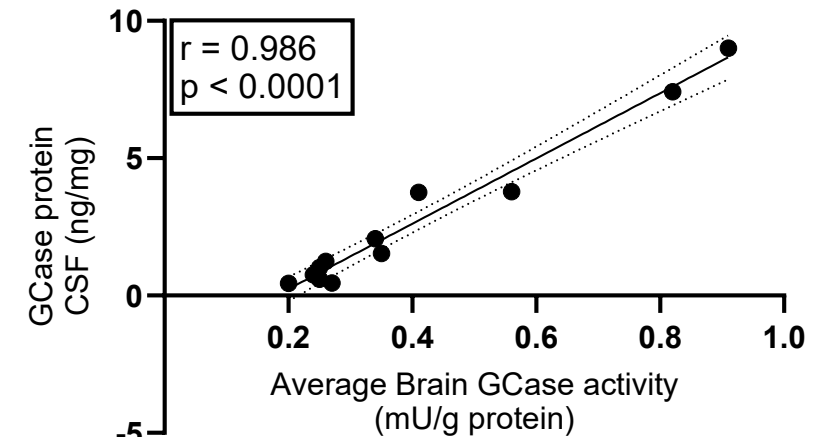
**GLP Tox Study**  
**In-life:** 3 months  
**Species:** Cynomolgus macaques (n=3/grp)

# CAP-003 Significantly Increases GCase in CSF in GLP Tox Study Validating Use as Clinical Biomarker

## GCase Protein in CSF in NHP GLP Tox Study

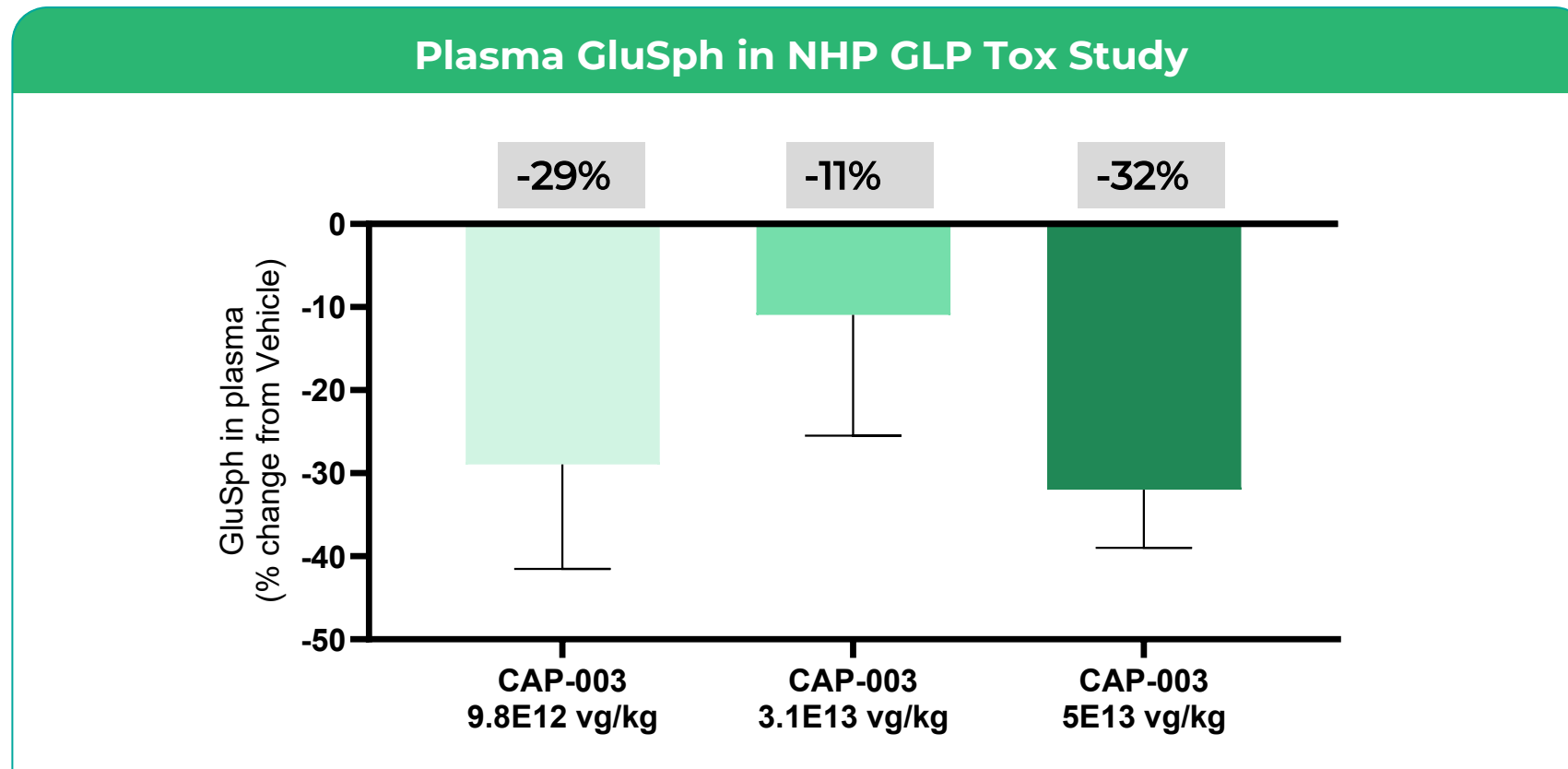


## Correlation of CSF GCase Protein & Brain GCase Activity



**GLP Tox Study**  
**In-life:** 3 months  
**Species:** Cynomolgus macaques (n=3/grp)

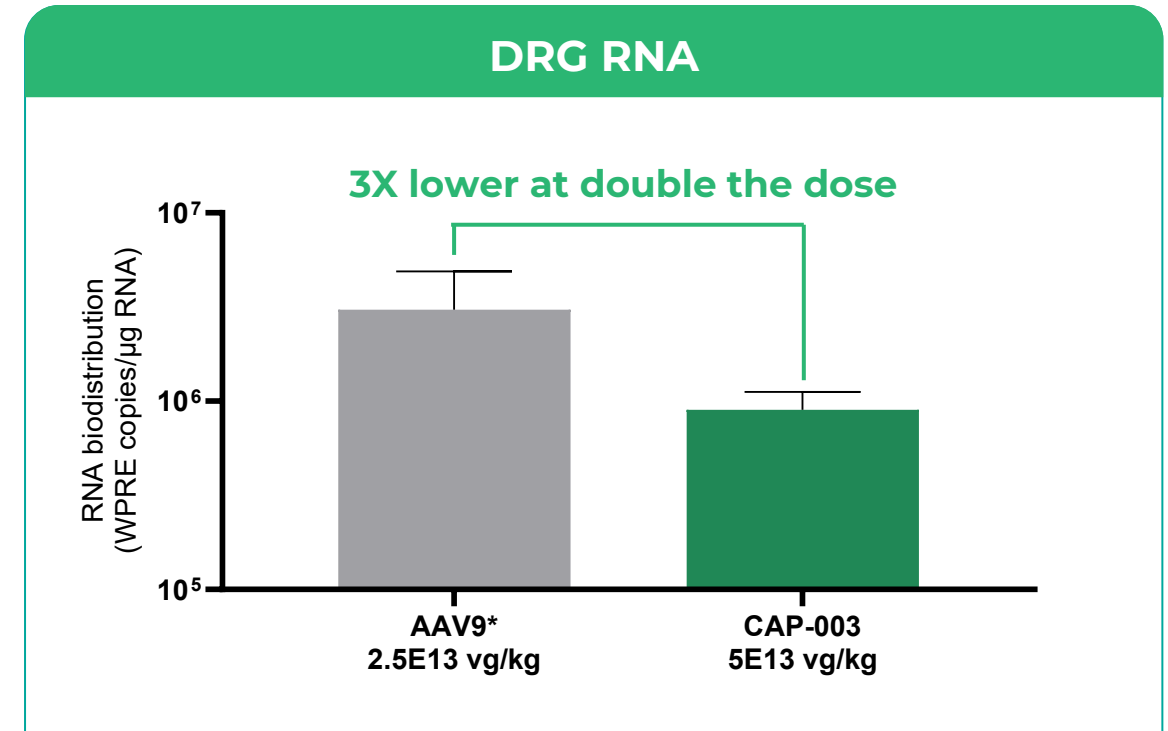
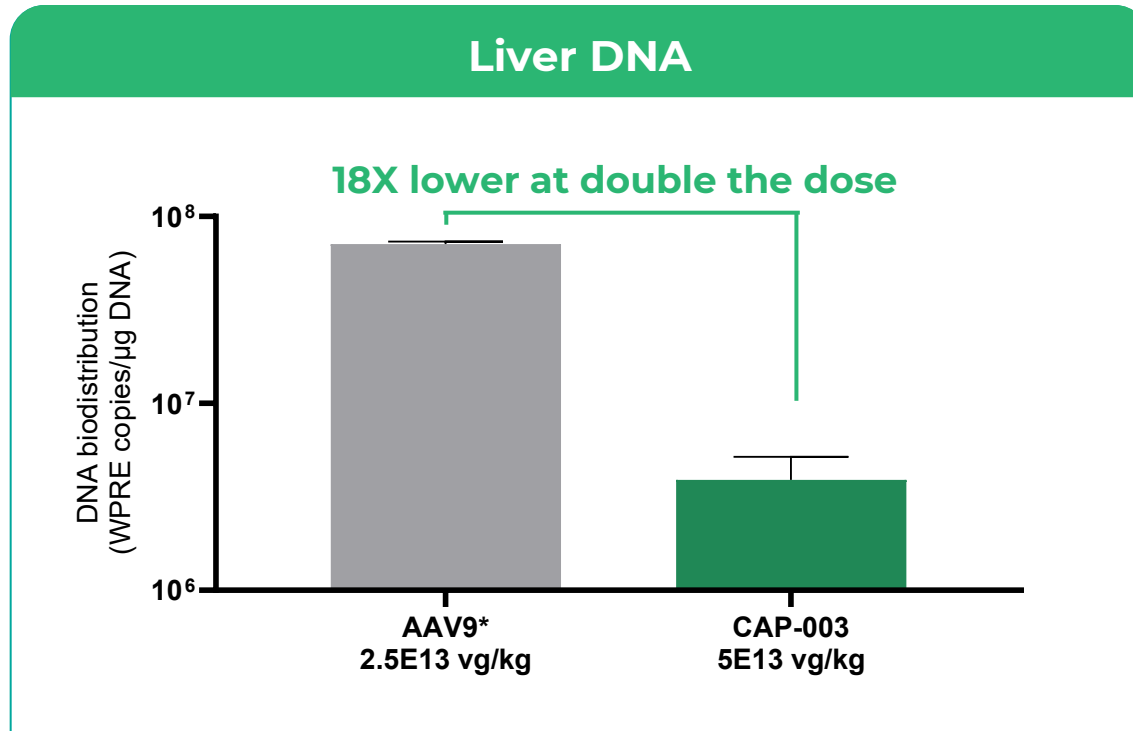
# Decreased GluSph Levels in Plasma Confirm Target Engagement in GLP Tox Study in Healthy NHPs



GluSph = Glucosylsphingosine

**GLP Tox Study**  
**In-life:** 3 months  
**Species:** Cynomolgus macaques (n=3/grp)

# GLP Tox Data Demonstrate CAP-003 is Substantially Detargeted from Liver and DRGs in NHPs Compared to AAV9



**Well-tolerated safety profile with no adverse histopathological findings**

\*Historical IV-delivered AAV9 2.5E13 vg/kg (non-GBA cargo control)

GLP Tox Study  
In-life: 3 months  
Species: Cynomolgus macaques (n=3/grp)

# CAP-003 (PD-GBA) Phase 1/2 Clinical Plan

## Clinical Ph1/2 Planning

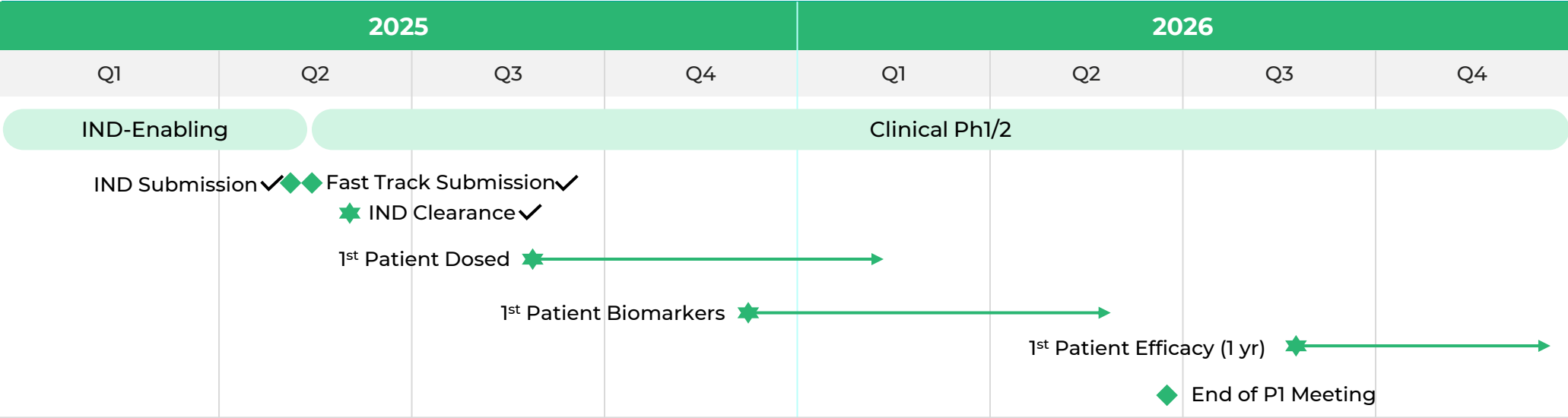
### Population

- » Ages 21-75 years
- » PD Hoehn & Yahr Stage 1-3
- » Ph1: 6 patients

### Key Measurements

- » Safety
- » Biomarkers (e.g., GCase, GluSph, & GluCer)
- » 1 & 2-year efficacy (e.g., MDS-UPDRS, cognition, etc.)

## CAP-003 (PD-GBA) Program Overview



For more information about the Phase 1/2 trial, please visit [www.clinicaltrials.gov](http://www.clinicaltrials.gov) and search for NCT07011771

GluSph = glucosylsphingosine; GluCer = glucosylceramide;  
MDS-UPDRS = Unified Parkinson's Disease Rating Scale



# CAP-004: FA

## Friedreich's ataxia

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# Friedreich's Ataxia

## Opportunity

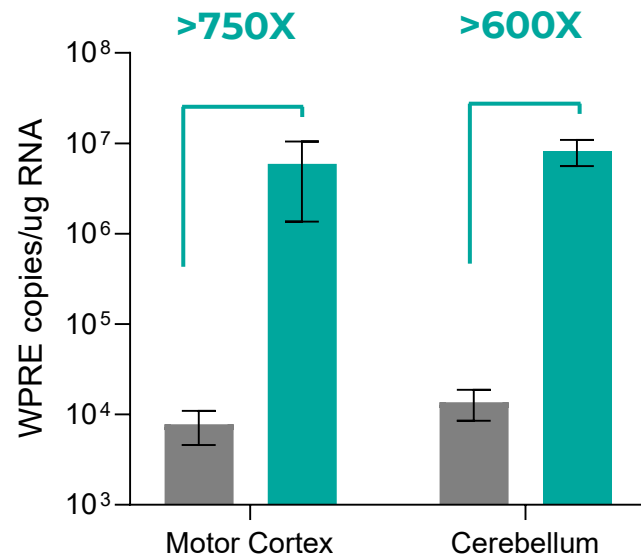
- CNS, cardiac, and sensory manifestations
- ~5,000 patients in the US and 15,000 worldwide
- Genetic validation and potential for FDA approval after Ph2
- >\$1B peak year sales

## CAP-004

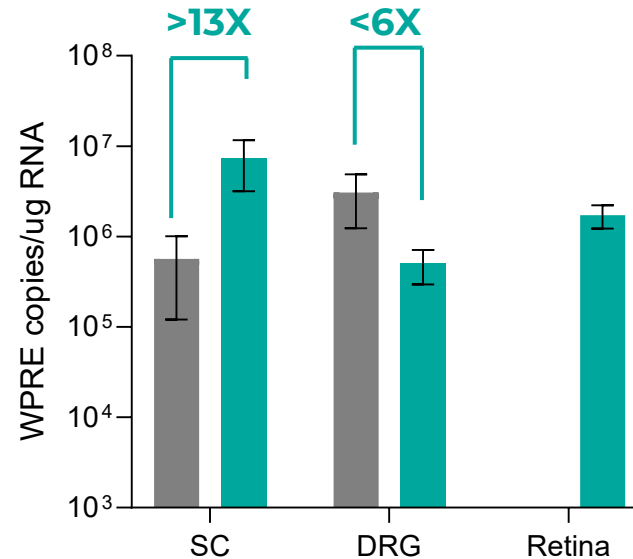
- ✓ Best in class IV-administered program
- ✓ Industry-leading frataxin protein expression in all relevant tissues
- ✓ Potential for correction of CNS, cardiac, and sensory manifestations
- ✓ Safety demonstrated in NHPs, including liver and DRGs
- ✓ IND-enabling studies ongoing, incl. self-regulating cargo
- 2H 2026 IND Filing

# IV CAP-004 Achieves Therapeutically Meaningful RNA Expression Levels in Key FA Tissues While Detargeting Liver

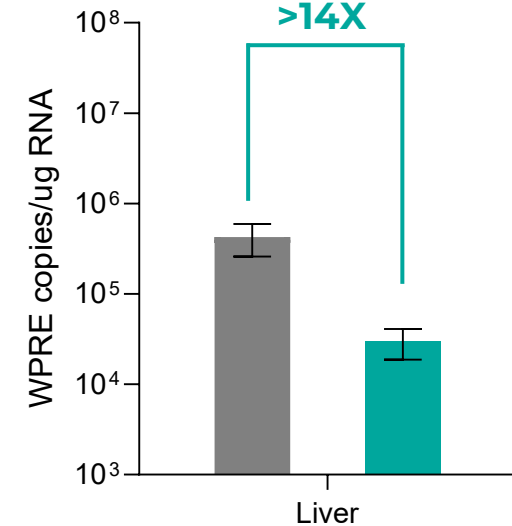
## Brain FXN in NHPs



## Spinal Cord & Sensory Neuron FXN in NHPs



## Liver FXN in NHPs



AAV9 2.5E13 vg/kg<sup>1</sup>



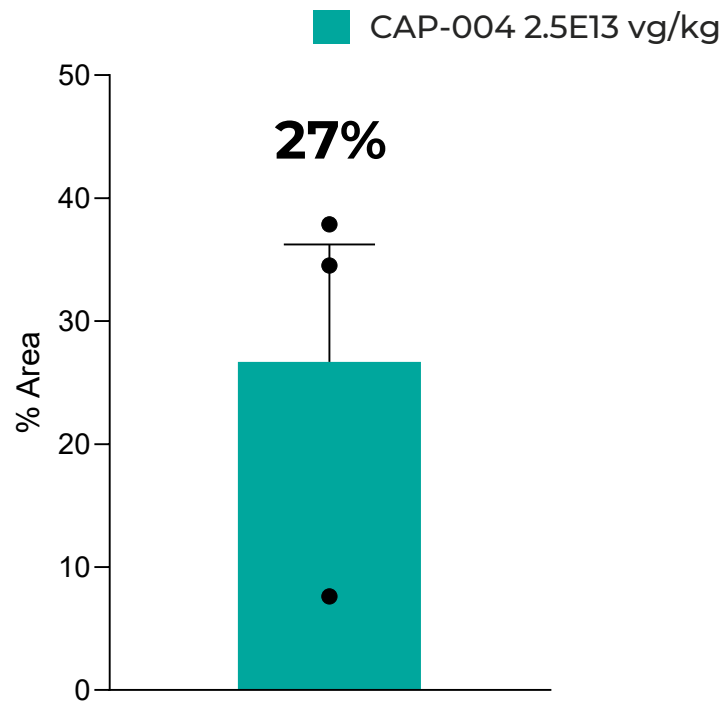
CAP-004 2.5E13 vg/kg

FXN = Frataxin

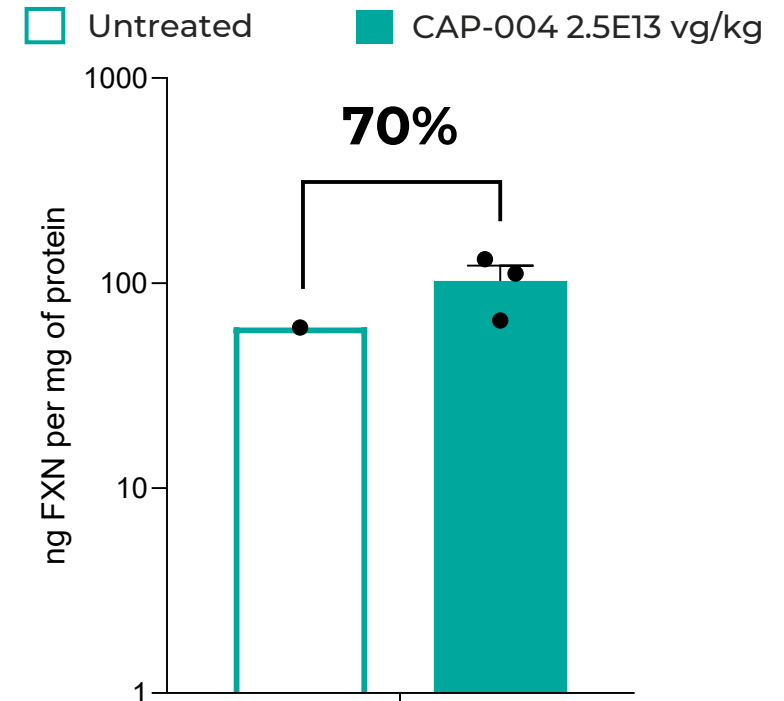
<sup>1</sup>AAV9 data generated from past Capsida study with same expression cassette (promoter, regulatory elements, etc.) but different therapeutic cargo

# 27% Average Transduction of Left Ventricle with CAP-004 Results in >70% Increase in FXN Expression in Heart

Left Ventricle %HA Positive Area in NHPs



Cardiac FXN protein levels increase in NHPs





# Platform and Capabilities

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# Capsida – Uniquely Positioned to Lead Gene Therapy

## Capsid Engineering Scale

Fully industrialized and roboticized platform

Screening capabilities across cell types in NHPs and human cells

## CNS Tropism

>99% specific to neurons

>70% neurons transduced

Broad IP capsids and capsid/cargo

## Peripheral Detargeting

>16x liver & >50x DRG detargeted

Superior off-target safety profile

Broad IP protecting detargeting

## Therapeutic Expression

Expression in NHPs with potential for full disease correction

Industry leading expression levels across pipeline programs

## Clinical Translatability

Identified/patented novel human receptor with complete homology in NHPs and humans

Validated expression in NHPs including primates >20 years old

## Manufacturability

In-house process development and GMP manufacturing

Productivity surpassing AAV9

Quality specifications > FDA requirements

**Only Capsida has created all the capabilities and results needed to deliver on the promise of gene therapy**

# In-house Process & Analytical Development and cGMP Manufacturing

Enables Capsida to control quality, timelines, and costs

## Vector Production



Rapid production of engineered capsids for preclinical studies

## Process & Analytical Development



Conduct manufacturability assessment in HEK293 suspension process

Up to 50 L bioreactor scale

Develop and optimize key analytical assays

## cGMP Manufacturing



15,000 ft<sup>2</sup> cGMP Manufacturing Facility

Leverages single use systems

200L bioreactor scale with ability to significantly expand capacity

Finish – fill operations

Unidirectional flow

In-house QC capabilities for product release

Modular clean rooms

**Excellent yields and quality specifications at or above FDA standards**





# Corporate & Finance

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# Leadership Team and Board of Directors

Decades of Industry Experience and Drug Development Expertise

## Leadership



**Peter Anastasiou**  
Chief Executive Officer



**Nicholas Flytzanis, PhD**  
Founder, Chief Research and Innovation Officer



**Nick Goeden, PhD**  
Founder, Chief Technology Officer



**Julie Hakim**  
Chief Financial Officer



**Bethany Mancilla**  
Chief Business Officer



**Rob Murphy**  
Chief Manufacturing and Quality Officer



**Swati Tole, MD**  
Chief Medical Officer



**Clare Ozawa, PhD**



**Beth Seidenberg, MD**



**Viviana Gradinaru, PhD**  
Founder



**Julie Hakim**  
Chief Financial Officer



**Bethany Mancilla**  
Chief Business Officer



**Rob Murphy**  
Chief Manufacturing and Quality Officer



**Swati Tole, MD**  
Chief Medical Officer



**Rita Balice-Gordon, PhD**  
CEO, Muna Tx



**Frank Verwiel, MD**  
Chairman, Intellia



**Peter Anastasiou**  
Chief Executive Officer



# >\$300M Funding to Date



# Next-generation Genetic Medicines Company

Unlocking the full potential of gene therapy for all

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### Contract manufacturing



>\$300M funding to date, including \$50M Series A

 VERSANT  
ventures

 Westlake  
BioPartners



# Our Pipeline is Making the Impossible Possible

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