

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

Capsida Biotherapeutics Corporate Presentation

May 2025

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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
Crossing the BBB	Limited ability to cross BBB; < 1% neuronal transduction	>70% of neurons transduced in NHPs
Safety Concerns	Liver and dorsal root ganglia (DRG) toxicity	>16x liver & >50x DRG detargeting; lower dosing
Patient Populations	Narrow therapeutic index (TI) limits to ultra-rare/rare diseases	Broader TI = more common diseases across ages
Route of Administration	Direct injection to brain or CSF causes significant risks and inconsistent expression	IV delivery limits risks and allows 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: STXBPI-DEE

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

CAP-003: PD-GBA

- 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



Contract manufacturing



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



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>2025</div> <div>Q1</div> <div>✓ IND clearance received</div> <div>Q3</div> <div>- First patient dosed</div> <div>2026</div> <div>Q1</div> <div>- First efficacy data</div>
Parkinson's disease associated with GBA mutations (PD-GBA)	Best-in-class CAP-003			<div>2025</div> <div>Q2</div> <div>- IND filing</div> <div>Q3</div> <div>- First patient dosed</div> <div>Q4</div> <div>- First biomarker data</div> <div>2026</div> <div>Q3</div> <div>- First efficacy data (1 yr)</div>
Friedreich's ataxia (FA)	Best-in-class CAP-004			<div>2025</div> <div>Q1</div> <div>- IND-enabling studies ongoing</div> <div>Q3</div> <div>- Traditional & self-regulating cargo results</div> <div>2026</div> <div>Q2/Q3</div> <div>- IND filing</div>

Capsida is the first genetic medicines company with FDA IND clearance for an engineered IV-delivered gene therapy that crosses the blood-brain-barrier and detargets liver



CAP-002: STXBP1-DEE

**STXBP1 Developmental and Epileptic
Encephalopathy**

STXBP1 Developmental and Epileptic Encephalopathy

Opportunity

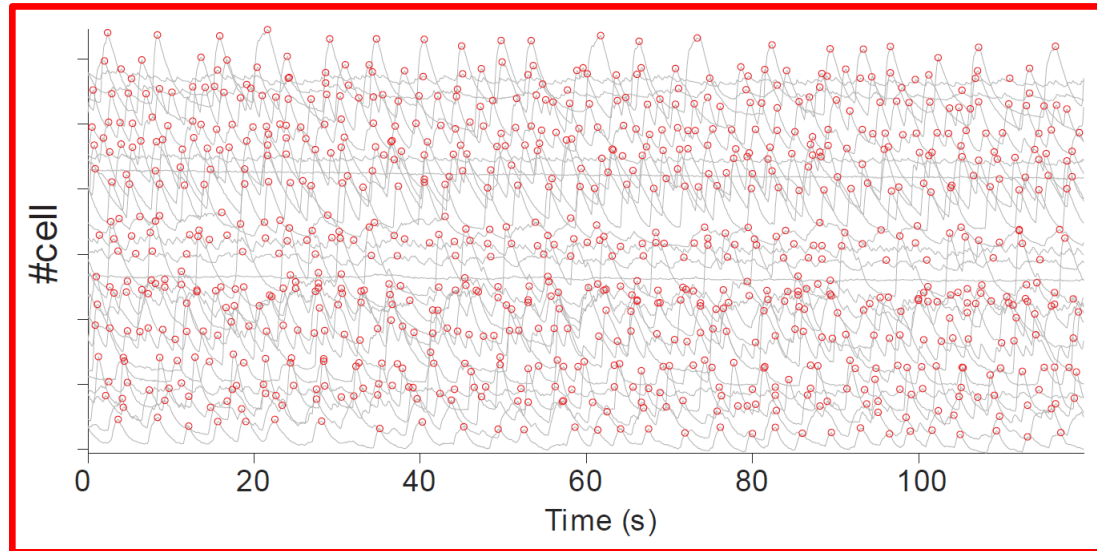
- DEE (like LGS and Dravet) with no approved treatments
- Seizures, developmental delays, and motor impairment
- ~5,000 patients in US and Europe
- Genetic validation and potential for FDA approval after Ph2
- >\$1B peak year sales

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

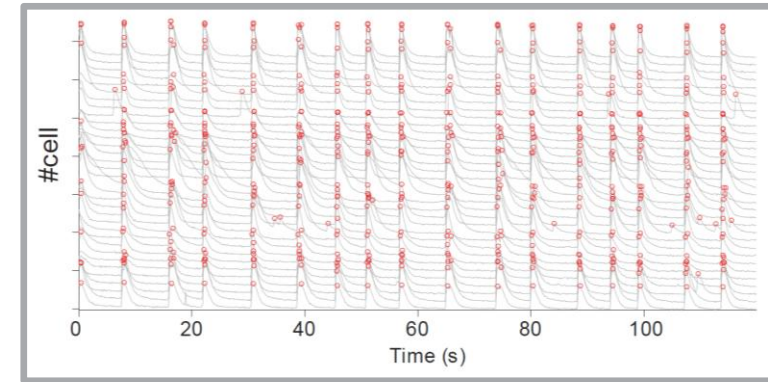
SYNRGY Ph 1/2a clinical trial start up activities have initiated

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

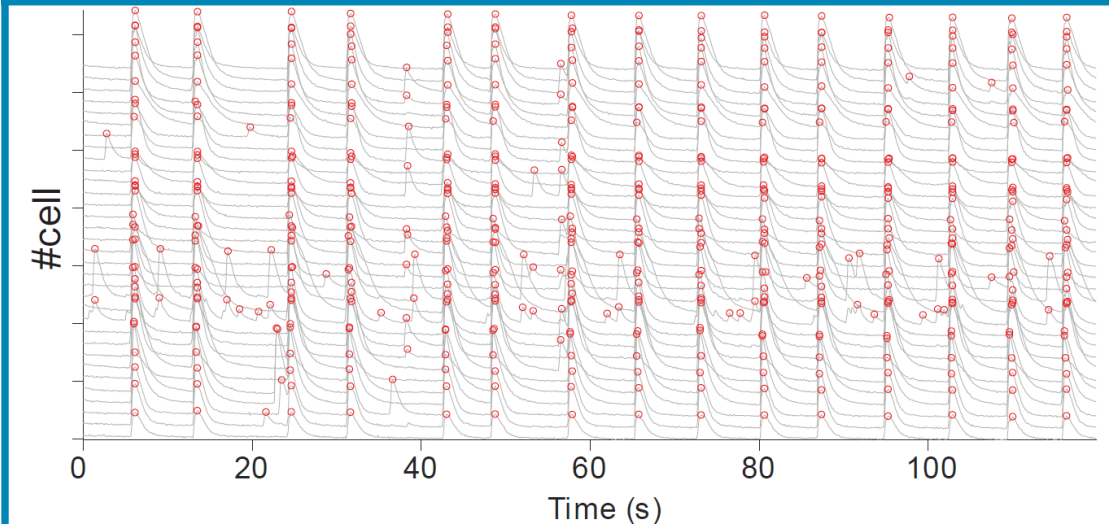


STXBP1 Knock Out

Normal



CAP-002 restores neurons to normal firing



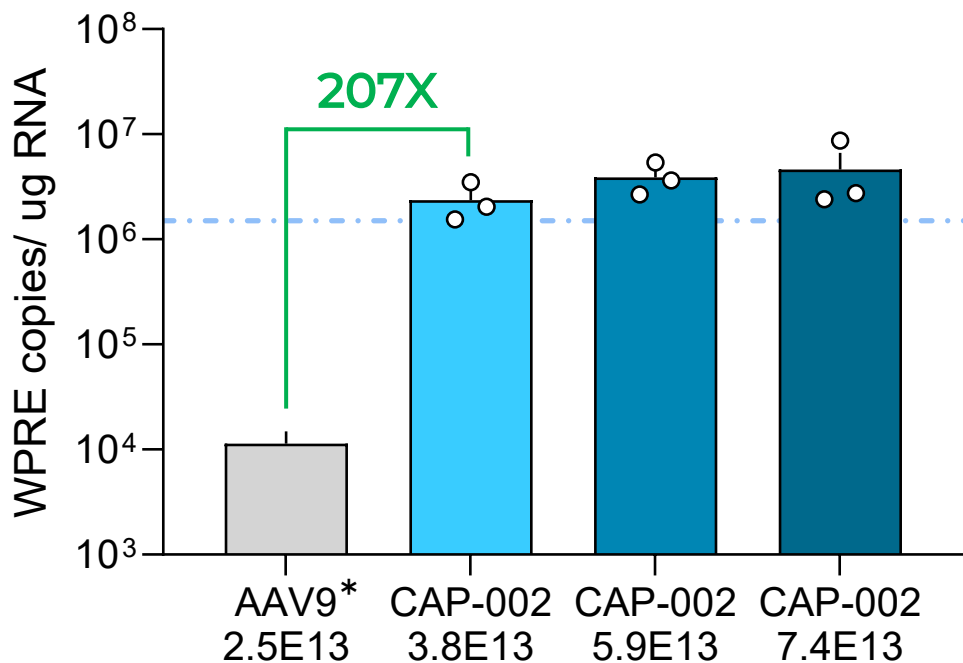
STXBP1 Knock Out with CAP-002

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

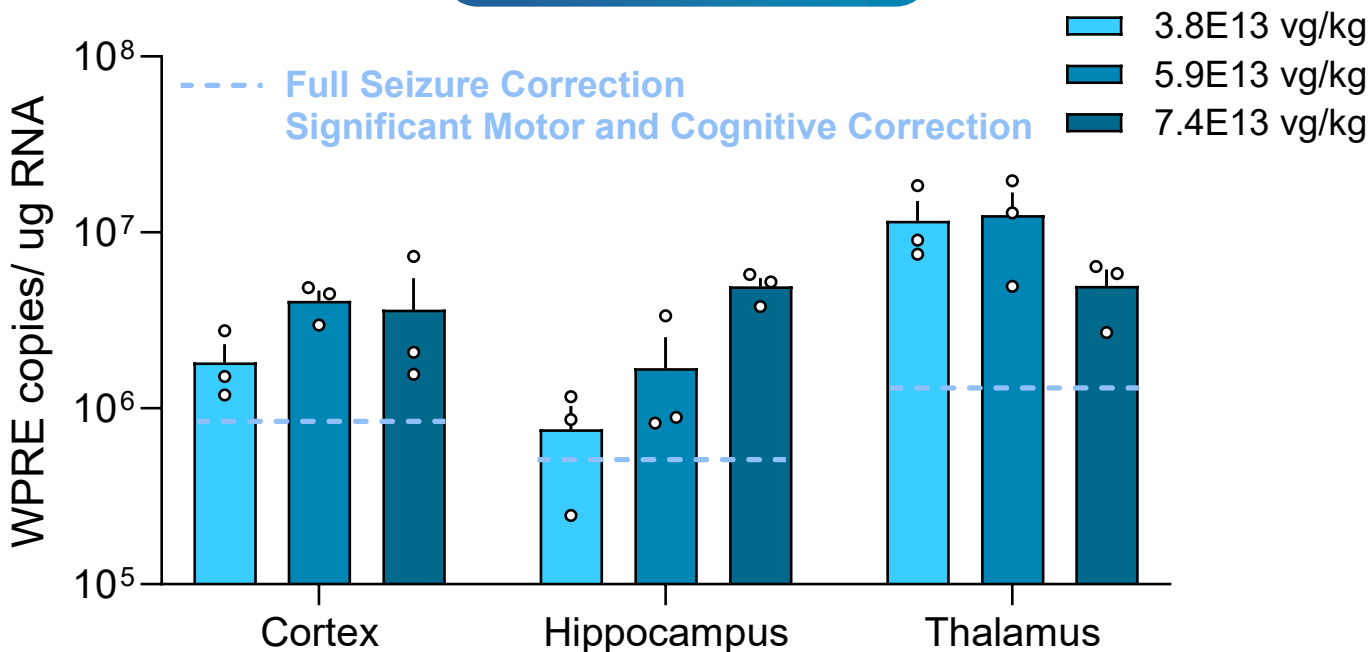
STXBP1 Expression with CAP-002 in GLP Tox is Above Levels Required for Significant Correction of All Disease Phenotypes

Brain Expression in NHPs in GLP Tox Study

Average Brain RNA



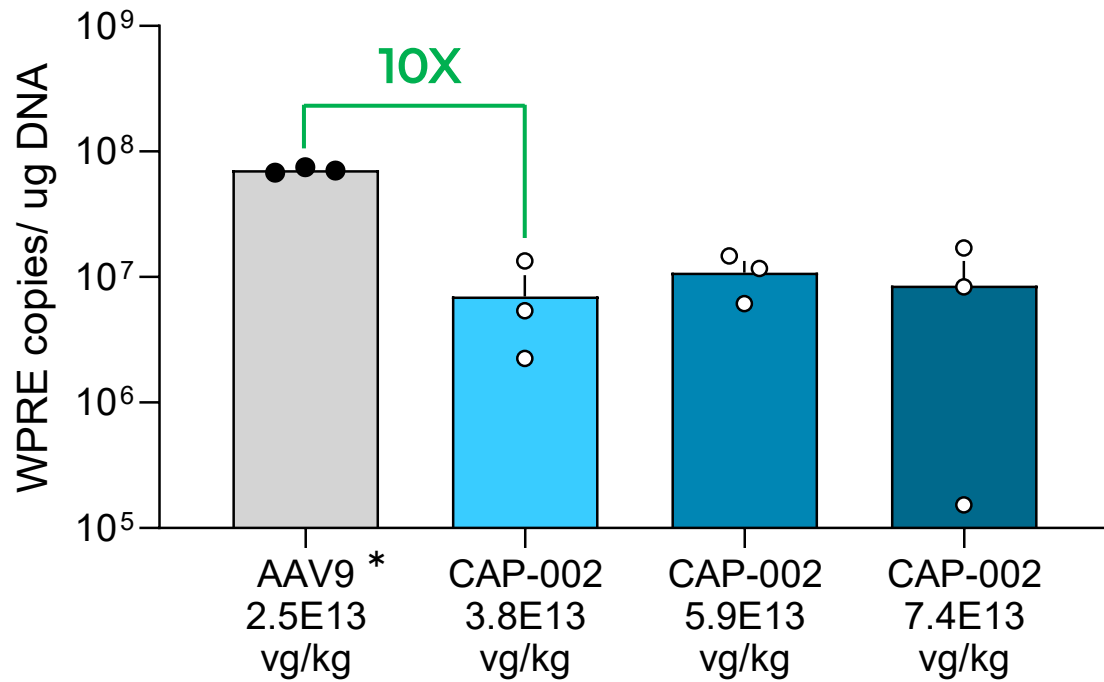
RNA in key ROIs



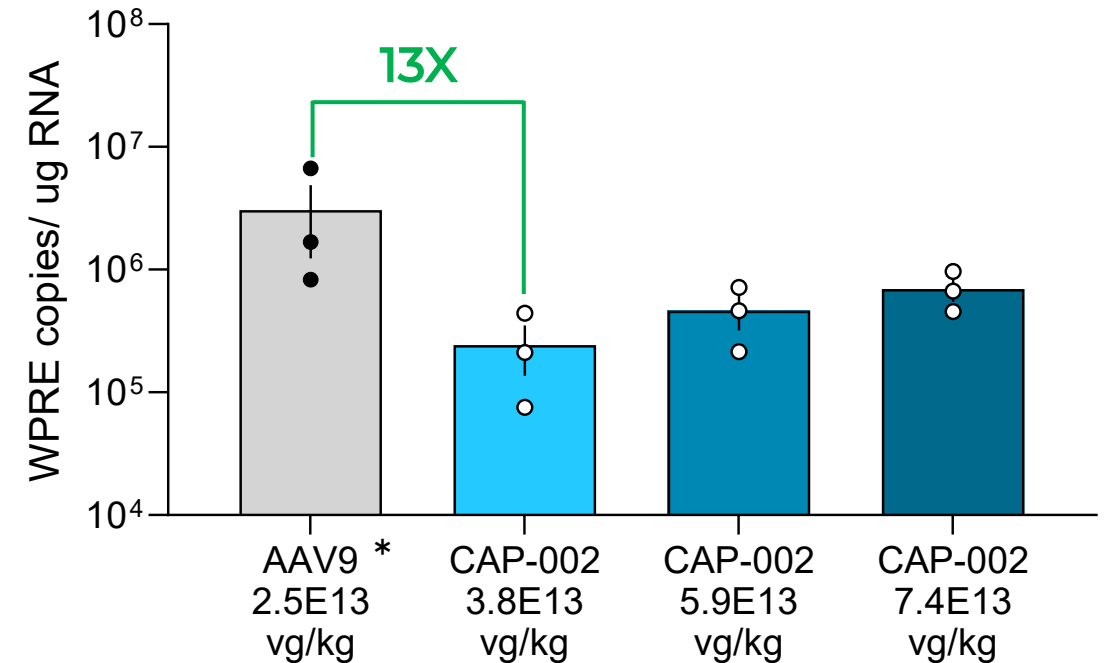
¹Murine data generated in collaboration with lab of Mingshan Xue, Baylor College of Medicine

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

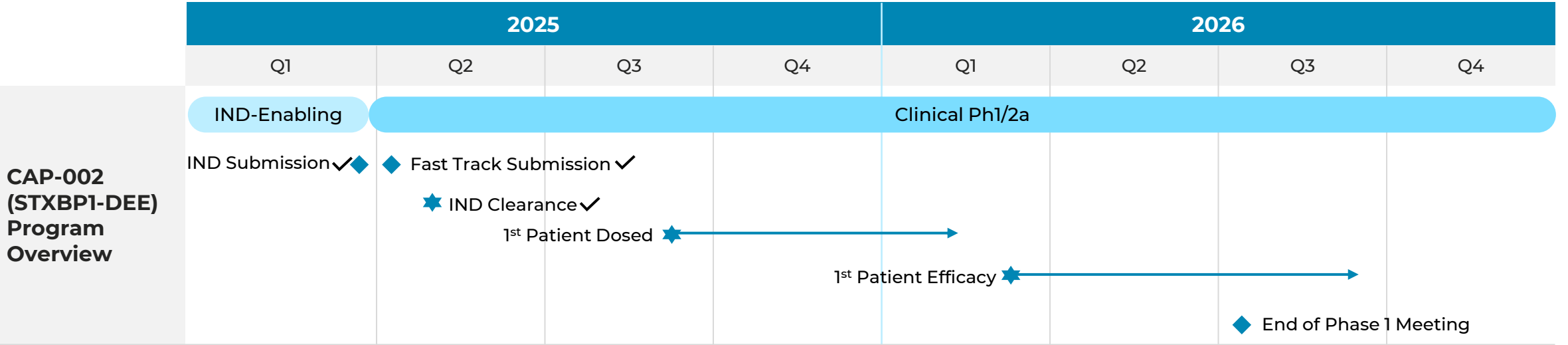
Population

- » 18 months – 7 years
- » Potential expansion to broader ages
- » Ph1: 6 patients

Key Measurements

- » Safety
- » Motor, language, neurocognitive, seizure, and EEG
- » Clinical scales consistent with STARR natural history study

Plan to leverage Fast Track, ODD, and other designations to accelerate approval



For more information about the SYNRGY trial, please visit www.clinicaltrials.gov and search for NCT06983158

EEG = electroencephalogram; STARR = STXBP1 Clinical Trial Ready



CAP-003: PD-GBA

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

Parkinson's Disease Associated with GBA Mutations

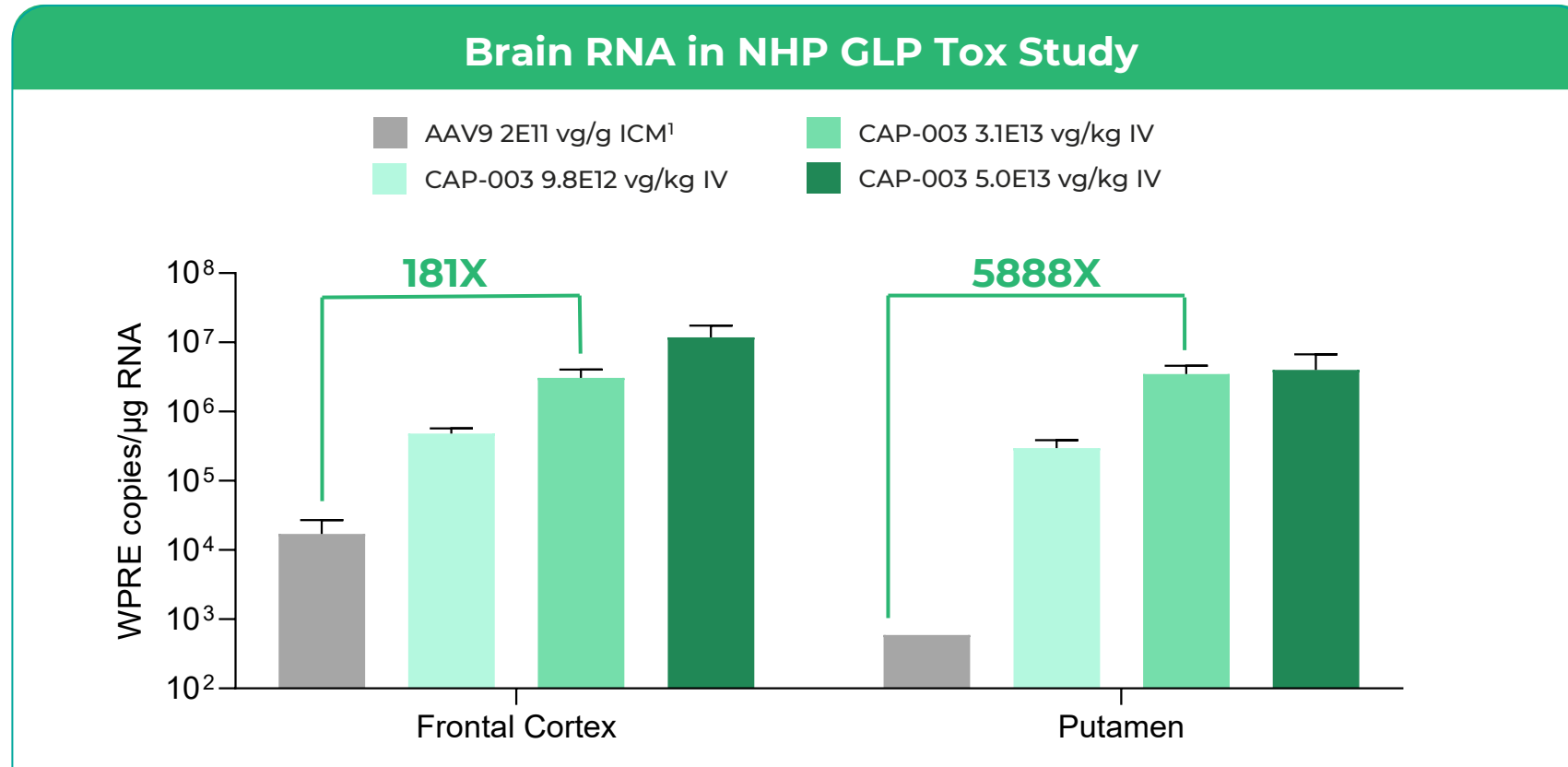
Opportunity

- 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 pre-IND meeting
- Q2 IND and Fast Track filings

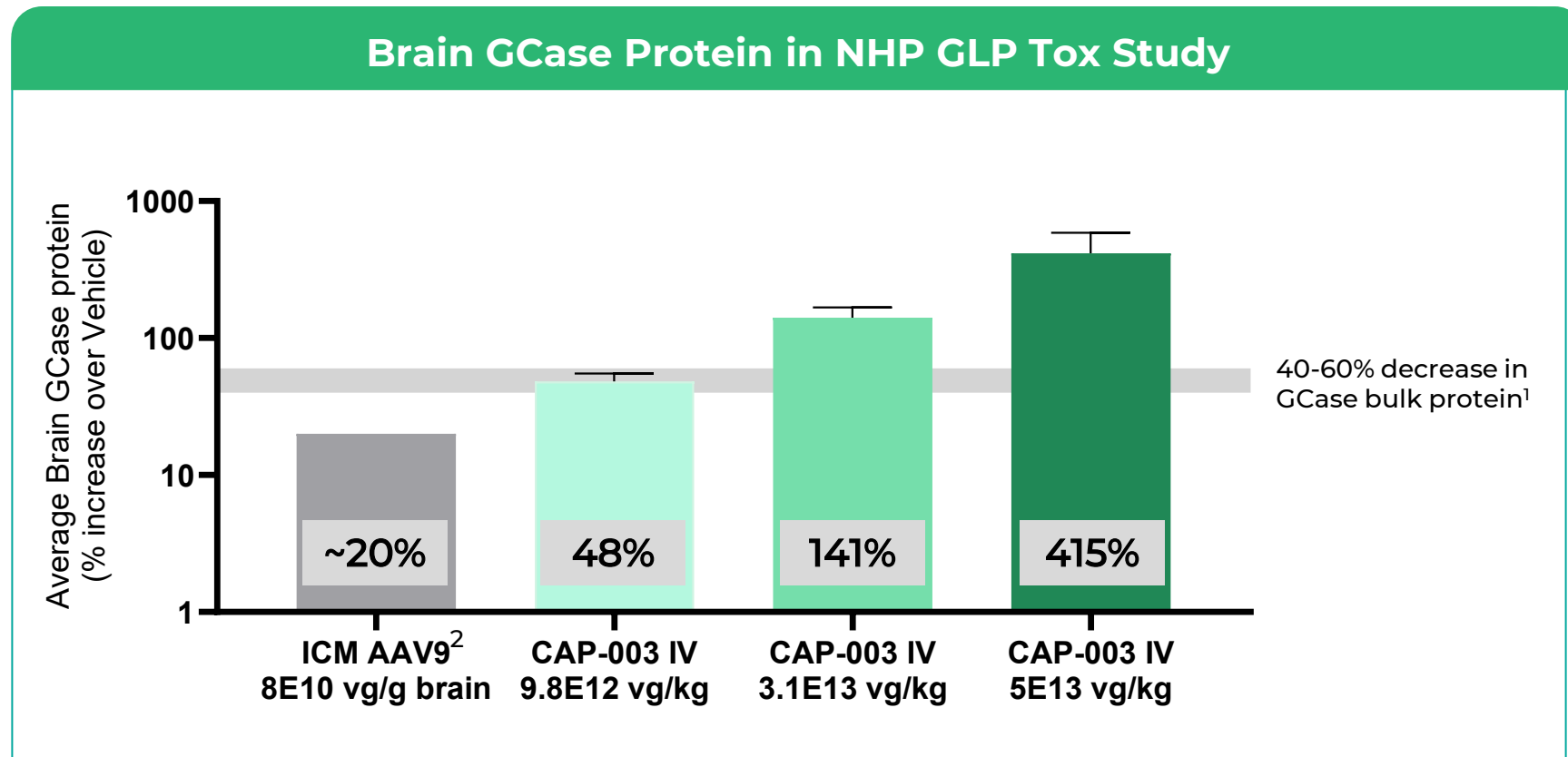
IV-delivered CAP-003 Achieves Superior RNA Expression Compared to ICM-delivered AAV9 in NHPs



¹AAV9 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

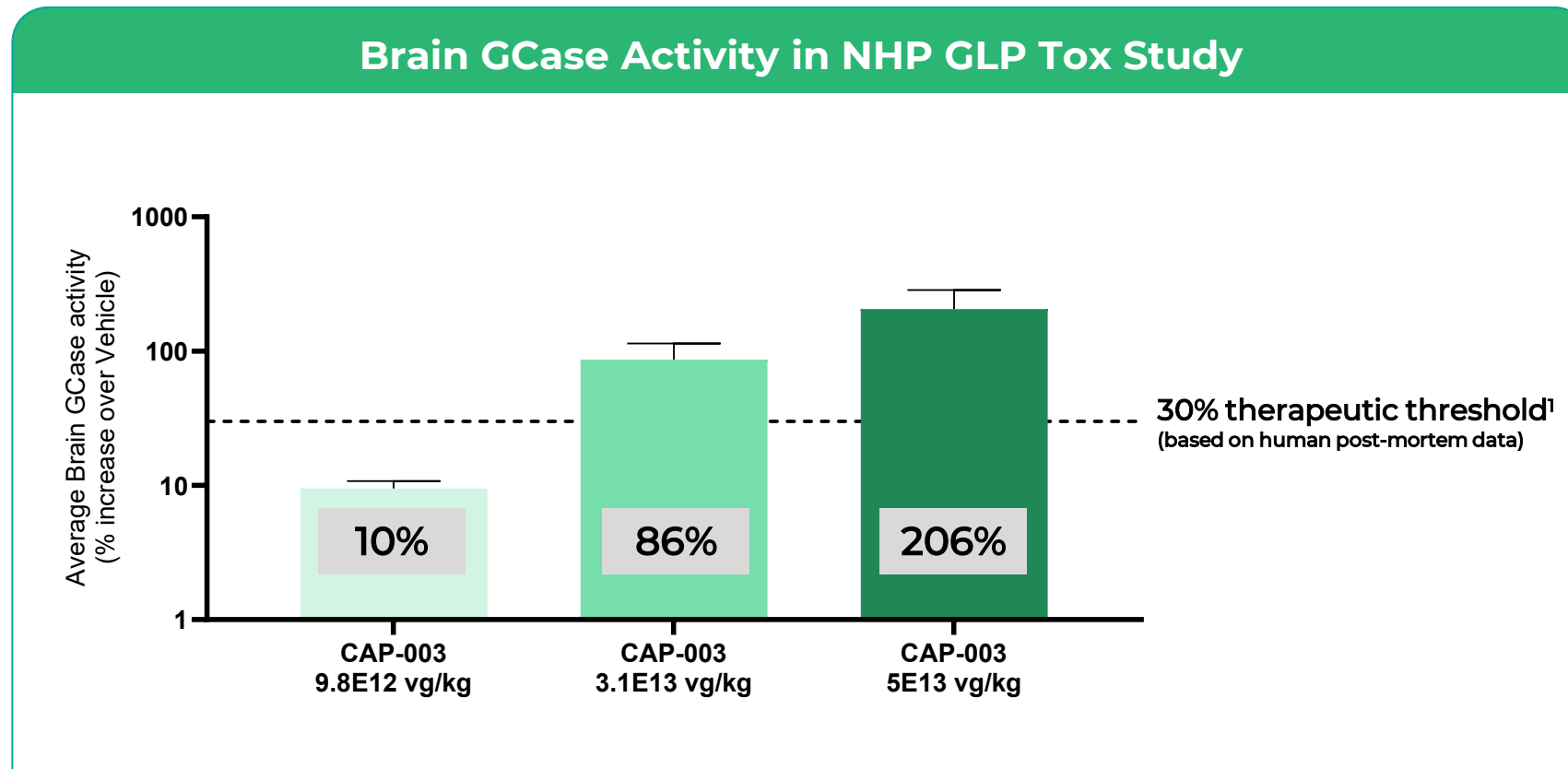


¹ Sanz Munoz et al., 2021 Decrease in GCase bulk protein in post-mortem brain tissues compared to healthy individuals

² 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

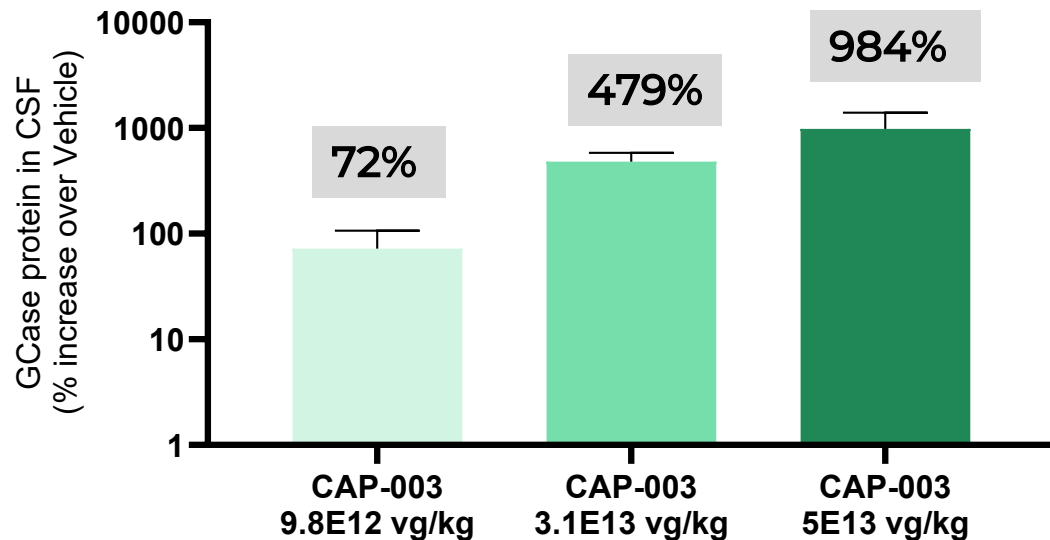


¹Leyns et al., 2023. Post-mortem studies demonstrate an approximate 30% GCase activity deficit in patients compared to healthy individuals

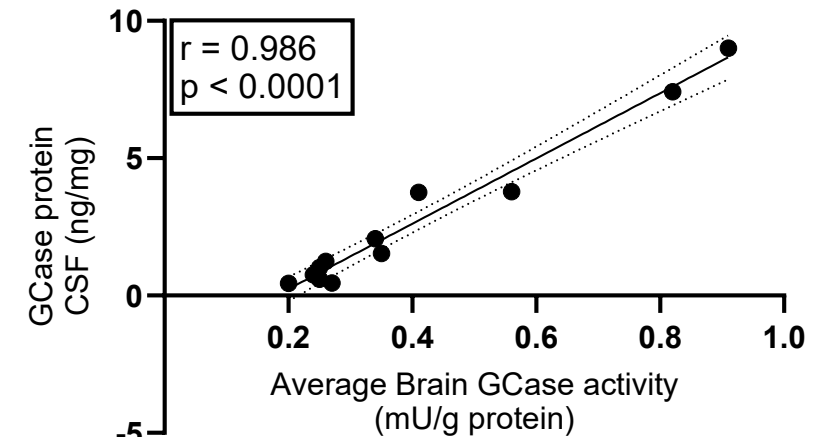
GLP Tox Study
In-life: 3 months
Species: Cynomolgus macaques (n=3/grp)

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

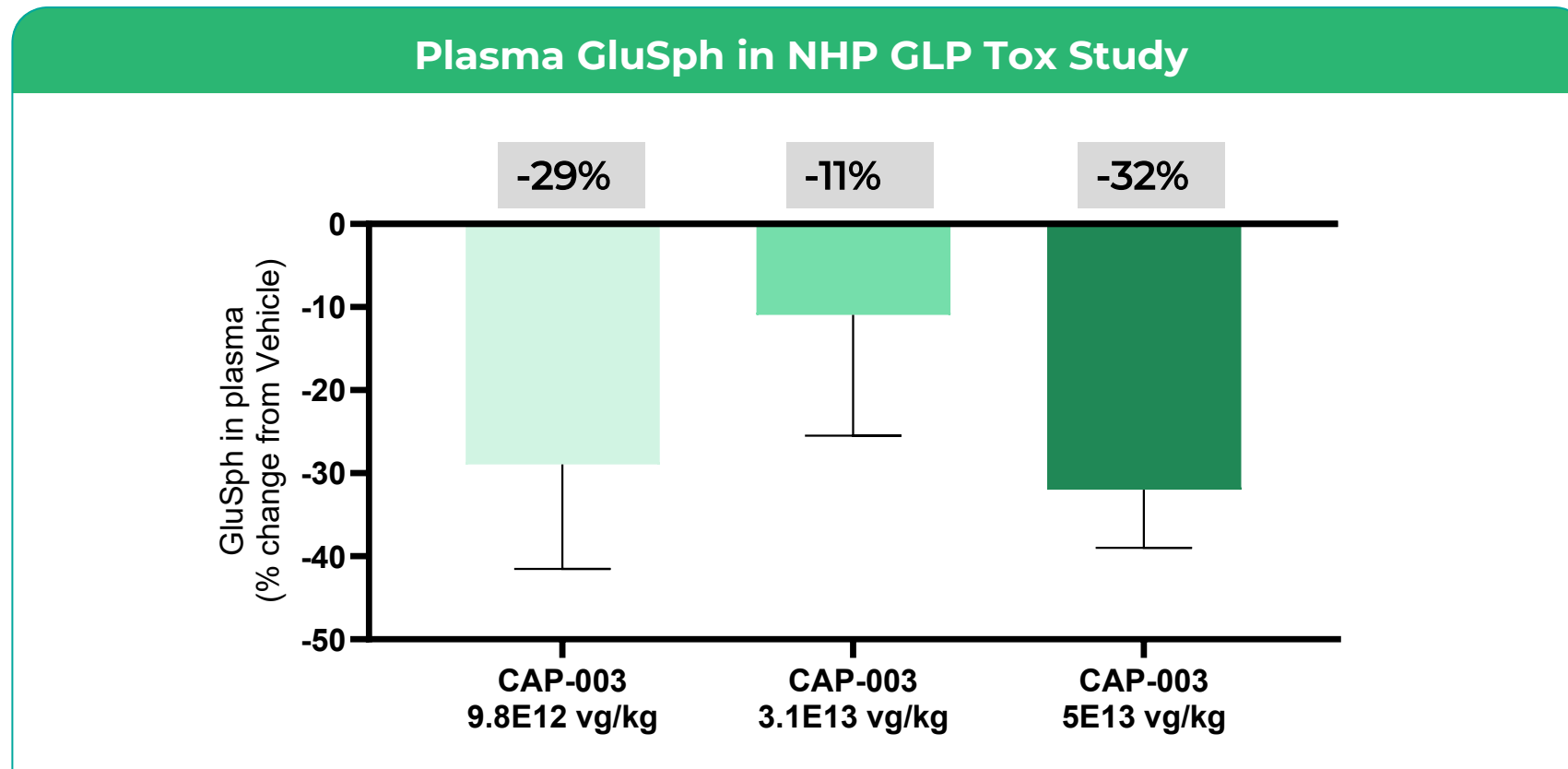


Correlation of CSF GCase Protein & Brain GCase Activity



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

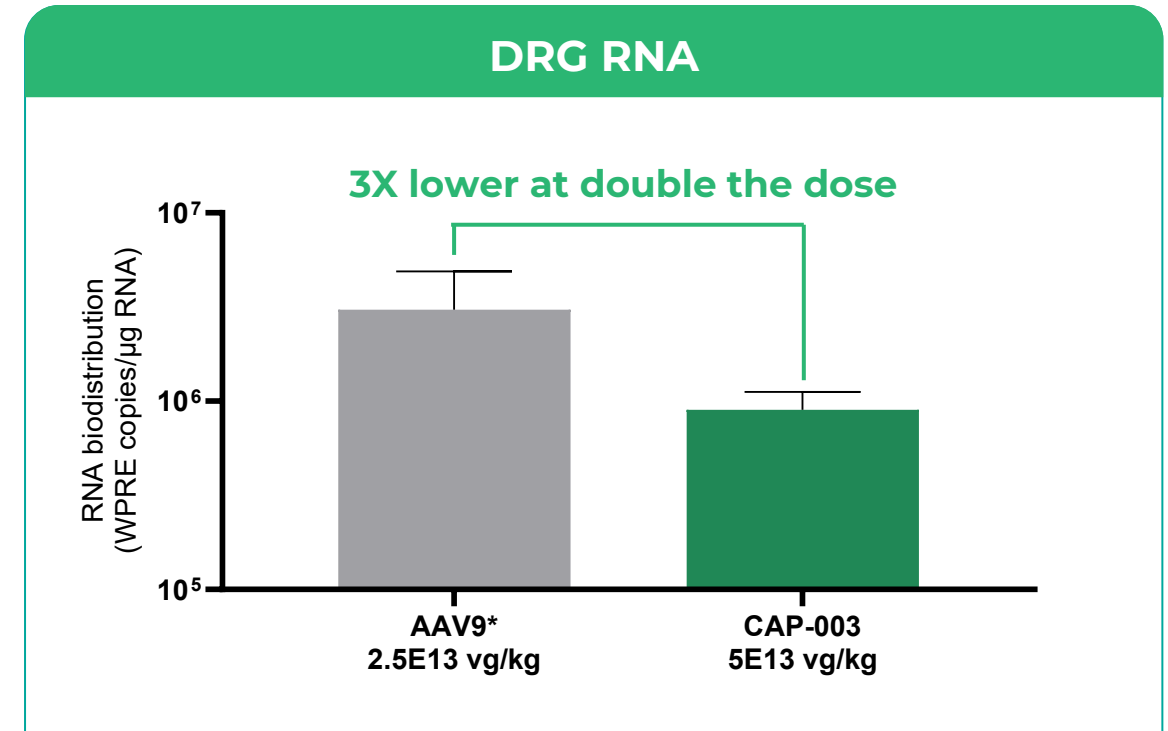
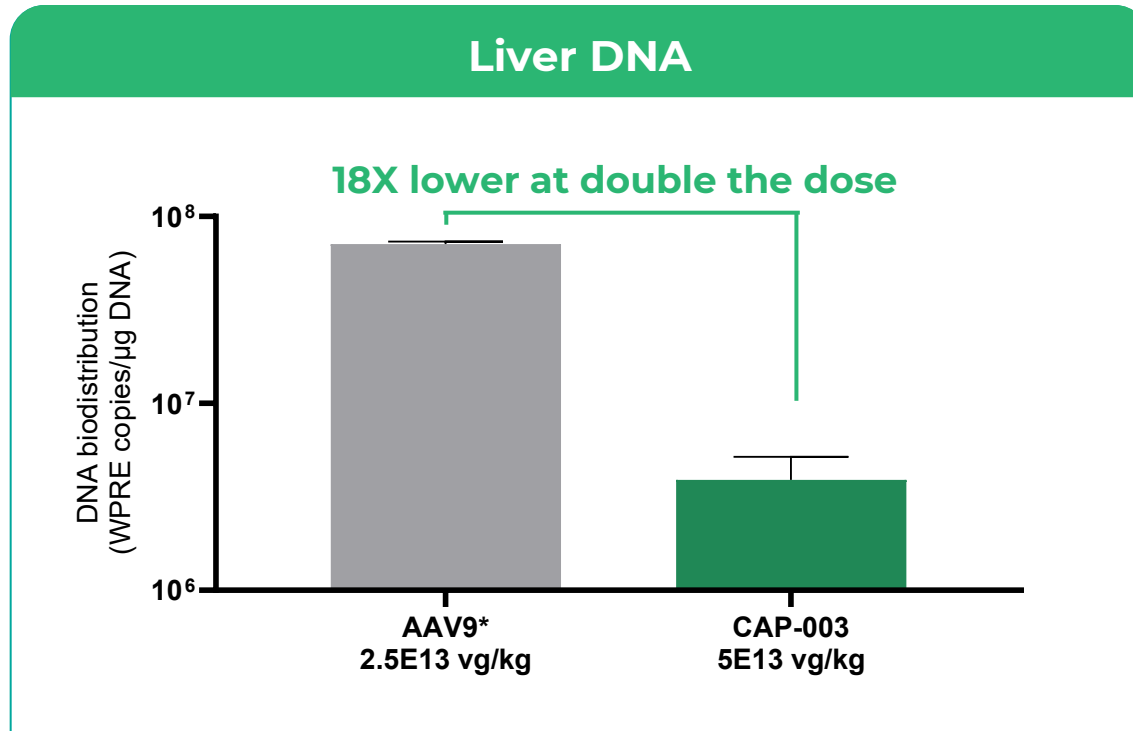
Decreased GluSph Levels in Plasma Confirm Target Engagement in GLP Tox Study in Healthy NHPs



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

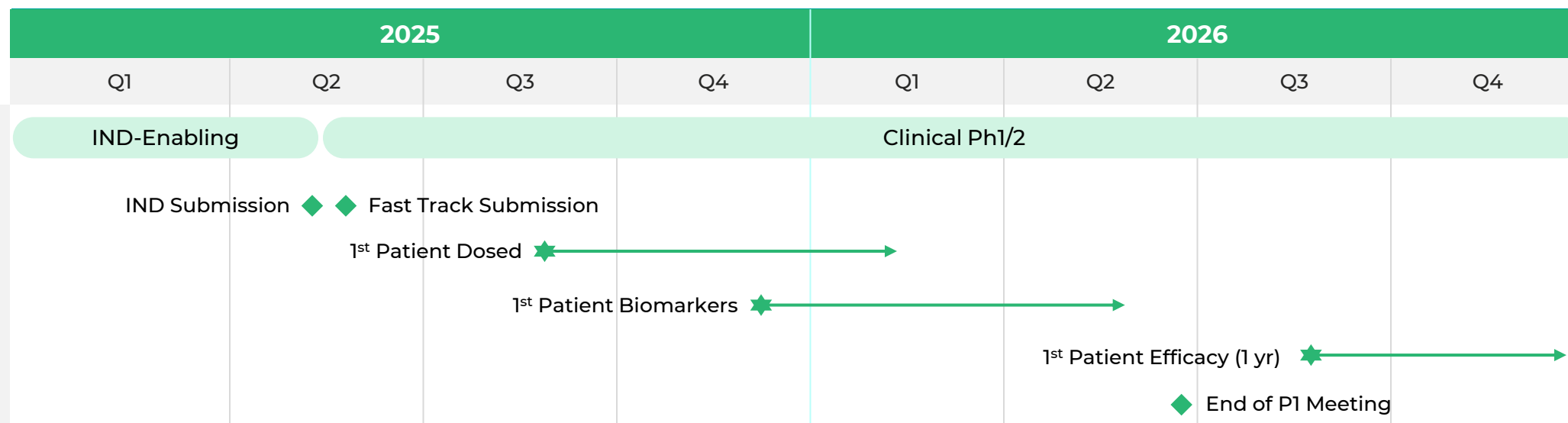
Population

- » 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



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



CAP-004: FA

Friedreich's ataxia

Friedreich's Ataxia

Opportunity

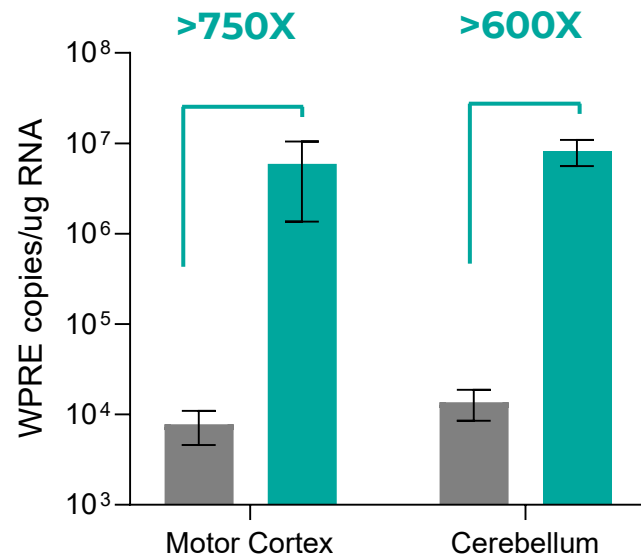
- CNS, cardiac, and sensory manifestations
- ~5,000 patients in the US and 15,000 worldwide
- Genetic validation and potential for FDA approval after Ph2
- >\$1B peak year sales

CAP-004

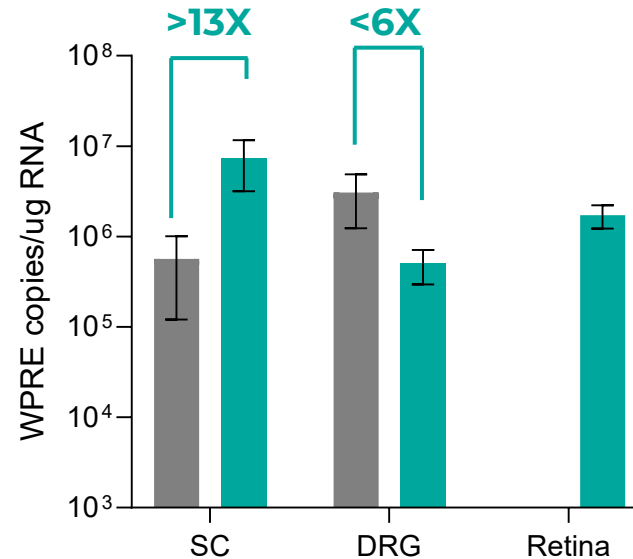
- ✓ Best in class IV-administered program
- ✓ Industry-leading frataxin protein expression in all relevant tissues
- ✓ Potential for correction of CNS, cardiac, and sensory manifestations
- ✓ Safety demonstrated in NHPs, including liver and DRGs
- ✓ IND-enabling studies ongoing, incl. self-regulating cargo
- Q2/Q3 2026 IND Filing

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

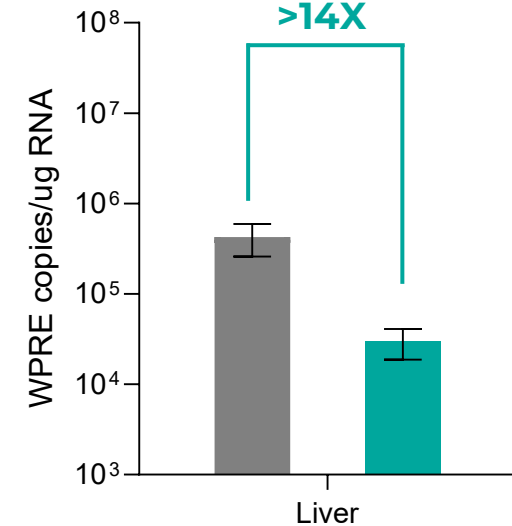
Brain FXN in NHPs



Spinal Cord & Sensory Neuron FXN in NHPs



Liver FXN in NHPs



AAV9 2.5E13 vg/kg¹



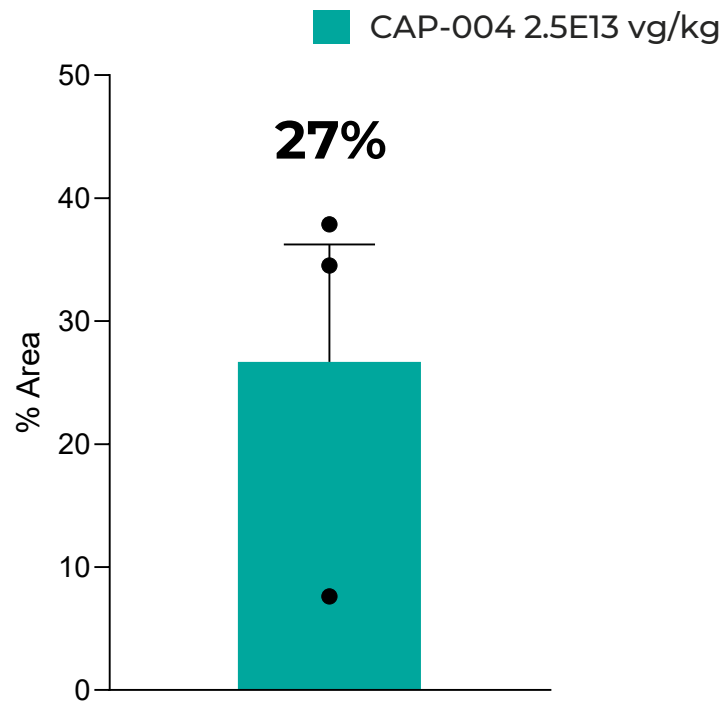
CAP-004 2.5E13 vg/kg

FXN = Frataxin

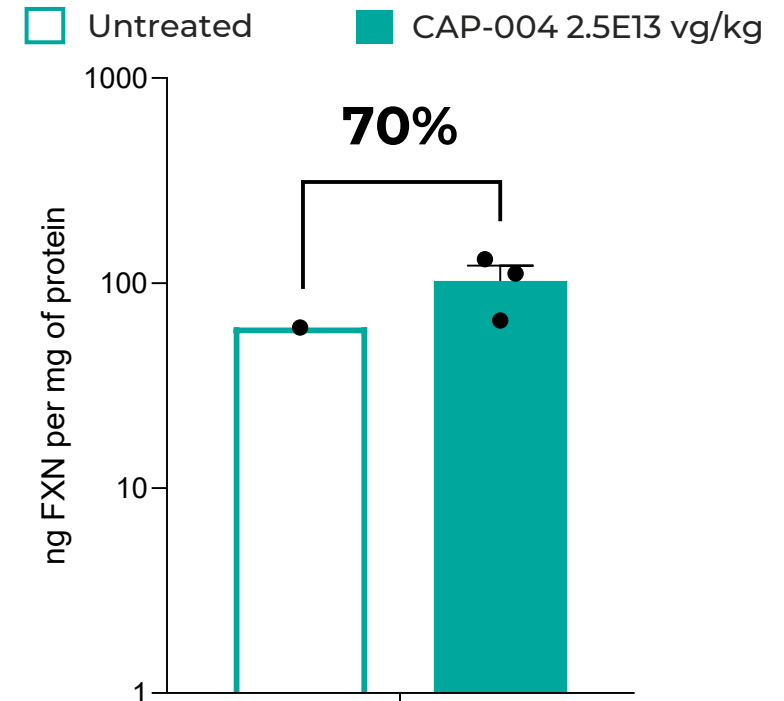
¹AAV9 data generated from past Capsida study with same expression cassette (promoter, regulatory elements, etc.) but different therapeutic cargo

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

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 ft² 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

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



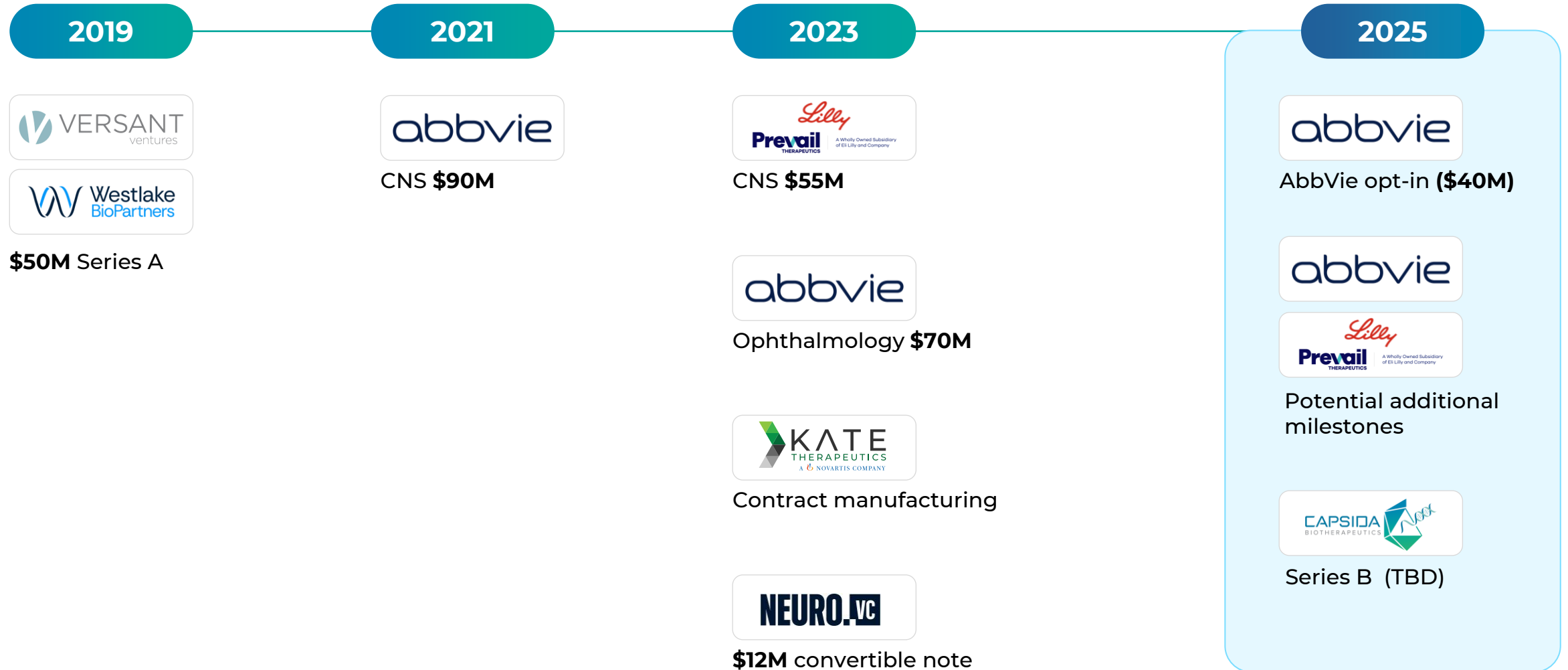
Frank Verwiel, MD
Chairman, Intellia



Peter Anastasiou
Chief Executive Officer



>\$300M Funding to Date



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Wholly-owned Programs with Multiple Catalysts in 2025



Our Pipeline is Making the Impossible Possible

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