UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): February 23, 2022

Poseida Therapeutics, Inc.

(Exact name of registrant as specified in its charter)

Delaware te or other jurisdiction of incorporation) 001-39376 (Commission File Number)

47-2846548 (I.R.S. Employer Identification No.)

9390 Towne Centre Drive, Suite 200, San Diego, California (Address of principal executive offices)

92121 (Zip Code)

Registrant's telephone number, including area code: (858) 779-3100

 $$\mathbf{N}/\mathbf{A}$$ (Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

□ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

Dere-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

Dere-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

	Trading	Name of each exchange
Title of each class	Symbol(s)	on which registered
Common Stock, par value \$0.0001 per share	PSTX	Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company \boxtimes

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. \Box

Item 7.01 Regulation FD Disclosure.

On February 23, 2022, members of management of Poseida Therapeutics, Inc. (the "Company") and external advisors are providing an update on the Company's research and development programs and making available the corporate presentation attached as Exhibit 99.1 to this report. The presentation is also available under the "Investors" section of the Company's website.

The information in this Item 7.01 of this report (including Exhibit 99.1) is furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or subject to the liabilities of that section or Sections 11 and 12(a)(2) of the Securities Act of 1933, as amended. The information shall not be deemed incorporated by reference into any other filing with the Securities and Exchange Commission made by the Company, whether made before or after today's date, regardless of any general incorporation language in such filing, except as shall be expressly set forth by specific references in such filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No. Description

- 99.1 Corporate presentation, dated February 23, 2022
- 104 Cover Page Interactive Data File

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Poseida Therapeutics, Inc.

Date: February 23, 2022

 By:
 /s/ Harry J. Leonhardt, Esq.

 Name:
 Harry J. Leonhardt, Esq.

 Title:
 General Counsel, Chief Compliance Officer & Corporate Secretary





The Next Wave of Cell and Gene Therapies with the Capacity to Cure

R&D Day February 23, 2022

Disclaimer

This presentation and any accompanying oral commentary contain "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, as amended. Forward-looking statements are statements that are not historical facts and include, without limitation, statements related to future events; our future financial performance or condition; business strategy; expected timing and plans with respect to development milestones, clinical trials, and regulatory activities; estimated market opportunities for product candidates; and future results of anticipated development efforts. Words such as "expect(s)," "feel(s)," "believe(s)," "will," "may," "anticipate(s)", "potentially" or negative of these terms or similar expressions are intended to identify forward-looking statements. These forward-looking statements are based on management's current expectations of future events only as of the date of this presentation and are subject to a number of important risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements. These risks and uncertainties include, but are not limited to: risks associated with conducting clinical trials; whether any of our product candidates will be shown to be safe and effective; our ability to finance continued operations; our reliance on third parties for various aspects of our business; competition in our target markets; our ability to protect our intellectual property; our ability to retain key scientific or management personnel; and other risks and uncertainties described in our filings with the Securities and Exchange Commission, including under the heading "Risk Factors". Except as required by law, we assume no obligation to update these forward-looking statements, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.

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R&D Day Agenda and Speakers

Poseida Programs and Technologies

- Welcome
- Introduction and Overview
- Platform Technologies
 - Super PiggyBac[®] DNA Delivery System
 - CAS-CLOVER[™] Gene Editing
 - Biodegradable Nanoparticle Delivery
- T_{SCM} Phenotype in CAR-T
 - The Importance of T_{SCM}
 - Stemness and Our Differentiation
- T_{SCM}-Based CAR-T Therapies
 - P-PSMA-101 Autologous CAR-T for mCRPC
 - Allogeneic CAR-T Platform and Programs
 - Advantages of Dual CAR

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- Innovative Gene Therapies
 - Partnering with Takeda on Gene Therapies
 - P-FVIII-101 for Hemophilia A
 - P-OTC-101 for OTCD
- Emerging Technologies
 - Site-Specific piggyBac[®] (SS-SPB)
 - Cas-CLOVER™ in vivo
 - TCR-T platform update
 - CAR 3.0 update
- Business Strategy and Mission

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- Conclusion
- Audience Q&A





R&D Day 2022

Eric Ostertag, MD, PhD *Founder & Executive Chairman*

On a Mission to Redefine Cell and Gene Therapy



Employees

O Headquartered in San Diego, CA

Strong and Broad IP Portfolio

CELL THERAPY

CAR-T Therapy Focusing on Fully Allogeneic CAR-T as the 'Holy Grail' in Oncology

PLATFORMS & PARTNERSHIPS

Platform Development, Partnerships and Collaboration

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Powerful Platform Technologies Drive Our Strategy

Proprietary In-house Technology Platforms for Gene Insertion, Gene Editing, and Gene Delivery



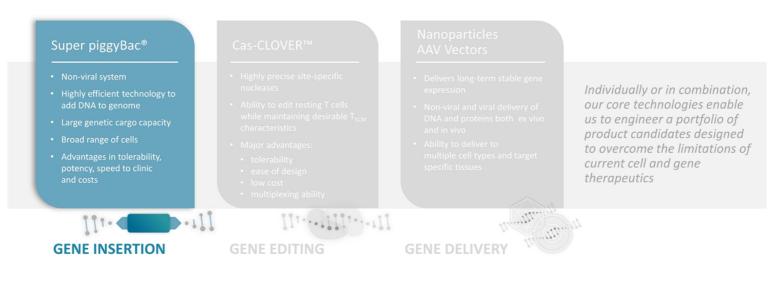
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Powerful Platform Technologies Drive Our Strategy

Proprietary In-house Technology Platforms for Gene Insertion, Gene Editing, and Gene Delivery



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PiggyBac®: Versatility in DNA Delivery

BENEFITS IN

Generating CAR-T Products with Desirable High Percentage of $\rm T_{\rm SCM}$ Cells

- Preferentially favors stem cell memory T cells (T_{SCM}) and works well in resting T cells for potentially improved tolerability and more durable responses
- Large cargo capacity enables multi-CAR products, addition of safety switch and selection gene

piggyBac piggyBac + Transposon Transposase Uncut CARGO -Cut CARGO -Paste 111---1111 CARGO -1]]]1--1]] omic DNA GPI • Enables DNA integration

- Non-viral gene insertion technology
- Works in a wide variety of cell types
- Multiple safety and cost benefits

BENEFITS IN



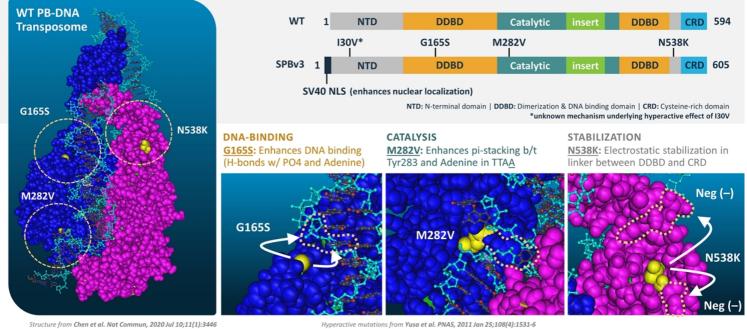
Integrates Into DNA Delivering Stable Long-Term Expression

- Ideal for use in **dividing tissues** like those in juvenile liver
- Highly efficient integration may allow reduced dosing and single treatment cures
- Large cargo for delivering larger genes
- Delivered using AAV + nanoparticle or in vivo EP





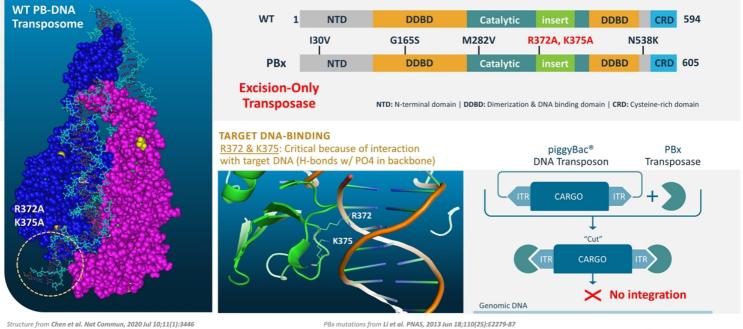
piggyBac[®]: Wild Type (WT) vs. Super piggyBac[®] (SPB)



Structure from Chen et al. Nat Commun, 2020 Jul 10;11(1):3446

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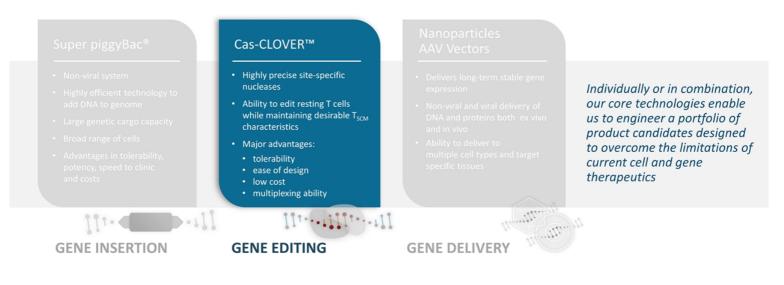
piggyBac[®]: Wild Type (WT) vs. Excision-Only piggyBac[®] (PBx)



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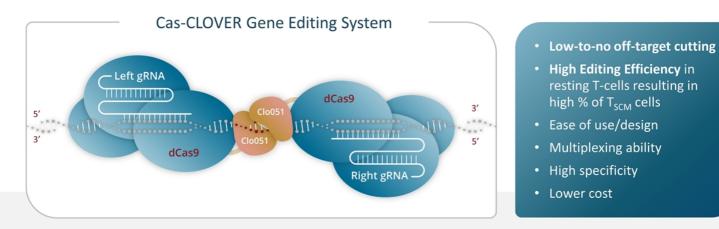
Powerful Platform Technologies Drive Our Strategy

Proprietary In-house Technology Platforms for Gene Insertion, Gene Editing, and Gene Delivery



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Cas-CLOVER™: Ultra-Clean Gene Editing



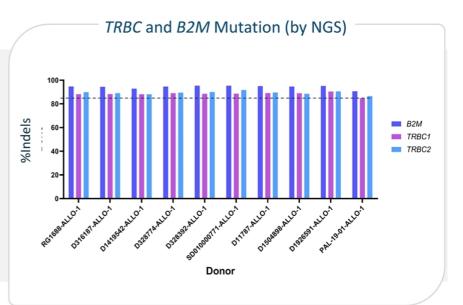
Potentially the Cleanest Gene Editing Platform

with important ability to efficiently edit resting cells enables fully **Allogeneic CAR-T** products and **Gene Therapy** applications including ongoing development for non-viral in vivo gene editing

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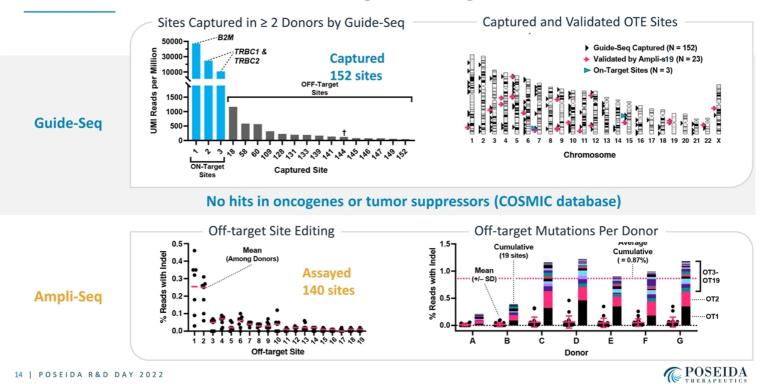
Highly Efficient On-target Knock-out in the P-BCMA-ALLO1 Product, at Both *TRBC* and *B2M* Sites Using Multiplexed Cas-CLOVER™ Editing

- Multiple products (10) were tested by NGS to determine editing (% Indels) at the TRBC1, TRBC2 and B2M sites
- Single step multiplexed editing is highly efficient: Editing at *B2M* and *TRBC* is >85% across multiple donors (by NGS)
- Functional protein knock-out confirmed by FACS, other functional assays

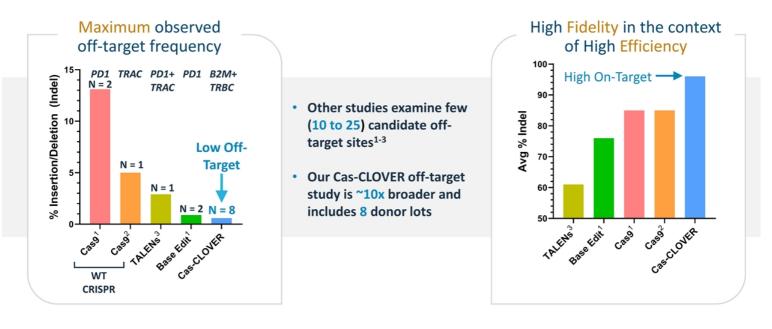


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Cas-CLOVER™: Low to No Off-Target Cutting



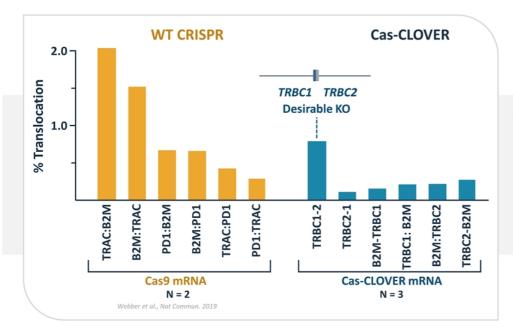
Cas-CLOVER™: Fidelity in T Cells vs. Competing Technology



1. Webber et al., Nat Commun. 2019 Nov 19;10(1):5222 2. Ren et al., Oncotarget. 2017 Mar 7; 8(10): 17002–17011 3. Gautron et al., Mol Ther Nucleic Acids. 2017 Dec 15;9:312-321

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Cas-CLOVER™: Very Low Translocation Frequency in T Cells vs. CRISPR



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Cas-CLOVER Allogeneic CAR-T translocation rate <0.4%

Other studies (CRISPR & TALENs):

- 4% cells have TRAC translocation (FISH) Qasim et al., Sci Trans Med. 2017
- 2-2.5% with TRAC-B2M translocation Giannoukos et al., BMC Genomics. 2018
- Up to 2% with TRAC-CD52 translocations Poirot et al., Cancer Res. 2015

With Cas-CLOVER, the avg. rate of translocation with <u>off-target</u> sites <0.01%

Powerful Platform Technologies Drive Our Strategy

Proprietary In-house Technology Platforms for Gene Insertion, Gene Editing, and Gene Delivery



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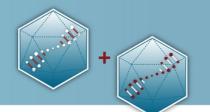
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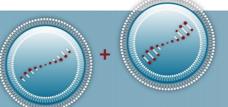
Delivery: Moving Toward Non-Viral Biodegradable Nanoparticles

OUR GOAL:

Develop Single Treatment Cures Utilizing Our In Vivo Gene Therapy Technologies

VIRAL AAV (SPB-DNA) AAV (PB-DNA)





NON-VIRAL Nanoparticle (SPB – RNA) Nanoparticle (PB – DNA) **Potential for Single-Treatment Cures**

In pre-clinical studies piggyBac+AAV enabled **permanent and stable DNA integration** and **long-term expression**

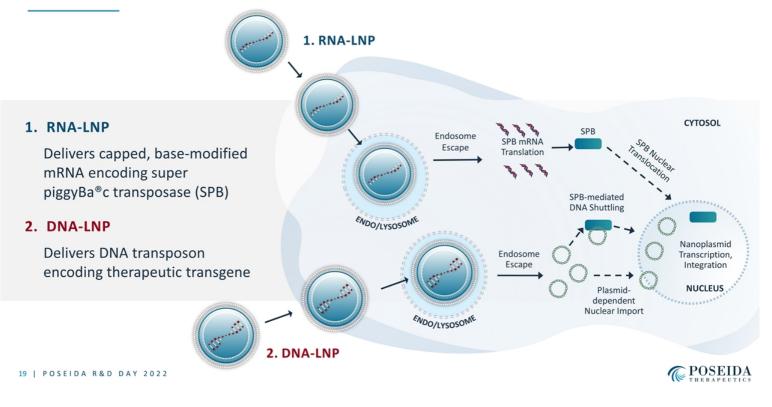
Ability to effectively **work in dividing tissues** including the juvenile liver

Ability to **deliver larger genes** with nanoparticle+piggyBac than AAV

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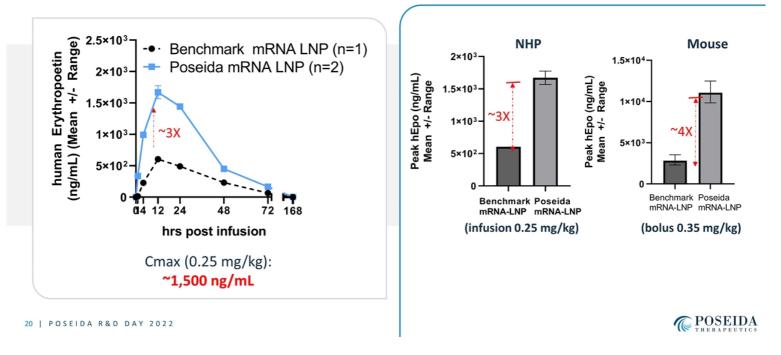


General Mechanism of LNP Co-Delivery of RNA and DNA

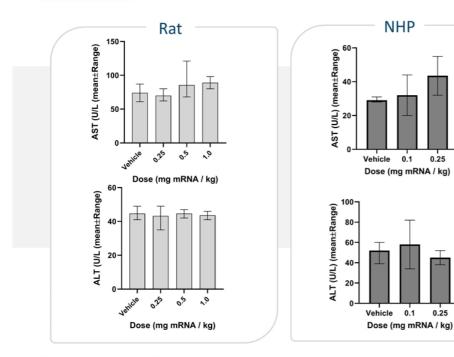


Poseida Biodegradable RNA LNP Works in Non-Human Primates

>3X More Potency Compared With Benchmark



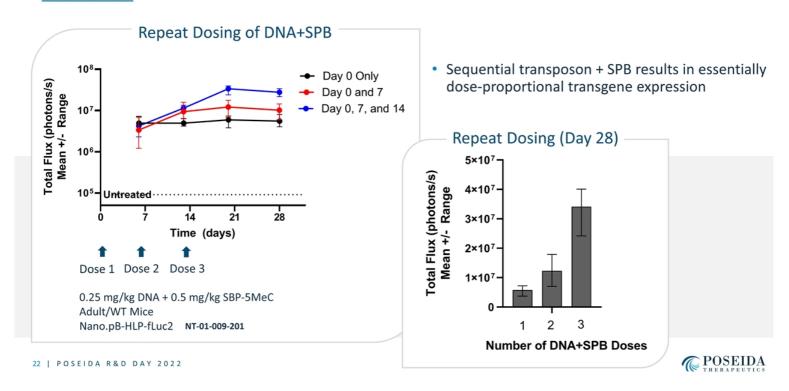
Poseida Biodegradable RNA LNP is Well Tolerated





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piggyBac® Nanoparticle System can be Dosed Repeatedly



Multiple Avenues to Significant Value Creation

Working to Engineer Single-Treatment Cures for Cancer & Genetic Diseases

- Broad innovative genetic engineering technology platforms
- Novel fully allogeneic high-T_{SCM} CAR-T approach as well as Autologous CAR-T targeting PSMA
- Gene therapy focus on single treatment cures with non-viral delivery and strategic partnership with Takeda

CELL THERAPY

CAR-T Therapy Focusing on Fully Allogeneic CAR-T as the 'Holy Grail' in Oncology

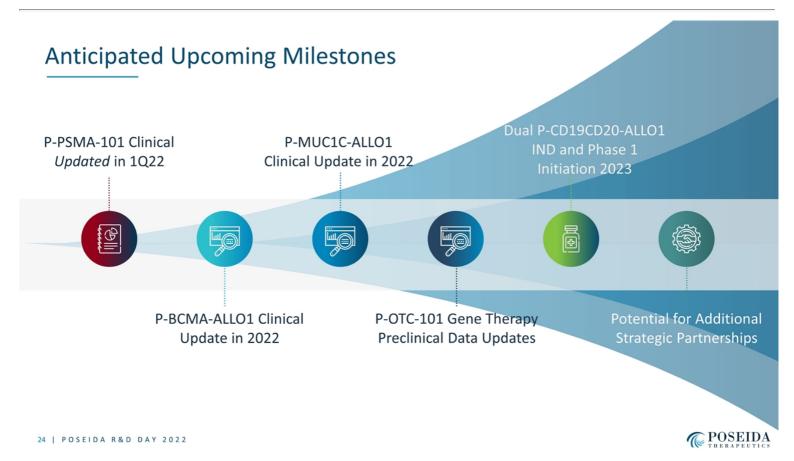
5 partnerships

PLATFORMS &

Platform Development, Partnerships and Collaboration

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Luca Gattinoni, MD Director of the Division of Functional Immune Cell Modulation Leibniz Institute for Immunotherapy (LIT)

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The Importance of Stem Cell Memory (T_{SCM}) Cells

- Postdoc in Dr. Restifo's lab at National Cancer Institute
- Identified human T stem cell memory (T_{SCM}) cells
- Pioneer in use of T_{SCM} cells for adoptive immunotherapy
- Major contributor to understanding of T_{SCM} biology
- Over 100 publications and numerous academic awards
- Member of Poseida's Immuno-Oncology Scientific Advisory Board

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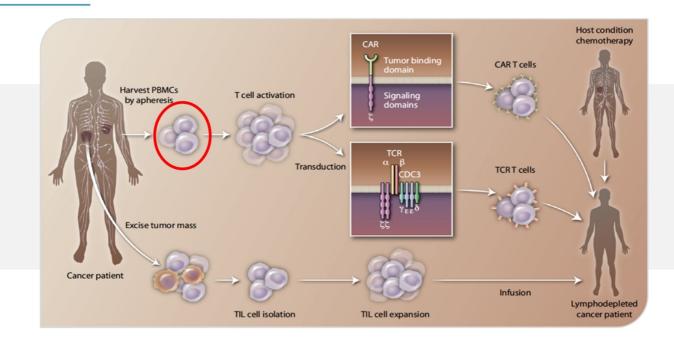




The Importance of Stem Cell Memory T (T_{SCM}) Cells

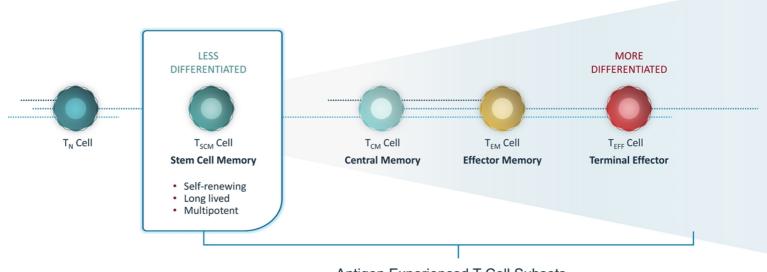
Luca Gattinoni, MD Director of the Division of Functional Immune Cell Modulation Leibniz Institute for Immunotherapy (LIT)

Adoptive Immunotherapy Strategies



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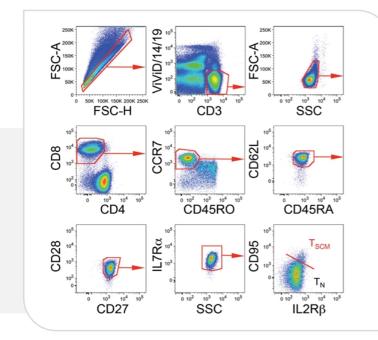
Not All T Cells are Created Equally

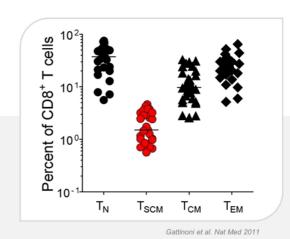


Antigen Experienced T Cell Subsets

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T_{SCM} Cells Largely Display a Naïve-like Phenotype



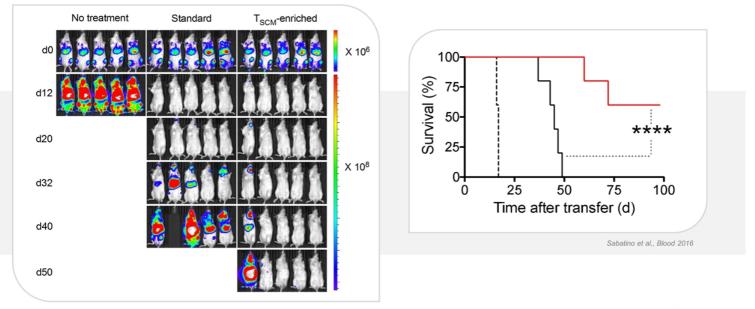


CXCR3 and **CD58** can also be used to identify human T_{SCM} cells within naïve-like T cells

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$\rm T_{\rm SCM}$ Are Key to CAR-T Efficacy in Pre-clinical Studies

CD19 CAR-modified T_{SCM} Cells Mediate Long-lasting Antitumor Responses Against ALL



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T_{SCM} Are the Key to CAR-T Efficacy & Safety

• P-BCMA-101 data shows correlation of T_{SCM} and efficacy:

- Preclinical: Barnett et al; Hermanson et al, Poseida (2016) 58th ASH
 - Clinical: Spear et al, Poseida (2019) 4th CAR-TCR Summit

- $\rm T_{\rm SCM}$ is shown to correlate with CAR-T clinical response:

- Melenhorst et al, UPenn (2017) Pre-manufactured cells, 20th ASGCT
- Basu et al, Adaptimmune (2017) Persistent clones, 2nd CAR-TCR Summit
 T_{CM}; Larson, Juno (2018) PK, safety and durability, AACR
- I_{CM}: Larson, Juno (2018) PK, safety and durability, AACR
 I_{CM}: Larson, Juno (2018) PK, safety and durability, AACR
- T_{SCM}-like TIL: Beatty, Moffitt (2018) response & survival, 33rd SITC
 District the transmission of transmission of the transmission of transmissi
- Bot et al, Kite (2018) 33rd SITC & (2019) 4th CAR-TCR Summit
 T_{CM}: Fraietta, UPenn (2018) responses and memory-related genes, Nat Med PMID: 29713085
- T_{CM}: Pendeta), of emilipsic problem and memory related genes,
 T_{CM}: Deng et al, MDACC/axi-cel (2020) Nat Med PMID: 33020644
- T_{SCM}-like TILS: Krishna, S et al. Science (2020), CR and TSCM gene set enrichment

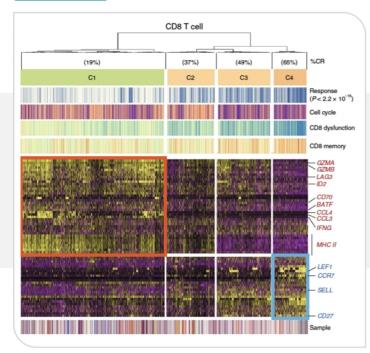
"The extreme longevity, the robust proliferative potential and the capacity to reconstitute a wideranging diversity of the T cell compartment make the TSCM cell type an ideal cell population to employ in adoptive immunotherapy"

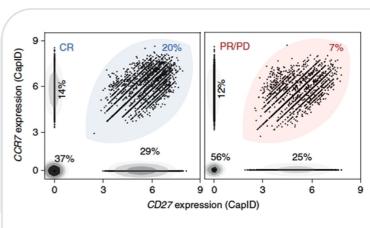
Luca Gattinoni¹, Daniel E Speiser², Mathias Lichterfeld³ & Chiara Bonini^{4,5} Volume 23 | Number 1 | January 2017 | NATURE MEDICINE 31 | POSEIDA R & D DAY 2022

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Early Memory Gene-Signature Correlates with CAR-T Efficacy



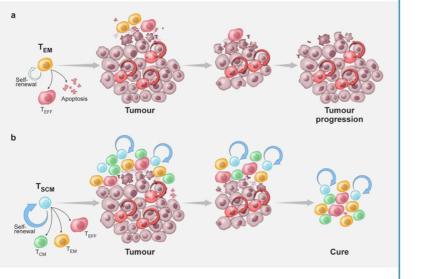


Deng Q et al., Nature Med 2020

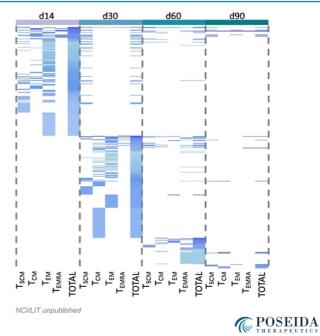
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Self-renewal and Multipotency are Key to CAR-T Efficacy

T_{SCM} Clones Contribute Substantially to the Circulating CAR T Cell Pools, During Both Early Expansion and Long-term Persistence

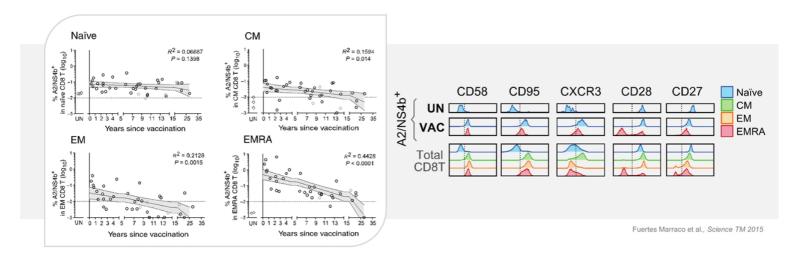


Gattinoni et al., Nat rev cancer 2012



$\rm T_{\rm SCM}$ Are Key to CAR-T Duration of Response

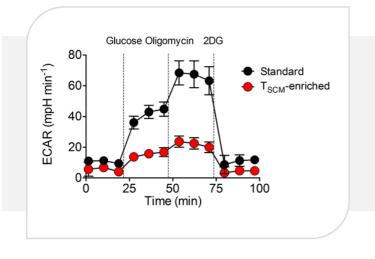
T_{SCM} Cells are Stably Maintained for > 25 Years Following Yellow Fever Vaccination

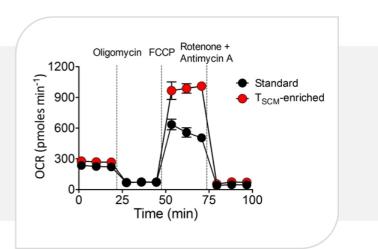


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T_{SCM} Metabolic Fitness is Key to CAR-T Duration of Response

Low Glycolytic Metabolism and High Mitochondrial Respiratory Capacity are Associated with Long-lived Memory Cells





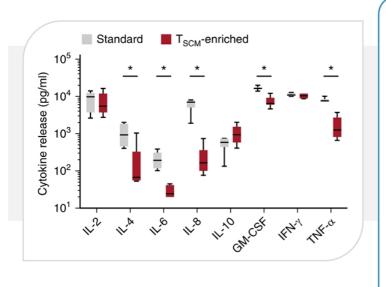
EACR: Extracellular Acidification rate FCCP: Carbonyl cyanide-4 (trifluoromethoxy) phenylhydrazone = uncoupler OCR: Oxygen consumption rate

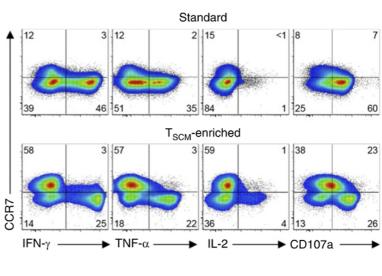
POSEIDA THERAPEUTICS

Sabatino et al., Blood 2016 | Sukumar et al., J Clin Invest 2013 | van der Windt et al., Immunity 2016

$\rm T_{\rm SCM}$ Are the Key to CAR-T Safety

Reduced Release of Inflammatory Cytokines by Allogeneic CD19 CAR-modified T_{SCM} Cell Products





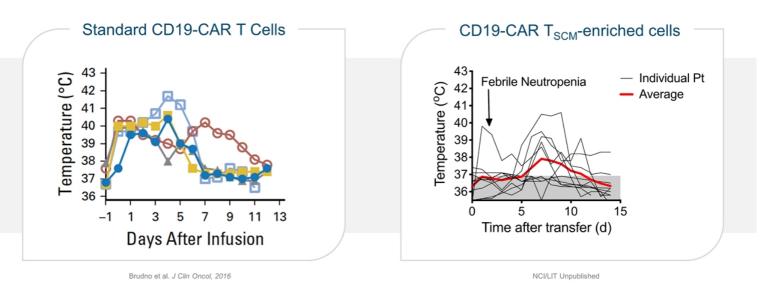
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Sabatino et al., Blood 2016

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$\rm T_{\rm SCM}$ Are the Key to CAR-T Safety

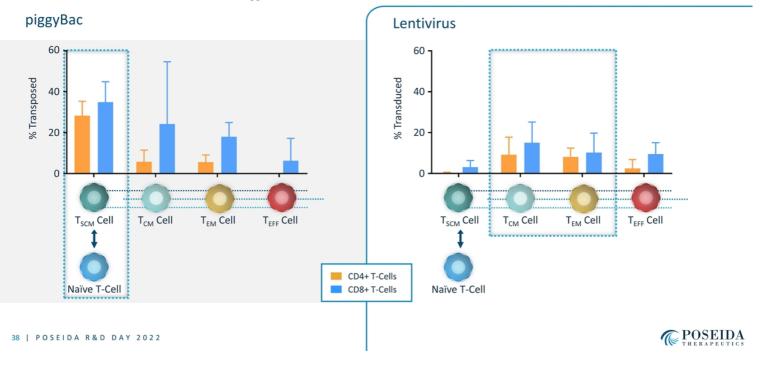
Delayed Kinetic and Milder Inflammatory Responses by Allogeneic CD19 CAR-modified T_{SCM}



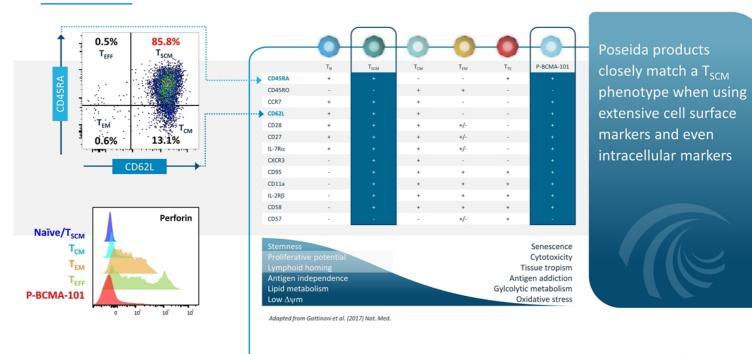
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Poseida's piggyBac[®] Preferentially Transposes T_{SCM} Cell and Naïve Precursors

Lentivirus Transduces More Differentiated T-Cells In Preclinical Studies



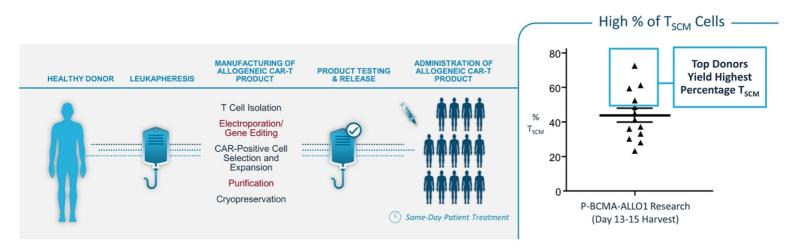
Poseida's CAR-T Products are Comprised of a High-Percentage of T_{SCM} Cells



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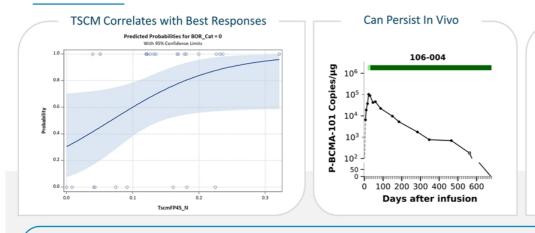
Poseida's CAR-T Products are Comprised of a High-Percentage of T_{SCM} Cells

Allogeneic Product Have Final T_{SCM} Percentages Reaching ~80%



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Efficacy, Durability and Safety of Poseida's High-T_{SCM} Auto Product P-BCMA-101



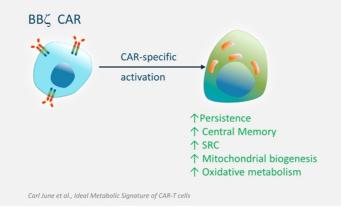
And Offers A Superior Safety Profile

- Over 100 patients dosed
- 28 patients dosed fully
 outpatient
- All CRS was Grade 1/2
- No to very low neurotoxicity
- No patient admitted to the ICU
- No patient death due to P-BCMA-101
- T_{SCM} in P-BCMA-101 is directly correlated with best responses in the clinic
- + Long-term persistence of $\mathsf{T}_{\mathsf{SCM}}$ cells in some patients
 - Detectable product and sCR at >22 months post-infusion
 - Ability to re-expand without re-administration of product
- · Potentially best-in-class safety profile allows for fully outpatient dosing

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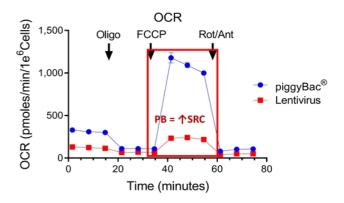
The Importance of T_{SCM} Metabolism to Survival in the Tumor Microenvironment (TME)

Oxidative phosphorylation avoids dependency on glucose and other metabolites that are lacking in the solid tumor microenvironment



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Poseida CAR-T cells exhibit the 'ideal metabolic signature' hypothesized to achieve durable responses

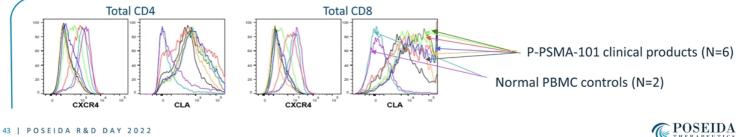


FCCP: Carbonyl cyanide-4 (trifluoromethoxy) phenylhydrazone = uncoupler Rot/Ant: Rotenone + Antimycin A OCR: Oxygen consumption rate

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The Importance of $\rm T_{\rm SCM}$ Trafficking for Clinical Efficacy in Solid Tumor Indications

 Poseida CAR-T and TSCM express a variety of trafficking molecules 	Trafficking Molecule	T _{SCM} /T _{CM}	T _{EFF}	P-PSMA-101
	CD62L (L-selectin)	+	-	+
	CXCR4	+	-	
 May facilitate trafficking to marrow, tumor 	CXCR3	+	-	+
 P-PSMA-101 robust clinical activity against bone marrow metastases 	CLA (Cutaneous lymphocyte antigen)	+	-	
	CCR7		-	
	CD11a (LFA-1-a)	+	-	



Summary

- T_{SCM} is the most desirable cell type for creating CAR-T products
 - Associated with best responses in the clinic
 - Unprecedented duration of response in some patients
 - Unique and potentially best-in-class safety profile
 - A key to CAR-T success against solid tumor indications
- Poseida has a unique manufacturing platform that created CAR-T products with exceptionally high percentages of $\rm T_{SCM}$ cells
 - Typical range of 50-80% T_{SCM} cells in allogeneic products
 - T_{SCM} cells have elevated bone homing markers, which is highly relevant in bone predominant cancers

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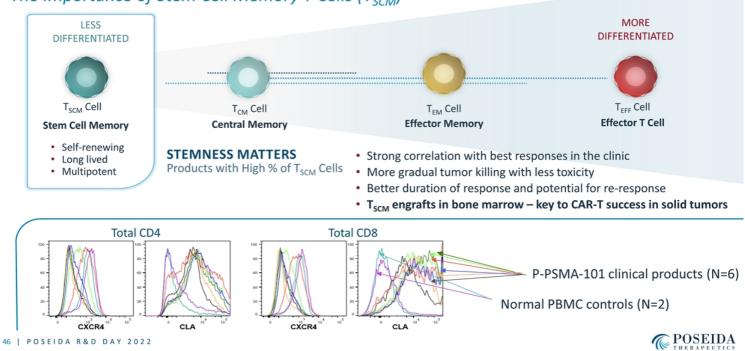


T_{SCM} Based CAR-T Product Candidates

Matt Spear, MD Chief Medical Officer

Not All T Cells Are Created Equally

The Importance of Stem Cell Memory T Cells (T_{SCM})





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Cell Therapy Pipeline

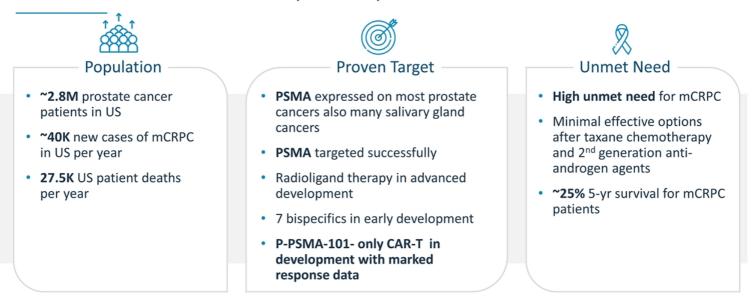
CAR-T for Oncology and Beyond

Indication	Candidate	Discovery	Preclinical	IND-Enabling	Phase 1	Phase 2		
			CAR-T FOR ONCOLOGY					
MULTIPLE	P-BCMA-ALLO1							
MYELOMA	P-BCMACD19-ALLO1	Allo					C POSEID	
P-	P-PSMA-101		Auto				All Programs Are	
CANCER	P-PSMA-ALLO1	Allo					Unpartnered and	
SOLID	P-MUC1C-ALLO1						Wholly-Owned	
TUMOR	Dual CAR (Undisclosed)	Allo						
B - CELL	P-CD19CD20-ALLO1	Allo						

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P-PSMA-101: PSMA Targeted CAR-T Cells for Metastatic Castrate-Resistant Prostrate Cancer (mCRPC)



¹https://globenewswire.com/news-release/2017/02/02/913304/0/en/Prostate-Cancer-Market-Study-2017-Market-Size-of-Prostate-Cancer-Drugs-to-7b-in-2016-from-2-5b-in-2011.html ²https://www.researchandmarkets.com/research/wxtf93/global_prostate

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Susan F. Slovin, MD, PhD Memorial Sloan Kettering Cancer Center

- Professor of Medicine, Department of Medicine at Weill Medical College of Cornell University
- Attending Physician in the Genitourinary Oncology Service, Sidney Kimmel Center for Prostate and Urologic Cancers, Department of Medicine, Memorial Sloan-Kettering Cancer Center
- Medical degree from Jefferson Medical College
- Doctorate in pathobiology from Columbia University
- Research fellowship in clinical immunology at Scripps Clinic & Research Foundation
- Hematology/oncology fellowship, Memorial Sloan-Kettering Cancer Center
- Leadership of the Prostate Immunotherapy Group
- Chair, MSK Data Safety and Monitoring Committee, Associate Vice Chair, Dept of Medicine, Academic Administration







Phase 1 Study of P-PSMA-101 CAR-T Cells in Patients with Metastatic Castration-resistant Prostate Cancer (mCRPC)

Susan Slovin, MD, PhD Memorial Sloan Kettering Cancer Center, New York, NY

Overview

- P-PSMA-101 is made using a unique CAR-T platform that results in a product comprised of a high percentage of T stem cell memory (T_{SCM}) cells that targets Prostate-Specific Membrane Antigen (PSMA)
- T_{SCM} cells have bone marrow homing capability that may be particularly relevant to specific solid tumors, such as prostate adenocarcinoma
- At very low doses, P-PSMA-101 induces deep and durable responses in heavily pretreated mCRPC patients
- P-PSMA-101 demonstrates a reasonable safety profile with early management of CRS prodromes

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piggyBac[®]: A Non-viral DNA Delivery System That Creates High-T_{SCM} CAR-T Products

Insulator

ITR

Promoter

U

Leukapheresis

product

Ð

Administration

of autologous

CAR-T product

CAR Molecule

Manufacturing

of autologous CAR-T product

Product testing

and release

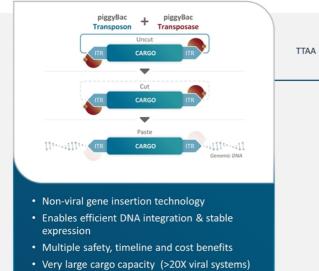
Safety Switch

Transport

2 - 8°C

AUTOLOGOUS

Transport ≤-130°C



- Works in a wide variety of cell types (T $_{\rm SCM}$ cells)

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Insulator Poly(A) ITR

Selection Gene

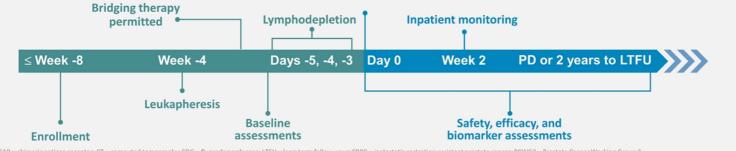
TTAA

Phase 1 mCRPC Clinical Trial: P-PSMA-101-001

- P-PSMA-101 is an autologous CAR-T therapy targeting PSMA and is made using a unique non-viral transposon system (piggyBac) that results in a CAR-T product composed of a high percentage of stem cell memory T cells (T_{SCM}).
- Open label, 3+3 design, dose escalation + recommended Phase 2 dose expansion, 60 patients.
- Standard 3-day lymphode pletion regimen: fludarabine 30 mg/m² and cyclophos phamide 300 mg/m².
- Standard response criteria as per PCWG3: PSA, bone scans/CT, and exploratory biomarkers and novel tumor-targeted PET imaging (PSMA-PET, FDG).

- · PET imaging was dependent on institutional availability.
- Key inclusion criteria: mCRPC, measurable disease, received a CYP17 inhibitor or second-generation anti-androgen therapy and a taxane, and adequate organ function.
- Subjects with advanced salivary gland cancers now eligible to enroll under Amendment 4 (12 Nov 21).
- Key exclusion criteria: second malignancy, active infection, or significant autoimmune, central nervous system, cardiac, ocular, or liver disease.

P-PSMA-101 Infusion



CAR = chimeric antigen receptor; CT = computed tomography; FDG = fluorodeoxyglucose; LTFU = long-term follow-up; mCRPC = metastatic castration-resistant prostate cancer; PCWG3 = Prostate Cancer Working Group 3; PD = progressive disease; PET = positron emission tomography; PSA = prostate-specific antigen; PSMA = prostate membrane-specific antigen.

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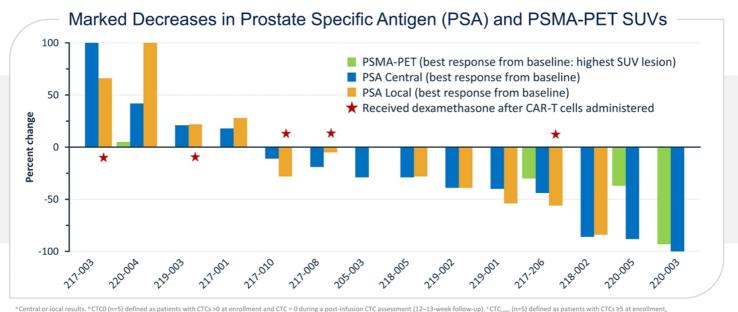
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Demographics & Characteristics (Heavily Pretreated mCRPC Patients)

CAR-T cells administered: Cells/kg	Mean (Min/Max) x 10 ⁶	Patients (#)
Cohort -1: 0.25 x 10 ⁶ single infusion	21.6 (19/24)	6
Cohort 1: 0.75 x 10 ⁶ single infusion	61.3 (37/73)	7
Cohort 2: 2.0 x 10 ⁶ single infusion	112.0 (112/112)	1
Parameter (n=14)		
Median (min, max) age, y		71 (57, 79)
Median (min, max) time since diagnosis, y		6.4 (1, 23)
ECOG (Baseline) PS, 0/1, n (%)		7 (50) / 7 (50)
Prior regimens, median (min, max)		7 (3, 15)
LHRH agonist/antagonist, n (%)		12 (86)
bicalutamide / flutamide, n (%)		8 (57)
Enzalutamide, n (%)		12 (86)
Abiraterone, n (%)		12 (86)
Taxane, n (%)		11 (79)
PSMA bispecific, n (%)		3 (21)
PSMA radioligand therapy, n (%)		0

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High Rates of Anti-Tumor Activity Demonstrated with Multiple Methods



^a Central or local results. ^b CTCO (n=5) defined as patients with CTCs >0 at enrollment and CTC = 0 during a post-infusion CTC assessment (12–13-week follow-up). ^c CTC_{con}, (n=5) defined as patients with CTCs >5 at enrollment, then CTCs <4 measured at a post-infusion assessment. ^d Patient 219-001. ^e Patient 217-206. CAR = chimeric antigen receptor; CTC = circulating tumor cells; PET = positron emission tomography; PSA = prostate-specific antigen; PSMA = prostate membrane-specific antigen; SUV = standardized uptake value.

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PSA and Circulating Tumor Cells (CTC) Response Rates

PSA responses (n=14) ^a		
Response	n (%)	
PSA response (≥30% decrease)	6 (42.9)	
PSA response (≥50% decrease)	5 (35.7)	
CTC0 ^b	1 ^d (20.0)	
CTC _{conv} ^c	1º (20.0)	

^a Central or local results. ^b CTC0 (n=5) defined as patients with CTCs >0 at enrollment and CTC = 0 during a post-infusion CTC assessment (12–13-week follow-up). ^c CTC_{conv} (n=5) defined as patients with CTCs ≥5 at enrollment, then CTCs ≤4 measured at a post-infusion assessment. ^d Patient 219-001. ^e Patient 217-206.



Treatment-Emergent Adverse Events

TEAEs (n=14)

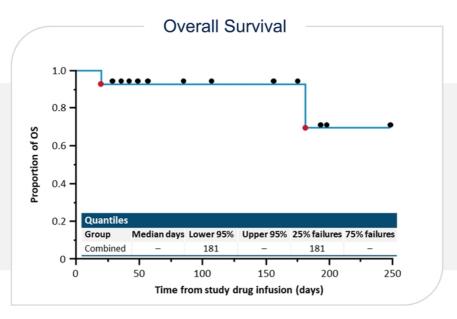
TEAE, n (%)	Overall	Grade ≥3
Dose-limiting toxicity (at dose 0.75 x 10 ⁶ cells/kg)	1 (7)	1 (7)
CRS ^a	8 (57)	2 (14)
ICANS	2 (14)	1 (7)
Neutropenia/neutrophil count decreased ^b	5 (36)	5 (36)
Thrombocytopenia/platelet count decreased ^b	5 (36)	4 (27)
Anemia	5 (36)	5 (36)
Infection		
Overall	2 (14)	1 (7)
First month	2 (14)	1 (7)

TRAEs (n=14)			
TRAE, n (%)	With >20% incidence	Grade ≥3	
CRS	7 (50)	2 (14)	
Headache	7 (50)	0 (0)	
Fatigue	6 (43)	1 (7)	
Chills	5 (36)	0 (0)	
AST increased	5 (36)	3 (21)	
Vision blurred	4 (29)	0 (0)	
ALT increased	4 (29)	1 (7)	
Pyrexia	3 (21)	0 (0)	
aPTT prolonged	3 (21)	0 (0)	

^a Grade ≥3 events were 2 cases of macrophage activation syndrome/CRS, one fatal after non-compliance in follow-up. CRS was frequently associated with transaminitis and intermittently with ocular symptoms/inflammation ^b Patient counted once for either term. ALT = alaniane aminotransferase; PTT = activated partial thromboplastin time; AST = aspartate aminotransferase; CRS = cytokine release syndrome; ICANS = immune effector cell–associated neurotoxicity; TEAE = treatment-emergent adverse event; TRAE = treatment-related adverse event.



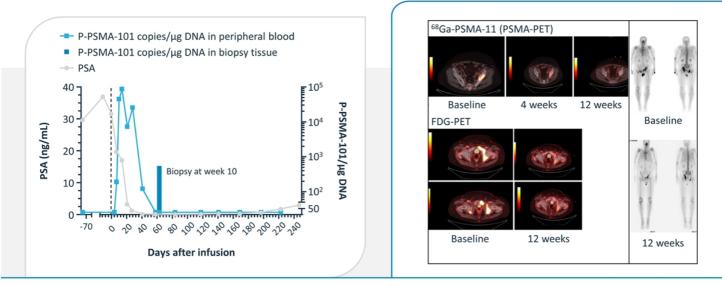
Overall Survival (OS)



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Patient 220-003: Evidence of Near Complete Tumor Elimination

PK, PSA, PSMA-PET, FDG-PET, Bone Scan, and Pathology Correlate in Response

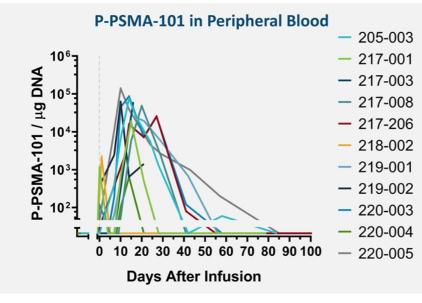


Biopsy at week 10 of prior bone metastasis showed CAR-T cells, bone remodeling, and bone marrow but no tumor cells.

CAR = chimeric antigen receptor; FDG = fluorodeoxyglucose; PET = positron emission tomography; PK = pharmacokinetics; PSA = prostate-specific antigen; PSMA = prostate membrane-specific antige

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Pharmacokinetics: Consistently High Expansion



- Most patients have significant CAR-T cell expansion in peripheral blood to levels generally associated with efficacy in CAR-T products
- Many CAR-T products show peak expansion between 5-14 days
- P-PSMA-101 shows peak expansion between 10-28 days

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Summary & Conclusions

- This interim update shows the exceptional efficacy of novel anti-PSMA CAR-T-cell product
- P-PSMA-101 at very low doses induced durable biochemical, radiographic, and functional radiographic responses in heavily pretreated patients with mCRPC, including a pathologic complete response, with notable PFS and OS, and significant CAR-T-cell expansion to the 10⁴ to 10⁵ copies/ug range.
- Ten of 14 patients (71%) of patients demonstrated PSA declines, with 5 of 14 patients (36%) showing PSA declines of ≥50%.
- P-PSMA-101 expressed elevated bone and inflammation homing markers and demonstrated trafficking to bone tumor biopsies, highly relevant in bone-avid disease like prostate cancer.
- CRS rate was 57% and ICANS rate was 14%, which has been manageable when treated rapidly with steroids and anti-cytokine agents.
- 18 patients have now been treated, and additional data presentations are expected in 2022

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THERAPEUTICS

Acknowledgements

With the greatest appreciation to the patients



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P-PSMA-101-001 Investigators

Memorial Sloan-Kettering Cancer Center Susan F. Slovin, M.D., Ph.D.

City of Hope Tanya Dorff, M.D.

Sarah Cannon Research Institute - HealthOne Denver *Gerald Falchook, M.D.*

Dana-Farber Cancer Institute Xiao Wei, M.D.

Massachusetts General Hospital Xin Gao, M.D.

University of California at San Francisco (UCSF) David Oh, M.D.

University of California at San Diego (UCSD) Rana Mckay, M.D.

We would particularly like to recognize the commitment and dedication of the scientists and professionals at Poseida who made this possible.







T_{SCM} Based Allogeneic CAR-T Platform and Product Candidates

Devon J. Shedlock, PhD *Chief Scientific Officer, Cell Therapy*

T_{SCM} are the Key to CAR-T Efficacy & Safety

P-BCMA-101 data shows correlation of T_{SCM} and efficacy:

- Preclinical: Barnett et al; Hermanson et al, Poseida (2016) 58th ASH
- Clinical: Spear et al, Poseida (2019) 4th CAR-TCR Summit

• T_{SCM} is shown to correlate with CAR-T clinical response:

- Melenhorst et al, UPenn (2017) Pre-manufactured cells, 20th ASGCT
- Basu et al, Adaptimmune (2017) Persistent clones, 2nd CAR-TCR Summit
- T_{CM}: Larson, Juno (2018) PK, safety and durability, AACR
- $\hfill\hfilt$
- Bot et al, Kite (2018) 33rd SITC & (2019) 4th CAR-TCR Summit (2021) 7th CAR-TCR Summit
- T_{CM}: Fraietta, UPenn (2018) TET2 Disruption, Nat Med PMID: 29849141
- T_{CM}: Deng et al, MDACC/axi-cel (2020) Nat Med PMID: 33020644

"The extreme longevity, the robust proliferative potential and the capacity to reconstitute a wideranging diversity of the T cell compartment make **the** T_{SCM} cell type an ideal cell population to employ in adoptive immunotherapy"

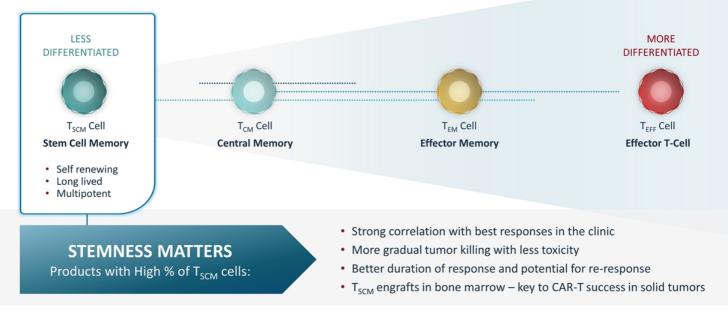
Luca Gattinoni¹, Daniel E Speiser², Mathias Lichterfeld³ & Chiara Bonini⁴. Volume 23 | Number 1 | January 2017 | NATURE MEDICINE

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Predicted Probabilities for BOR With 95% Confidence Limits 1.0 0000 · @ · @ · 000 0.8 0.6 Probability 0.4 0.2 0.0 0.3 0.1 0.2 0.0 Tscm

Not All T Cells are Created Equally

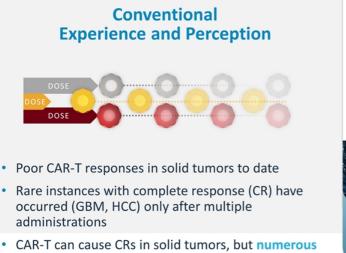
The Importance of Stem Cell Memory T Cells (T_{SCM})



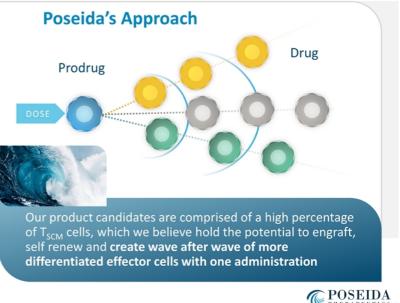


CAR-T_{SCM} Prodrug is Ideal for Treating Solid Tumors

We Believe T_{SCM} Hold the Potential to Engraft, Self-renew and Create Wave after Wave of More Differentiated Effector Cells with One Administration

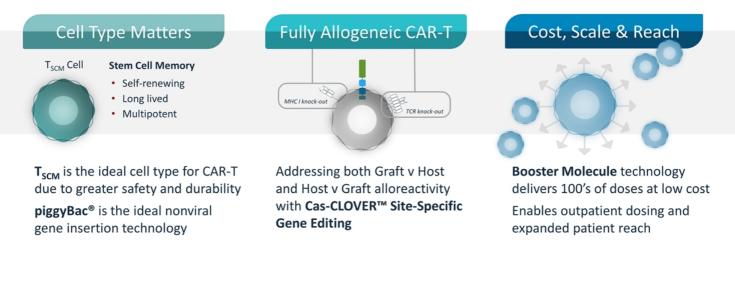


 CAR-1 can cause CRs in solid tumors, but numerous doses of more differentiated cells are required



T_{SCM}-rich Allogeneic CAR-Ts Enabled by Poseida's Technologies

Innovation in Allogeneic CAR-Ts

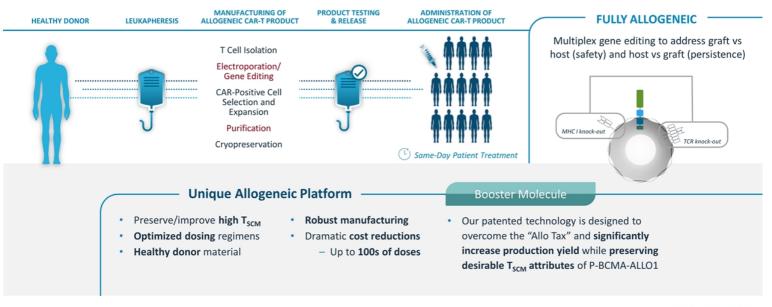


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Poseida's Unique Allogeneic CAR-T Platform

P-BCMA-ALLO1 and P-MUC1C-ALLO1 INDs Cleared by FDA and Trial Start-up in Progress



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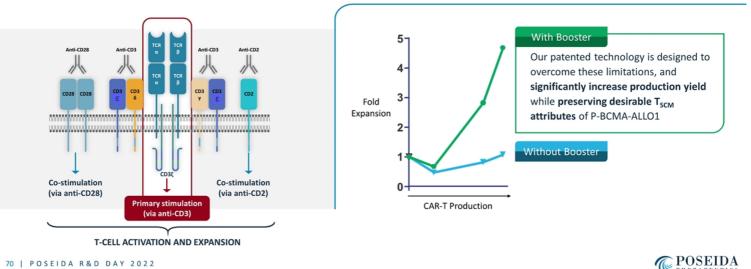
Booster Molecule Technology Overcomes the "Allo Tax"

Other CAR-T Approaches Suffer from Impaired Allogeneic Manufacturing

THE PROBLEM:

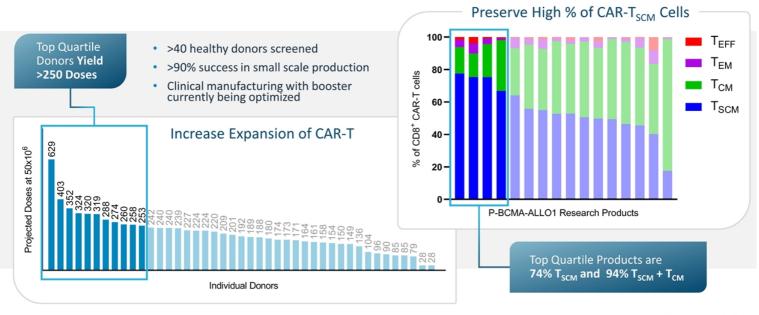
Gene Editing of TCR Can Impair Allogeneic CAR-T Manufacturing

Compared to Unedited CAR-T = "<u>Allo Tax</u>"



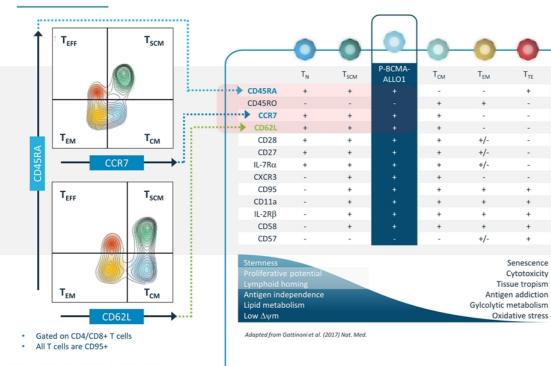
Booster in Action: Increased Expansion and High CAR-T_{SCM}

Preclinical Products Exhibit Favorable Expansion and Phenotype



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Poseida's Allogeneic CAR-T Products are Rich in T_{SCM} Cells



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Poseida products phenotype when using extensive cell surface markers by flow cytometry

T_{TE}

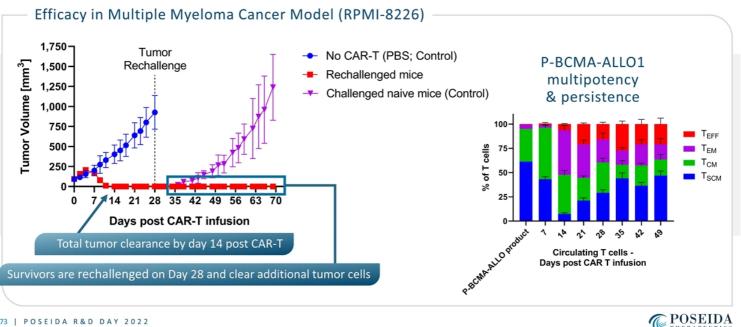
+ Senescence Cytotoxicity Tissue tropism





P-BCMA-ALLO1 Demonstrates Hallmarks of T_{SCM} Cells In Vivo

CAR-T_{SCM} Demonstrate Multipotency and Persistence in Tumor Rechallenge Model



P-BCMA-ALLO1 Phase 1 r/r Multiple Myeloma Clinical Trial

Phase 1 Trial Design

- Open Label, 3+3 Dose Escalation
- 30 mg/m2 fludarabine + 300 mg/m2 cyclophosphamide x 3d lymphodepletion regimen
- P-BCMA-ALLO1 administered intravenously
 - Single dose cohorts
 - Multiple dose cohorts and Rituxan combinations considered for amendment (per FDA request)
- Up to 40 subjects

Clinical Trial Sites

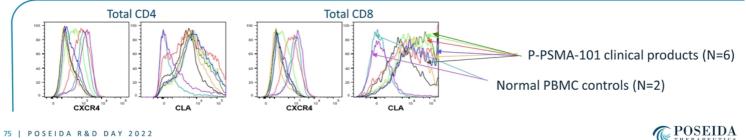
- Advocate Aurora Tulio Rodriguez, MD
- University of Oklahoma Carrie Yuen, MD
- UCSD Caitlin Costello, MD
- UCSF Nina Shah, MD
- Johns Hopkins Syed Abbas Ali, MD
- University of Maryland Mehmet Kocoglu, MD
- University of Chicago Ben Derman, MD



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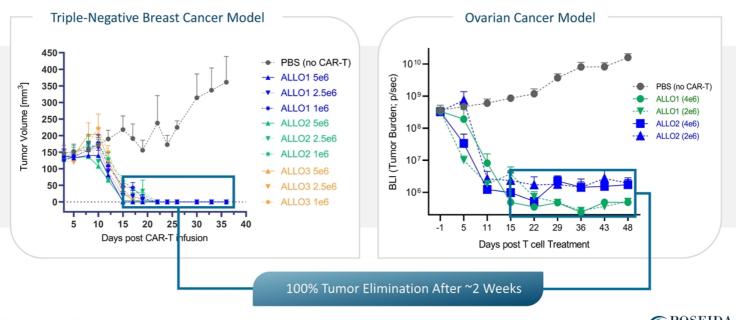
T_{SCM} Trafficking may be Important for Clinical Efficacy in Solid Tumors

Trafficking Molecule P-PSMA-101 T_{SCM}/T_{CM} $\mathsf{T}_{\mathsf{EFF}}$ • Poseida CAR-T and T_{SCM} express a variety of CD62L (L-selectin) + _ trafficking molecules CXCR4 + _ • May facilitate trafficking to CXCR3 + marrow, tumor CLA (Cutaneous lymphocyte antigen) + • P-PSMA-101 robust clinical + activity against bone CCR7 + marrow metastases CD11a (LFA-1-a) + + _



P-MUC1C-ALLO1 Potent Activity Against Solid Tumors In Vivo

Triple-negative Breast (MDA.MB.468) and Ovarian Cancer (OVCAR3) Models



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P-MUC1C-ALLO1 Phase 1 Clinical Trial

Phase 1 Trial Design

Phase 1 dose-finding and expansion study in advanced treatment-resistant solid tumors, including but not limited to ovarian cancer, pancreatic cancer, breast cancer (TNBC), non-small cell lung cancer (NSCLC) and others solid tumors

- Open Label, 3+3 Design, Single and cyclic Ascending Dose finding Study
- 30 mg/m2 fludarabine + 300 mg/m2 cyclophosphamide x 3d (Rituximab combination proposed)
- Up to 100 subjects; ~60 in dose-finding Part 1, with ~40+ in expansion cohort Part 2

Phase 1 Expansion (selected tumor types)

Single or cyclic dose with the selected dose in 10-15 subjects per indication

- Cyclic dosing escalation cohorts proposed
- Outpatient administration proposed

Study objectives

- Safety/Feasibility: AEs, Labs, CRS (Lee 2019) and CAR-T related toxicities and PK
- Dose finding: MTD and RP2D
- Efficacy: RECIST ORR, TTR, DOR, PFS, OS etc. and PRO
- Exploratory: Biomarkers: P-MUC1 cells (vectors/clonality) and others



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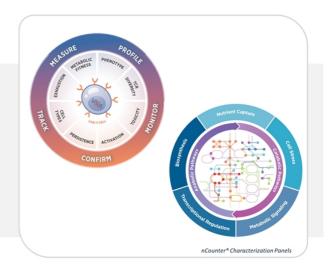
Aiming to Better Understand Biomarkers of Product Quality

Few Known Correlates of Preclinical / Clinical Activity, OR Biomarkers of Optimal Healthy Donors

Research Goals

- Identify biomarkers that:
 - Increase our knowledge of T cell fitness and function
 - Predict the best donors and products
- Identify best healthy donors for Allo production
- Utilize biomarker knowledge to make better

CAR-T cells

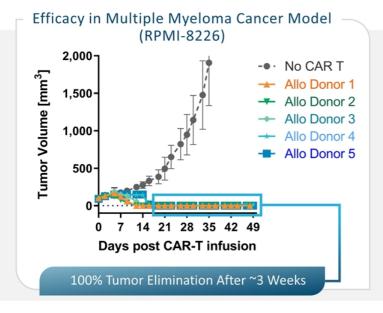


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THERAPEUTICS

Positive Predictive Value of Allogeneic CAR-T Product Quality

Stringent In Vivo Models Used to Measure Product Quality



- Capacity for tumor control determined in vivo at 'stress' CAR-T doses
- Stringent myeloma model fine-tuned using clinical samples of P-BCMA-101 with known clinical outcomes
 - 100% positive predictive value: If clinical product completely killed tumor in the animal model, then it also had excellent activity in the clinical trial
- Correlative studies performed using preclinical lots (>25) of P-BCMA-ALLO1 that were extensively evaluated
 - Single cell approaches used allowing for deeper analysis of CAR-T functionality and heterogeneity unattainable by FACS or bulk RNA sequencing



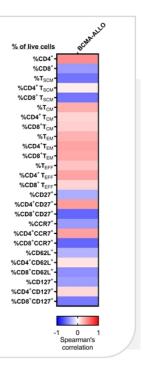
P-BCMA-ALLO1 Early Memory Cells Correlate with Antitumor Efficacy

Products with the Best In Vivo Activity Have More T_{SCM} Memory Cells

- Presence of early memory cells significantly correlated with in vivo efficacy
 - Inverse correlation between CD8+/ CCR7+/ CD27+/ CD62L+/ TCF7+ cells and tumor growth
- Also important:
 - Viability of product post-thaw
 - Functional capacity in serial restimulations assays (i.e. proliferative, multipotent, etc.)

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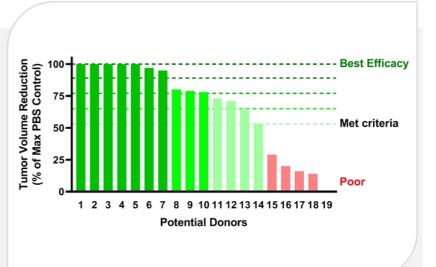
Output to the second second



Screening Identifies Ideal Donors for Clinical Manufacturing

A Vast Majority of Healthy Donors Were Eligible for Clinical Lot Manufacture

- Healthy donors (>25) were screened for manufacturability and function (in vitro and in vivo tumor efficacy)
- Most donors (93%) met manufacturability criteria
- Of those, 74% (14 of 19) met activity release criteria and are eligible for clinical lot manufacture
 - 50% of those (7 of 14) demonstrated complete or near complete tumor elimination
- Top donors identified have the greatest chance of producing high-quality product





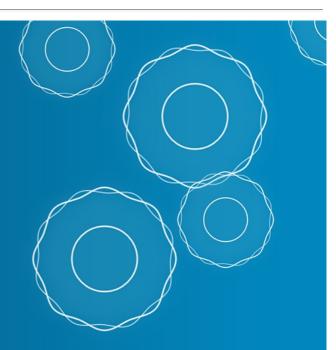
Summary: Poseida T_{SCM}-based Allogeneic CAR-T Platform

CAR-T_{SCM} are the key to efficacy and safety

- Prodrug is ideal for treating solid tumor indications
- Poseida's unique technology enables fully allogeneic CAR-Ts rich in T_{scm}
 - Booster molecule facilitates potentially 100s of doses from a single manufacturing run
 - Pipeline candidates highly efficacious in stringent xenograft tumor models
 - P-BCMA-ALLO1 demonstrates complete tumor control in predictive model
 - P-MUC1C-ALLO1 has potent activity against a wide range of human tumors
 - IND Clearances in 3Q 2021 (P-BCMA-ALLO1) and 4Q 2021 (P-MUC1C-ALLO1)
- Understanding correlates of preclinical / clinical efficacy can help to make better products
 - Product quality is a measure of cell health, T cell fitness and function
 - The best products had more T_{SCM} and great functional capacity
 - Donor selection allows for generation of products with exceptionally high % T_{SCM}

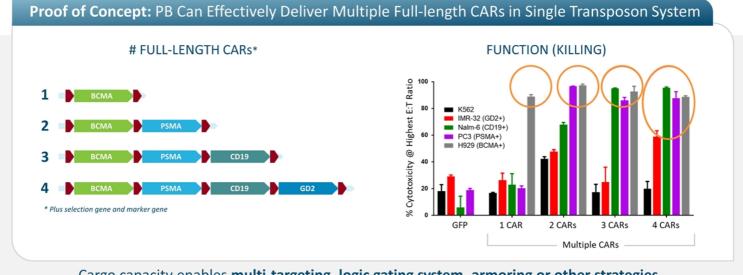


Dual CAR Programs



PiggyBac's Cargo Capacity Enables Multiple Antigen Targeting and More

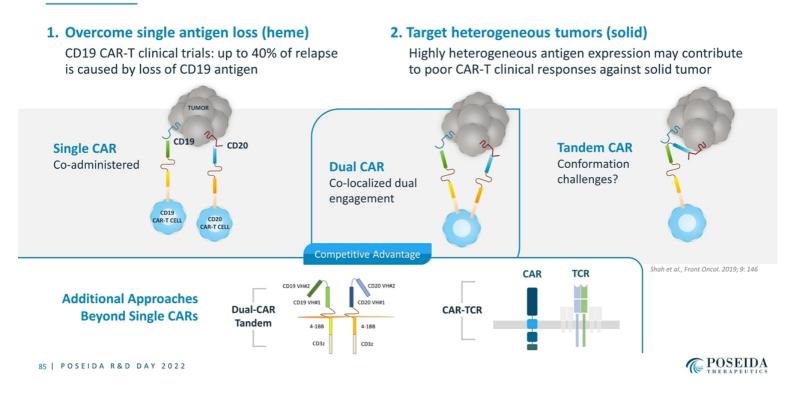
Large Cargo Capacity Increases Optionality and Enables the Next Wave of Opportunity



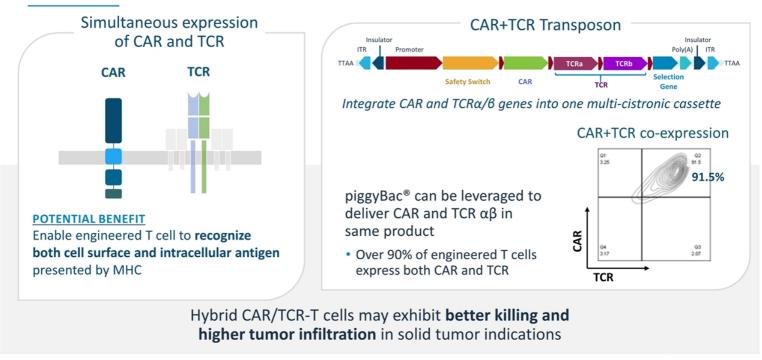
Cargo capacity enables **multi-targeting**, **logic gating system**, **armoring or other strategies**, with additional capacity for safety switch, selection gene (and/or others)

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Multiple Antigen Targeting with Dual CAR to Improve Efficacy



Multiple Antigen Targeting by Combining CAR-T and TCR-T Platforms



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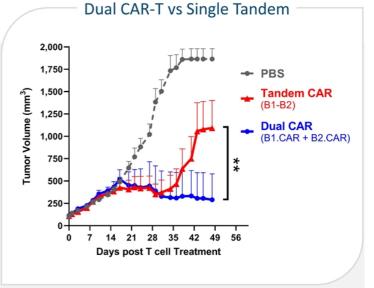
Dual CAR is More Effective Than a Tandem CAR

PiggyBac Provides Competitive Advantage with Dual CAR

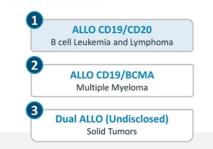


- Single CAR
- Single Tandem CAR
- Dual CAR
- We have learned:
 - A tandem CAR is sometimes better than a single CAR
 - A Dual CAR-T is <u>almost always</u> better than a single or tandem CAR-T
- Lessons learned will be implemented in future pipeline programs

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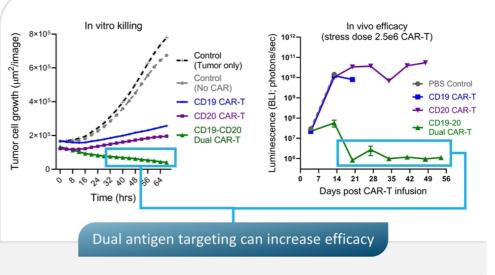
CD19/CD20 Dual CAR for B Cell Malignancies & Autoimmune Diseases



- CD19/CD20 Dual CAR-Ts kill (double positive target cells) better than either single CAR-T alone
 - Quad-cistronic vector
- Fully allogeneic
- Dual CAR-T maintain high % $\rm T_{\rm SCM}$
- Could also be used to treat autoimmune diseases

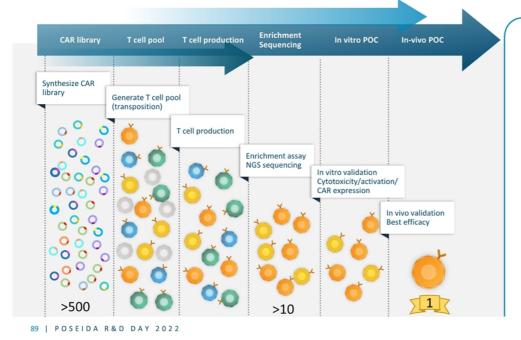
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CAR-T Killing of Lymphoma Tumor Cells (Raji; CD19⁺ and CD20⁺)



Binder Mutagenesis and Library Screening Platform

Capable of Improving Performance of any CAR Binder

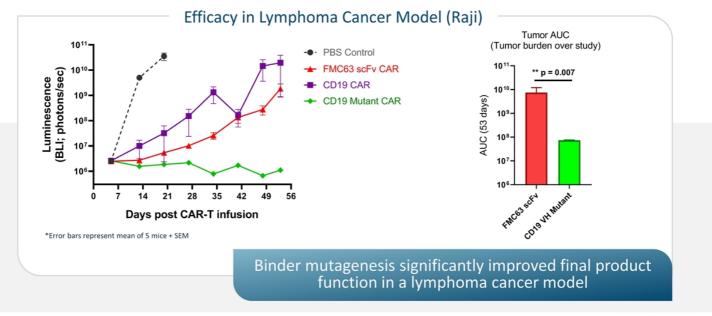


- **Powerful** binder mutagenesis platform
- Capable of **improving performance** of any CAR binder
- Developed at Poseida
- In vivo screening used for final determination of lead/s
 - Survival, tumor burden, T cell expansion (C_{max}), T cell exhaustion, etc.



Improved CD19 VH Binder Performance

Proof-of-concept: Binder Enhanced Via Single Point Mutation to Outperform Canonical FMC63 scFv



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Summary: Poseida Dual CAR-T Programs

- PiggyBac's large cargo capacity enables delivery of **numerous therapeutic genes** - e.g., CAR, TCR, armor, safety switch, selection gene, etc.
- Multiple antigen targeting with Dual CAR-T or CAR-TCR cells can improve efficacy
 - Overcome single antigen loss (heme malignancies)
 - Target heterogenous tumors (solid tumor indications)
- Dual CAR is *almost always* better than a single or tandem CAR
- Dual CAR (CD19/CD20) is fully allogeneic, maintains a high % of T_{SCM}, and is more efficacious than either single CAR alone
- Poseida's Binder Mutagenesis and Library Screening Platform can improve performance of any CAR binder

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Gene Therapy Product Candidates

Eric Ostertag, MD, PhD *Founder & Executive Chairman*

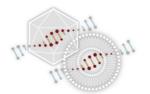
Disruption in Gene Therapy

In Vivo Gene Therapy for Rare Diseases



Fully Integrating

PiggyBac[®] integrates into DNA enabling the potential for single treatment cures



Addressing Challenges of Viral Delivery

piggyBac and **Nanoparticle** technology can address limitations of AAV



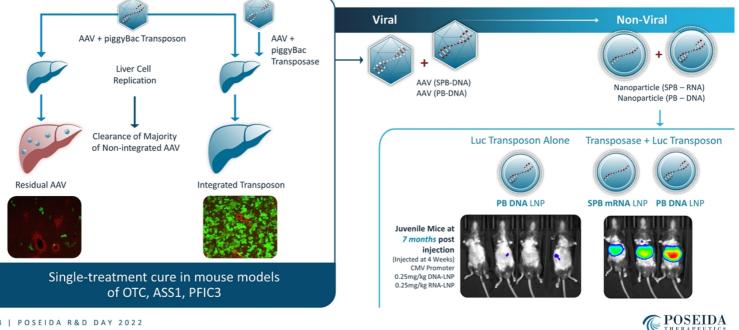
Broad Application

piggyBac cargo capacity addresses more indications and piggyBac can treat juvenile populations

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Changing the Game in Liver-Directed Gene Therapy

piggyBac+AAV followed by piggyBac+Nanoparticle



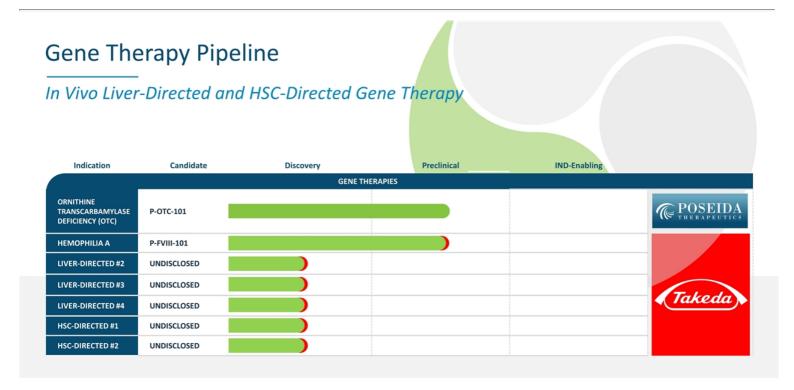
Announcing Our First Strategic Gene Therapy Partnership

- Broad **non-viral in vivo gene therapy** research collaboration with Takeda
 - Liver-directed and HSC-directed indications
 - Six initial targets including Hemophilia A
 - Option for two additional targets
- Includes all of Poseida's core technology platforms
 - PiggyBac[®] gene insertion
 - Cas-CLOVER[™] for gene editing
 - Biodegradable LNP nanoparticle for gene delivery
- Poseida responsible for research to candidate selection and Takeda has responsibility for development, manufacturing and commercialization



- Financial Terms
- \$45 million cash up front and preclinical milestones could exceed \$125 million in the aggregate
- \$435 million in clinical development, regulatory and commercial milestones per program
- Tiered royalties on commercial sales
- Takeda responsible for research program costs





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Emerging Technologies

Eric Ostertag, MD, PhD *Founder & Executive Chairman*





P-OTC-101 for Ornithine Transcarbamylase Deficiency

Jack Rychak, PhD Vice President, Gene Therapy

Ornithine Transcarbamylase (OTC) Deficiency

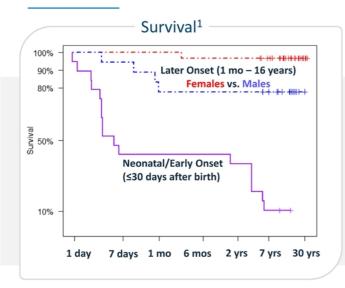
OTC Deficiency

- X-linked metabolic liver disorder
- Most common urea cycle disorder subtype and most common cause of 'early onset' illness
- Causes hyperammonemia crises which may result in neurological impairment or death
- Dietary protein restriction & alternative pathway drugs inadequate for early onset illness
 - Liver transplantation is standard care
 - Inaccessible to many
 - Morbidity and mortality
 - Lifetime immunosuppression

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Bone, muscle, 📕 Protein < other body tissues $\mathbf{NH}_{\mathbf{3}}$ neurological impairment Two approved Urea 'alternate pathway' **O** phenylacetic acid Cycle prodrugs [Buphenyl®][Ravicti®] **Nitrogenous Waste** (excreted in urine) Urea Phenylacetylglutamine

Early Onset/Severe OTC Deficiency: Major Unmet Need and Opportunity for Benefit





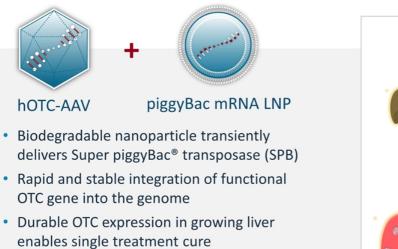
Integrates Into DNA Delivering Stable Long-Term Expression

- Ideal for use in dividing tissues like those in juvenile liver. Not adequately treatable with standard non-integrating AAV gene therapies.
- Highly efficient integration with piggyBac[®] may allow reduced dosing and single treatment cures
- Delivered using AAV + nanoparticle

¹ Brassier et al., Orphanet Journal of Rare Diseases , 2015 (French series spanning 1971-2011)

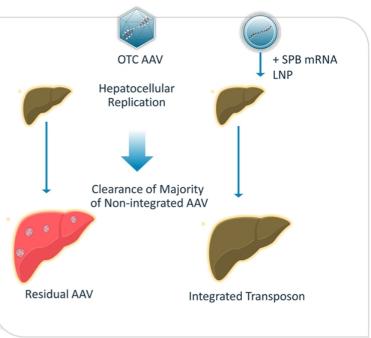


P-OTC-101

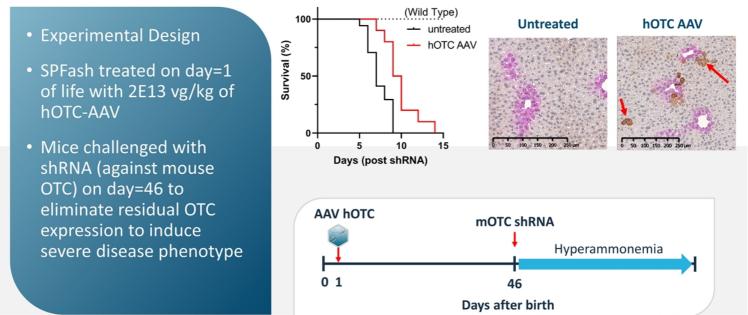


- Protein expression at therapeutic levels with order(s) of magnitude lower AAV doses
- Possibility of re-dosing SPB, if needed

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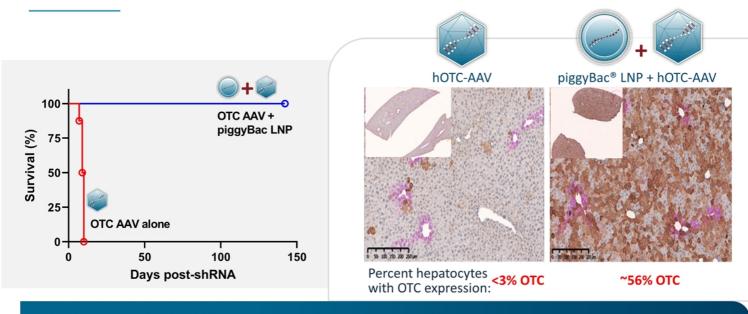


Standard AAV Approach is Insufficient to Rescue Severe Phenotype Following Neonatal Treatment



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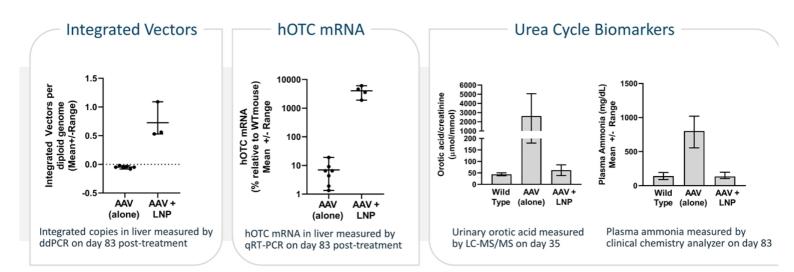
P-OTC-101 Enables Single Treatment Cure of OTC Disease Model



2E13 vg/kg hOTC-AAV +/- 0.2 mg/kg piggyBac transposase mRNA LNP administered on day=1 of life to spfash mice IHC for glutamine synthetase (pink) human OTC (brown) in liver on day = 83

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P-OTC-101 Enables Single Treatment Cure of OTC Disease

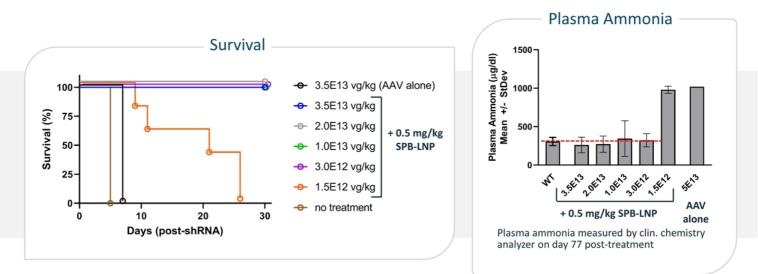


2E13 vg/kg hOTC-AAV +/- 0.2 mg/kg piggyBac transposase mRNA LNP administered on day=1 of life to spfash mice

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THERAPEUTICS

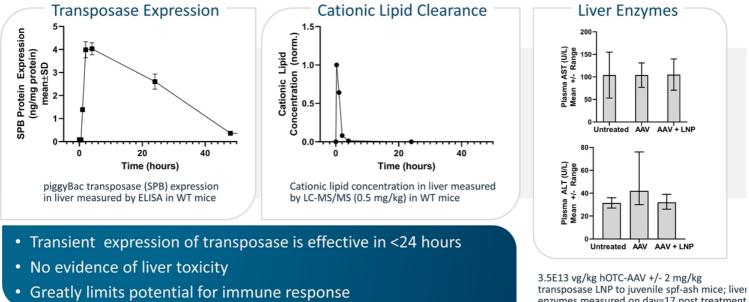
piggyBac® Reduces Therapeutic AAV Dose by Order(s) of Magnitude



0.5 mg/kg LNP + hOTC_AAV administered on day=1 of life to spfash mice

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Transient mRNA Expression of piggyBac® Transposase from **Biodegradable Nanoparticle**



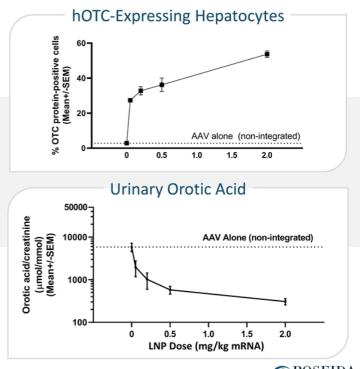
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enzymes measured on day=17 post treatment



Transgene Activity is Responsive to LNP Dose

- hOTC-AAV + SPB transposase mRNA LNP administered on day=1; OTC expression and urinary orotic acid measured on day = 83
- Dose-proportional increase in hepatocytes expressing hOTC with transposase mRNA LNP dose
- Decrease in urinary orotic acid proportional to frequency of hOTC expressing hepatocytes



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Summary and Conclusions

- Single treatment of hybrid piggyBac[®] AAV+LNP enables cure in mouse model of severe OTC Disease
- piggyBac[®] hybrid LNP/AAV approach reduces required AAV dose for therapeutic efficacy by order(s) of magnitude
- The piggyBac[®] System <u>likely may be used with any AAV system</u> to greatly increase duration of transgene expression, reduce or eliminate toxicity and allow for treatment of pediatric patient populations
- P-OTC-101 shows does response and re-dosing of transposase is possible if necessary

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P-FVIII-101 for Hemophilia A

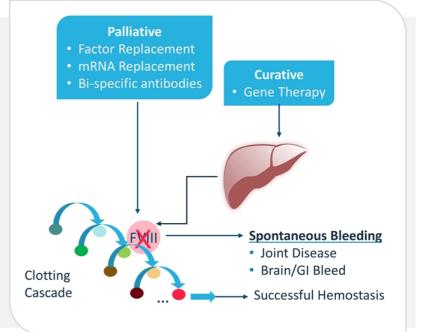
Jack Rychak, PhD *Vice President, Gene Therapy*

Hemophilia A

- X-linked bleeding disorder caused by deficiency in factor VIII
 - Large cDNA (~7.1 kb) and complex protein
- · Causes frequent bleeding episodes
- FVIII activity correlates with the severity of the disease

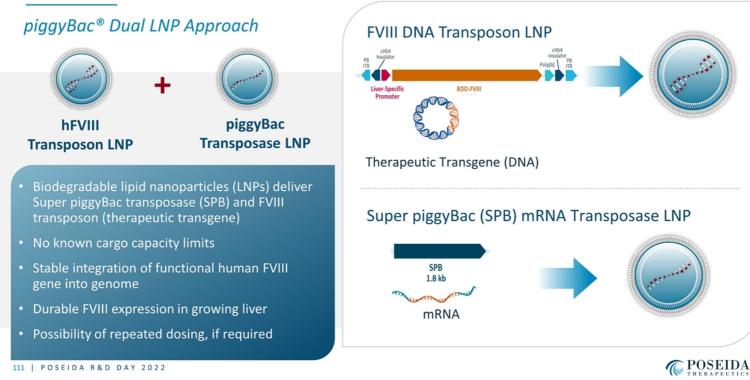
Classification	FVIII Activity	Relative Incidence
Severe	<1%	50%
Moderate	1-5%	30%
Mild	>5-40%	20%

• Current approaches not suitable for juvenile treatment (AAV gene therapy) or require lifelong treatment (protein replacement therapies)



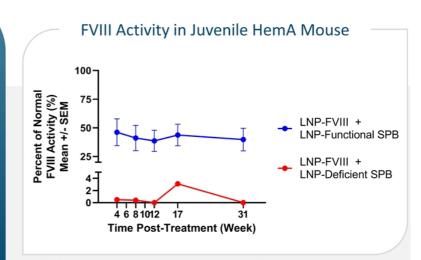
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Durable FVIII Activity in Juvenile Mouse Model of HemA

- Dual-LNP co-administered as single dose IV to juvenile Hem A mice (n=7)
 - 0.25 mg/kg Transposon (DNA)
 - 0.50 mg/kg Transposase (mRNA)
- FVIII activity measured (tail vein collection) in 4-week intervals
- Therapeutic (25-83%) levels of FVIII activity observed
- Durable FVIII activity maintained over 7 months

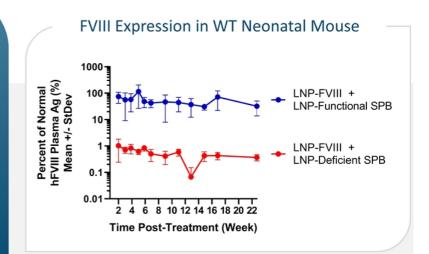


Sabatino, et al. "LNP delivery of piggyBac for gene delivery of FVIII for hemophilia A." National Hemophilia Foundation 16th Workshop on Novel Technologies and Gene Transfer for Hemophilia. 12-13 Nov 2021. Washington, D.C.

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Durable Expression of Human FVIII Observed in Neonatal Mice

- Dual-LNP co-administered as single dose IV to neonatal (day 1 of life) healthy BALB/C mice (n=6-9)
 - 0.25 mg/kg Transposon (DNA)
 - 0.50 mg/kg Transposase (mRNA)
- Human FVIII expression (protein concentration) measured by ELISA bi-weekly
- Durable expression of human FVIII maintained over 5 months

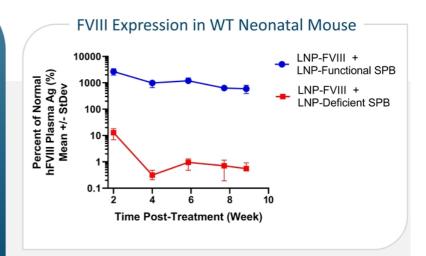


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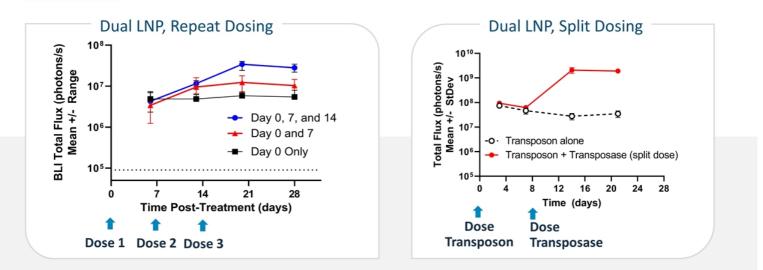
PiggyBac[®] Enables Supraphysiological FVIII Expression at Low Doses

- In-progress study evaluating ongoing FVIII transposon and SPB transposase sequence optimization
- Dual-LNP co-administered as single dose IV to neonatal (day 1 of life) healthy BALB/C mice (n=4)
 - 0.25 mg/kg Transposon (DNA)
 - 1.0 mg/kg Transposase (mRNA)
- Genome integration with piggyBac[®] enables massively supratherapeutic FVIII expression levels at modest dose level in young liver

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Dual LNP piggyBac[®] System Can be Repeatedly Dosed



- WT mice administered dual LNP with reporter (luciferase) transgene
- Controllable, dose-responsive pharmacology observed
- SPB transposase can be administered separately from transposon LNP

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Summary

- P-FVIII-101 (fully biodegradable nanoparticle delivery) can achieve >100% of normal FVIII levels and durable expression with a single administration in a preclinical model.
- The biodegradable nanoparticle + Super piggyBac[®] DNA Delivery System may overcome the limitations of AAV-based systems.
 - Potential for single treatment cure
 - Ability to treat pediatric patients
 - No pre-existing immunity
 - Much larger cargo capacity
 - Dose proportional pharmacology
 - Ability to re-dose
 - Fewer safety concerns
 - Ease of manufacturing

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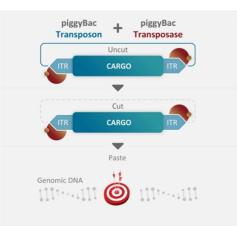




Development of a Site-Specific Super piggyBac[®] Transposition System (ssSPB)

Blair Madison *Vice President, Genetic Engineering*

The Next Wave in Gene Therapy: Site-specific Transposition



A site-specific piggyBac[®] platform would be <u>revolutionary</u>:

- Superb genotoxicity safety profile
- Enables simultaneous cargo knock-in and gene knock-out
- Programmability for targeting any site in the genome
- Simplicity: 2-component system (transposase and dsDNA)
- Agnostic to DNA repair pathways (no need for NHEJ, HDR, MMEJ, etc.)
- Enables site-specific large cargo delivery in any cell type or tissue with nearly unlimited gene therapy applications:
 - Site-specific delivery of entire genes with all regulatory elements !?

Tremendous implications for treating common genetic diseases:

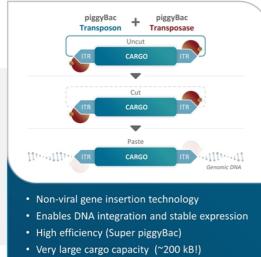
Two Examples:GeMuscular Dystrophy (DMD)~2.Cystic Fibrosis (CFTR)~18

<u>Gene Size</u> ~2.1 Mb (!) ~187 Kb <u>Protein Size</u> 3685 aa (!) 1480 aa <u># of Mutations</u> >1800 >1700 Incidence ~1 in 3,500 M births ~1 in 3,800 M/F births

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piggyBac[®]: A Versatile DNA Delivery System for Developing Gene Therapy Products



- Works in a wide variety of cell types
- Multiple safety and cost benefits

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BENEFITS IN GENE THERAPY

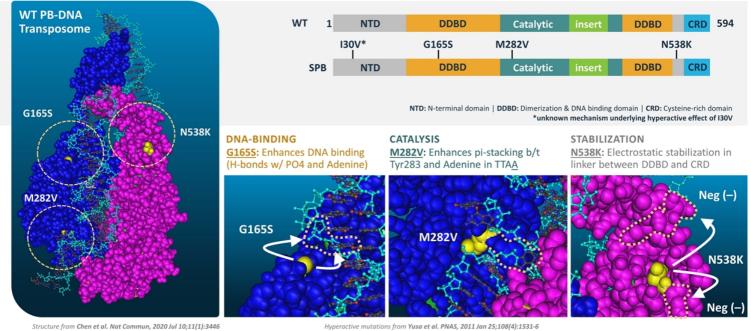


Integrates Into DNA Delivering Stable Long-Term Expression

- Ideal for use in dividing tissues like those in juvenile liver
- Highly efficient integration may allow reduced dosing and single treatment cures
- Delivered using AAV + nanoparticle or in vivo EP



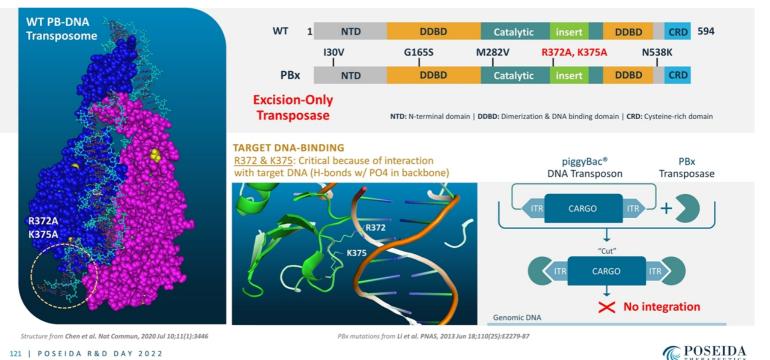
piggyBac[®]: Wild Type (WT) vs. Super piggyBac[®] SPB



Structure from Chen et al. Nat Commun, 2020 Jul 10;11(1):3446

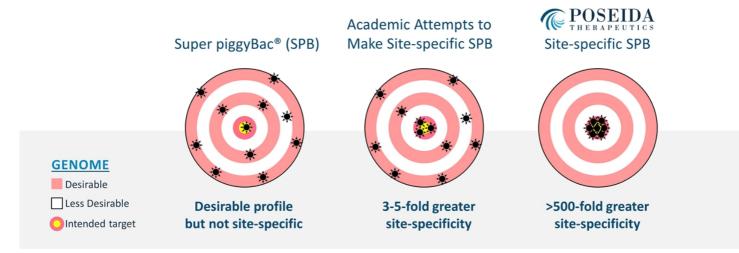
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piggyBac[®]: Wild Type (WT) vs. Excision-Only piggyBac[®] (PBx)



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Generating a Site-specific Super piggyBac® (ss-SPB) System

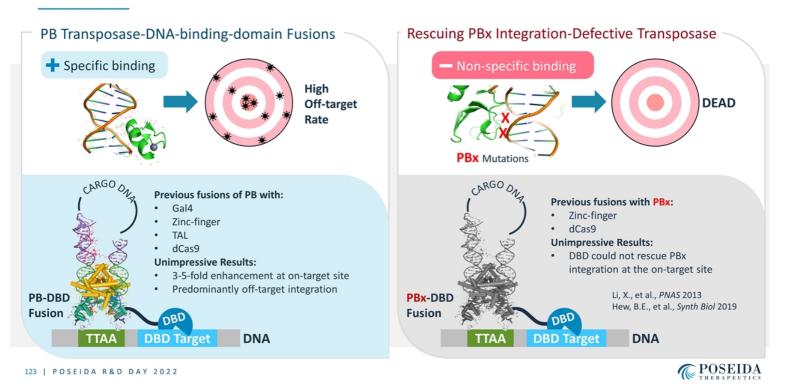


Maragathavally, K. J., et al., FASEB J. 2006 | Wang, W., et al., PNAS 2008 | Kettlun, C., et al., Mol Ther. 2011 | Owens, J.B., et al., Nucleic Acids Res. 2012 | Li, X., et al., PNAS 2013 | Owens, J.B., et al., Nucleic Acids Res. 2013 Ye, L., et al., Sci Rep. 2015 | Hew, B.E., et al., Synth Biol 2019

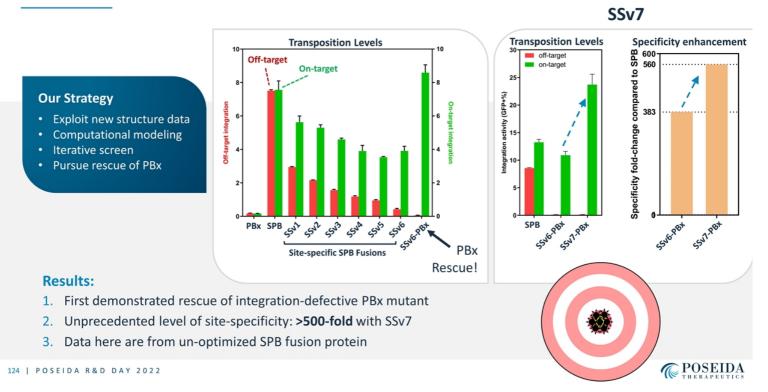
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Strategies for Site-specific Transposition



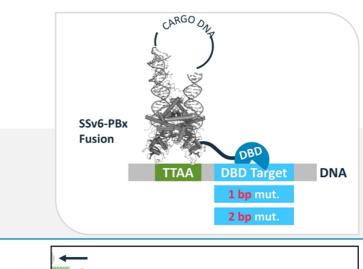
The Poseida Strategy

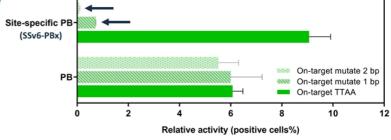


Off-target Tolerance of SSv6-PBx

Determining Specificity

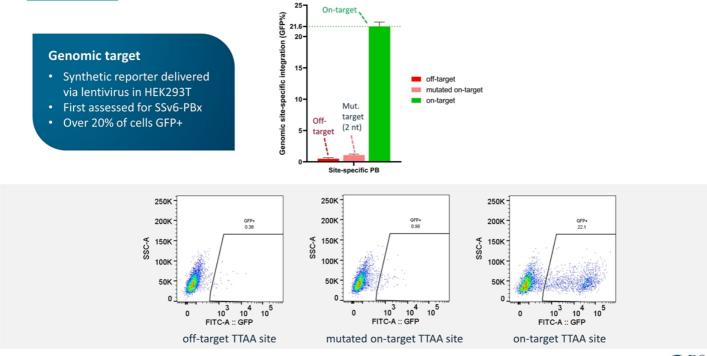
- Mutate DBD target sequence to assay distinction of subtle alterations of 9-nt target
- Results show high level of discrimination for <u>first-generation</u> fusion
- Successive iterations/optimizations underway for increasing specificity





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Site-specific Transposition into Genome



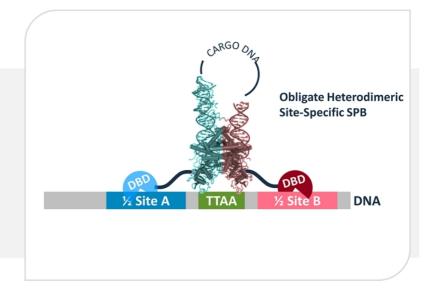
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Building Upon Site-specificity: Obligate SPB Heterodimer

Challenges with SPB-DBD Fusions

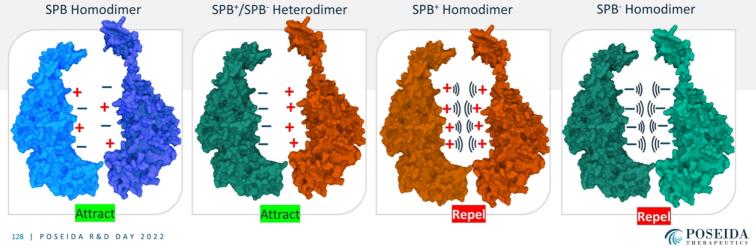
- Homodimeric nature of SPB complicates DBD fusion strategies;
 - Only one DBD can bind target site
- Bipartite (1/2 site) recognition sequences enables equal and balanced binding
- "Splitting" the recognition domains across 2 monomers enables more compact proteins



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Key Characteristics of a SPB Obligate Heterodimer

- Each SPB contains both positive (+) and negative (-) charges in the dimerization interface
- Engineer two new versions of SPB protein: SPB⁺ contains more (+) charge and SPB⁻ contain more (–) charge
- Transposition only occurs when SPB⁺ is mixed with SPB⁻
- SPB⁺ must be inactive as a homodimer
- SPB⁻ must be inactive as a homodimer



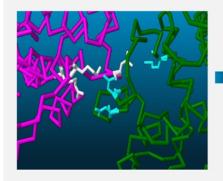
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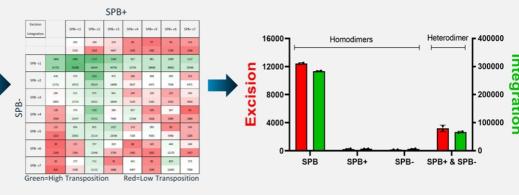
Rational Design of SPB Obligate Heterodimers

Structure Guided Design

Pairwise Activity Screen

SPB Obligate Heterodimer





- Cryo-EM structure of piggyBac® used to identify residues involved in dimerization
- Residues mutated individually or in combination to make 7 versions each of SPB⁺ and SPB⁻
- SPB⁺ and SPB⁻ versions tested for transposition activity individually and in pairwise combinations
- · Successfully created pairs with desired characteristics of an obligate heterodimer

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Summary

- Poseida's first generation Site-Specific SPB (ss-SPB) is a major technological advance
- Complete and unprecedented rescue of the integration-defective PBx mutation
- Structure-informed design of site-specific DNA binding motif fusion achieves >500-fold increase in site specificity
- Proof of concept for high efficiency site-specific integration established
- Mutation analysis at target site indicates robust stringency/specificity
- Optimization of first-generation obligate heterodimer will enable "dual" site targeting

Site-specific piggyBac is poised for an enormous impact on gene therapy....

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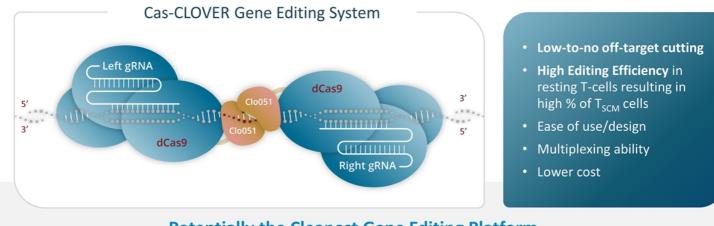




Liver-Directed Gene Editing with Cas-CLOVER™

Blair Madison *Vice President, Genetic Engineering*

Cas-CLOVER™: Ultra-Clean Gene Editing



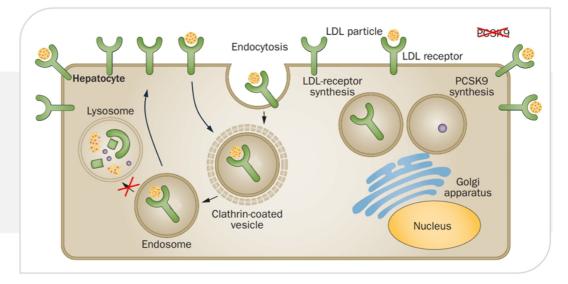
Potentially the Cleanest Gene Editing Platform Efficiently edits resting cells - enables fully **Allogeneic CAR-T** products with profound implications for future non-viral **Gene Therapy** applications

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Inhibition of PCSK9 to Lower LDL-Cholesterol Levels

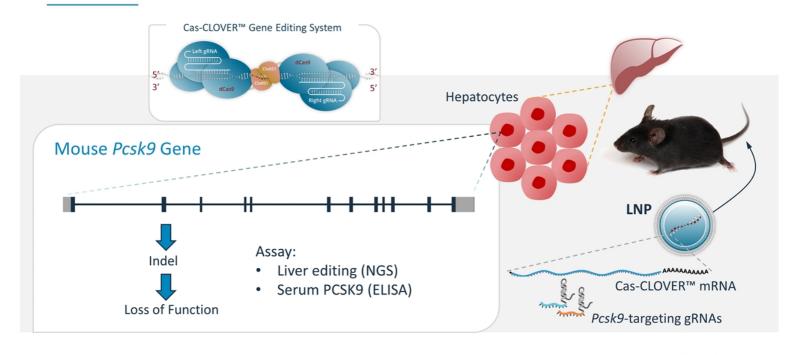


Reduction or elimination of PCKS9 protein results in endosomal recycling of LDL receptors, rather than degradation, causing an overall decrease in circulating levels of LDL-cholesterol.



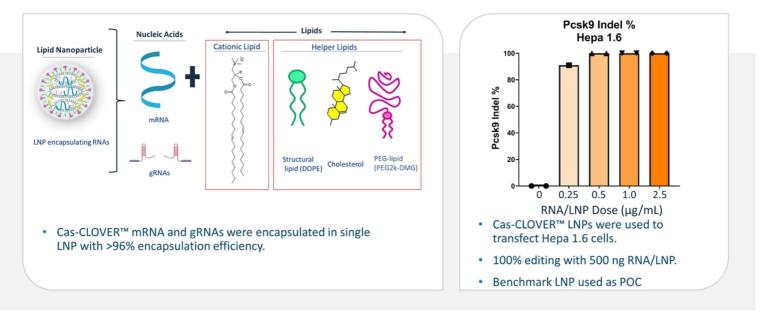
Adapted from Dadu, R. T. & Ballantyne, C. M. *Nat. Rev. Cardiol.*, 2014 **133** | **POSEIDA R&D DAY 2022**

Strategy for Targeting PCSK9 in Liver Hepatocytes



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In Vitro Delivery of Cas-CLOVER™ mRNA Results in 100% Editing



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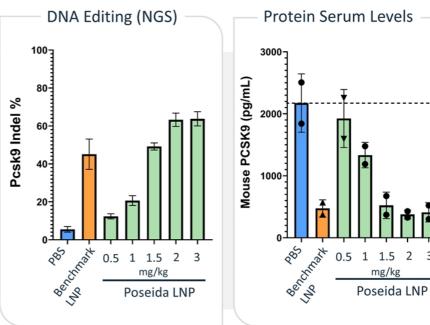
Efficient Cas-CLOVER[™] Delivery and Editing with Poseida's **Biodegradable LNPs**

- Efficacy readouts show clear dose response effect. Cas-CLOVER™ works for in vivo liver editing with high efficiency
- Poseida LNP efficacy is maximal at 2 mg/kg (>60% indels)
- >80-85% decrease in PCSK9 protein with doses >1.5 mg/kg
- Poseida's proprietary biodegradable LNP used for delivery

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3

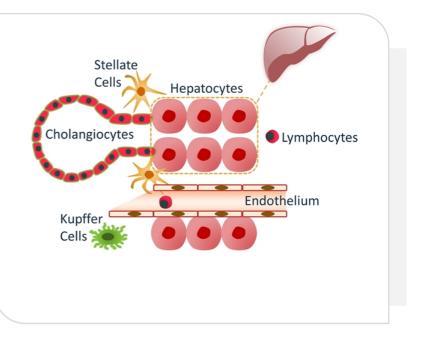


Cas-CLOVER[™] is Approaching Maximal Gene Editing in Hepatocytes

Liver biopsies consist of:

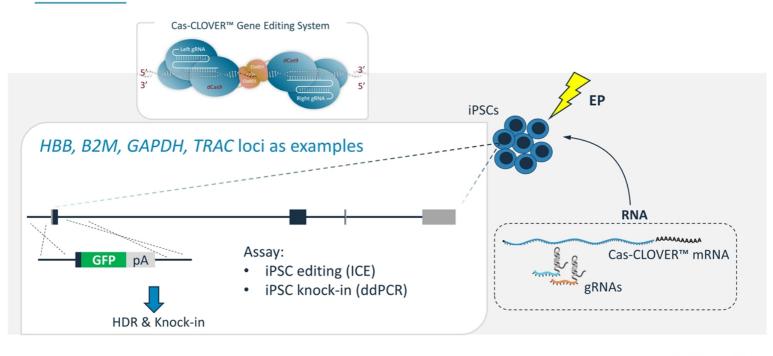
- Approximately 75% hepatocytes
- Remaining cells are stellate cells, Kupffer cells, cholangiocytes, endothelium, and lymphocytes, which <u>do not express PCKS9</u>

Suggests PCSK9 knockout rate of >80% in hepatocytes



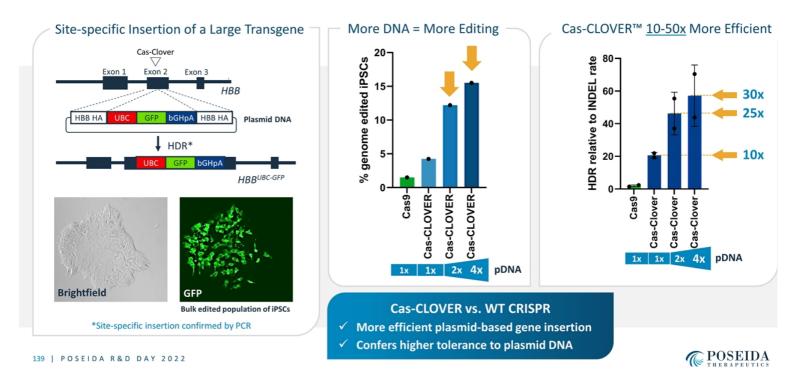
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Cas-CLOVER[™]-mediated Knock-Ins in Induced Pluripotent Stem Cells (iPSCs)

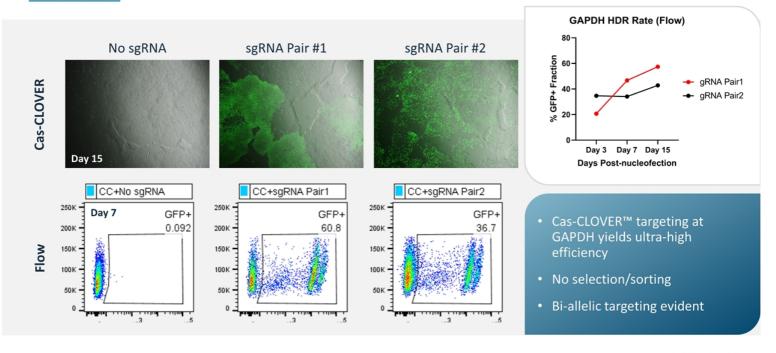


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Cas-CLOVER[™] is More Efficient Than WT CRISPR for Knock-Ins

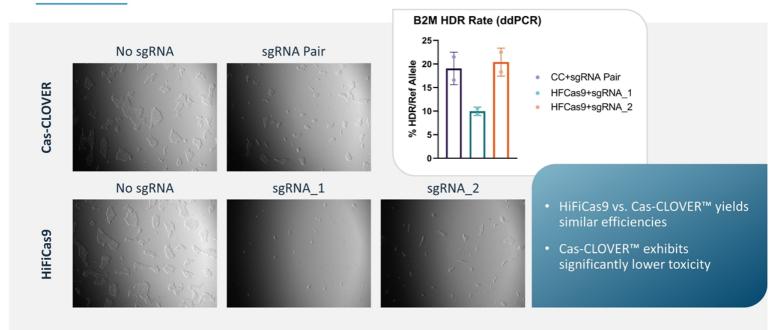


Ultra-High Efficiency Knock-Ins with Cas-CLOVER™: GAPDH



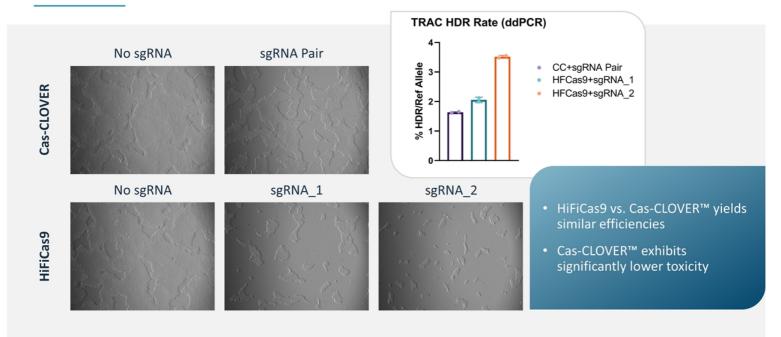
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Highly Efficient and Low Toxicity Knock-Ins with Cas-CLOVER™: B2M



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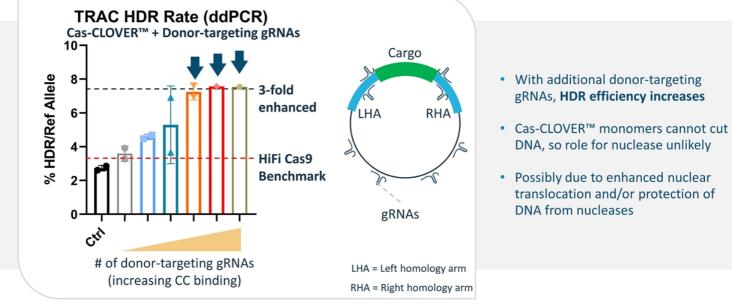
Highly Efficient and Low Toxicity Knock-Ins with Cas-CLOVER™: TRAC



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Cas-CLOVER[™] Monomer Binding to Donor Enhances Homology <u>Directed</u> Repair (HDR)

Frequent Outperformance of Cas9 Suggests Role for Cas-CLOVER™ in Enhancing HDR

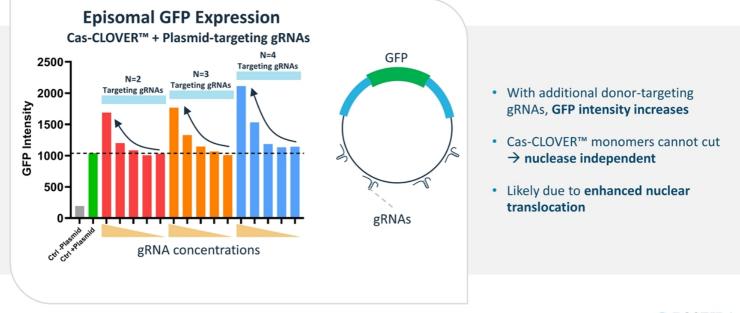


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Cas-CLOVER[™] Monomer Binding to Plasmid Enhances Expression

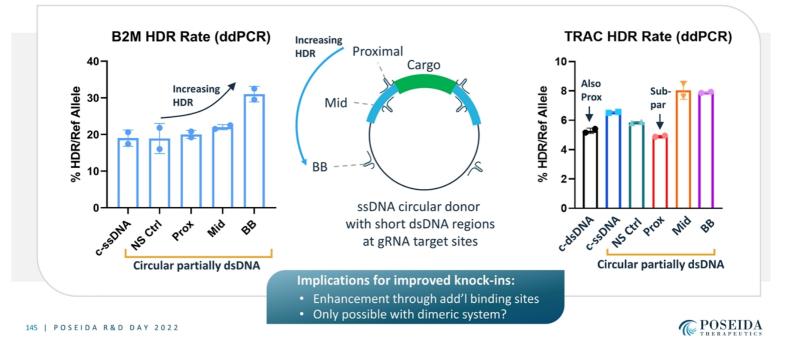
Increased Episomal Expression Suggests Cas-CLOVER™ Enhances Nuclear Translocation



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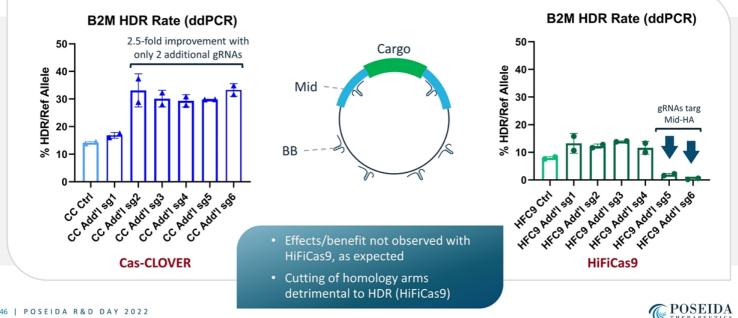
Benefits of Positioning gRNA Binding Away from HDR Region

Positioning May Help Reduce Interference with HDR Process (e.g., 3' strand invasion)



Enhanced HDR Only Observed with Cas-CLOVER[™] Dimeric Platform

Targeting Cas9 nuclease to donor plasmid ineffective or detrimental



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Summary

Cas-CLOVER™ works for high-efficiency site-specific gene editing

- Cas-CLOVER[™] can be delivered using Poseida's proprietary biodegradable mRNA LNP
- Gene editing efficiency (>60%) and protein reduction (~85%) at Pcsk9 locus is approaching the theoretical maximum following single injection
- Cas-CLOVER[™] enables high-efficiency knock-ins with low toxicity
- Cas-CLOVER[™] binding acts as a Homology Directed Repair (HDR) enhancer by augmenting nuclear translocation

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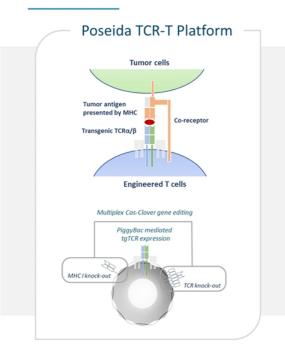




Fully Allogeneic TCR-T Program

Julia Coronella Vice President, Immuno-Oncology

Platform Profile: Fully Allogeneic TCR-Engineered T cells (TCR-T)



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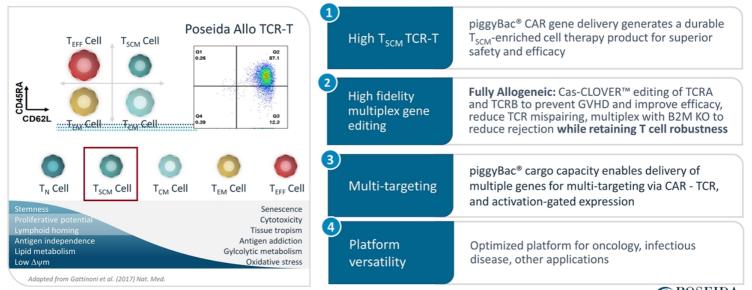
TCR-engineered T Cells

- TCR-engineered T cells (TCR-T) express tumor-antigen-specific T cell receptors composed of α- and β-chains, which recognize antigen + MHC presented on the surface of target cells
 - TCR-T access intracellular tumor antigens
 - TCR-T require lower antigen density than CAR-T
 - TCR-T may exhibit better cell persistence and tissue homing capability than CAR-T
- TCR-T have applications in oncology, infectious disease, autoimmunity
- Mechanistic advantages of TCR-T and CAR-T technology to address target heterogeneity and increase potency
- · Potential combinations with antivirals



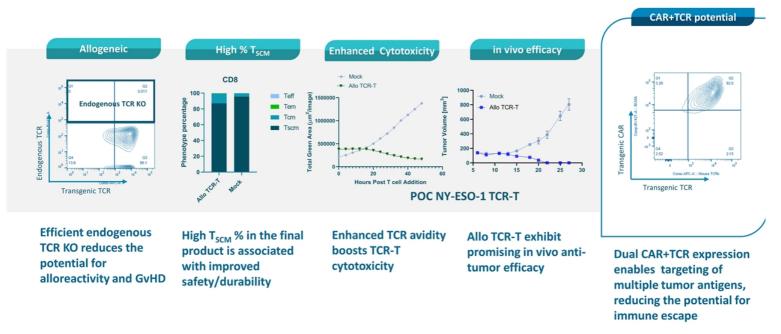
Poseida's Technology Offers Advantages in Developing Allogeneic TCR-1

Poseida technology platforms could address many of the limitations of current TCR-T therapies, including improving persistence, potency, manufacturing, and immune rejection



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Fully Allogeneic TCR-T Produced with Poseida Platform Technology

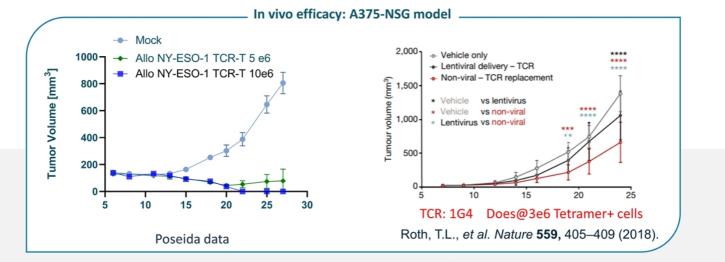


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TCR-T for Immuno-Oncology (NY-ESO-1)



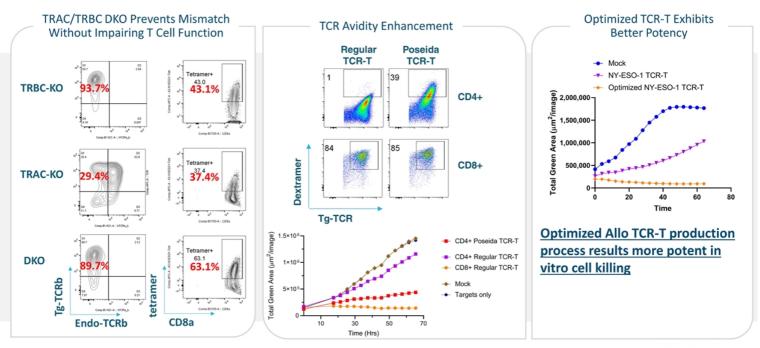
Optimized Allo NY-ESO-1 TCR-T Shows Robust In Vivo Activity





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Poseida Approaches to Enhance TCR-T Efficacy

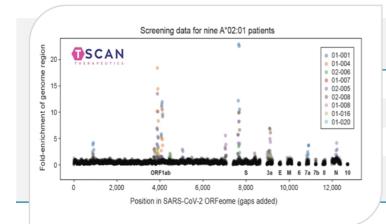


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TCR-T for Infectious Disease (COVID)



Collaboration with TScan to Identify and Sequence COVID-specific TCRs



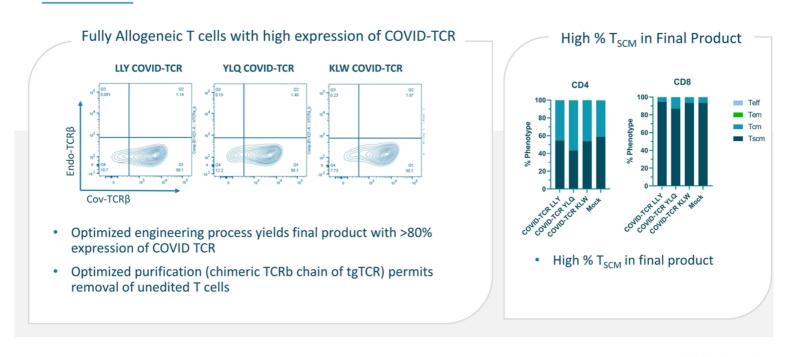
EPITOPE	PROTEIN	TCR CLONE	HLA
<u>KLW</u> AQCVQL	ORF1ab	63	A*02
<u>YLQ</u> PRTFLL	S	31	A*02
<u>LLY</u> DANYFL	ORF3a	29	A*02

- At TScan, an epitope library of SARS-CoV-2 was screened against PBMC from convalescent patients
- Three dominant HLA-A2 restricted SARS-CoV-2 epitopes were identified (see table)
- TCR chains were sequenced and synthesized, for TCRs recognizing the dominant epitopes
- COVID-specific TCRs were expressed in engineered allogeneic TCR-T cells at Poseida

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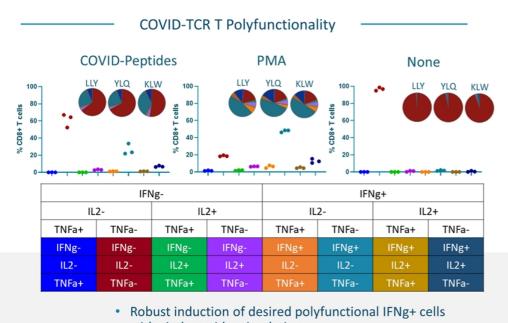


Characterization of Engineered Allo COVID TCR-T Product



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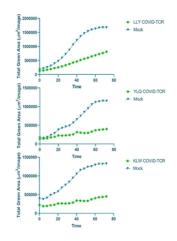
Allo COVID TCR-T Are Polyfunctional, Specific and Potent



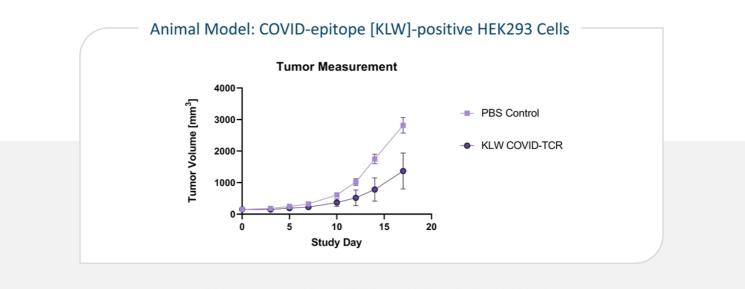


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Effective and Specific Cytotoxic -**Response Against Cell Lines** Presenting COVID Epitopes



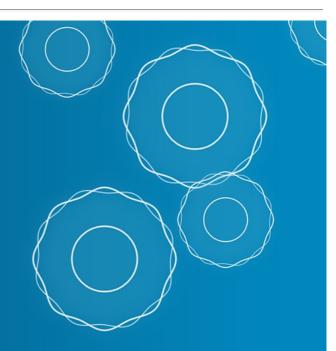
Allogeneic TCR-T In Vivo Efficacy Against COVID Peptide+ Cells



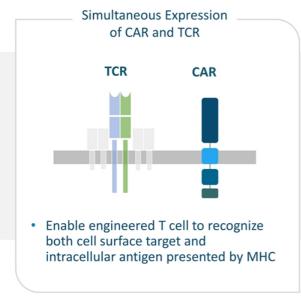
POC for Poseida TCR-T platform for infectious disease

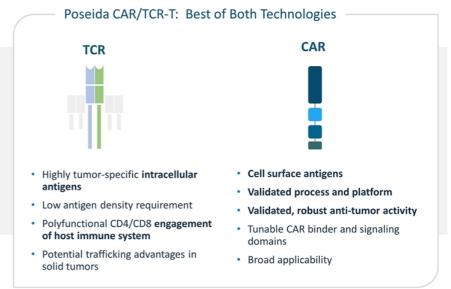
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Dual CAR/TCR T cells



Potential Therapeutic Benefits of CAR/TCR-T

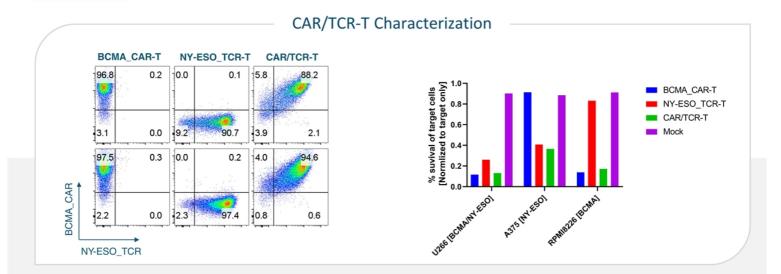




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THERAPEUTICS

Allogeneic CAR/TCR-T Coexpression and Dual-Targeted Cell Killing



- CAR/TCR transposon comprised of both CAR and TCR gene into one expression cassette
- POC Allo CAR/TCR-T product exhibits <u>high % CAR/TCR expression</u> and <u>dual-antigen specificity, and potent</u> <u>in vitro cell killing</u>

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Summary

- Poseida's TCR-T platform has numerous advantages, including a final product with a high percentage of stem cell memory (T_{SCM}) CD4 and CD8 cells
- Ultra-high fidelity Cas-CLOVER[™] allows multiplex editing (TCRA, TCRB, B2M), while retaining robust T cell function in vitro and in vivo
- Proof-of-concept established for both oncology and infectious disease
- Poseida's TCR-T platform can be combined with the CAR-T platform for dual targeting and potential additive activity

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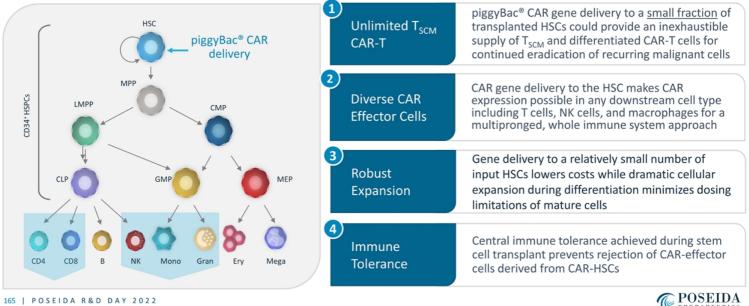


CAR 3.0 – Using Hematopoietic Stem Cells (HSCs) to Create CAR-based Cell Therapies

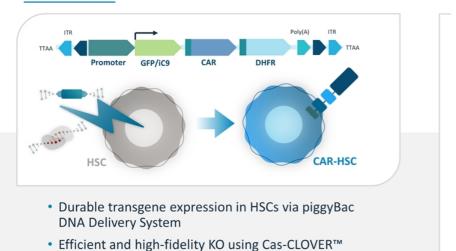
Nina Timberlake, PhD *Director, Ex Vivo Cell Therapy*

CAR-HSC: The Next Wave in CAR Therapy

CAR-HSC could address many of the limitations of current CAR-T therapies, including improving persistence, potency, manufacturing, and immune rejection



Translating Poseida's Platform Technologies to Modification of CD34+ Cells



- Site-Specific Gene Editing System
- Availability of additional tools including safety switch and selection marker

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POSEIDA THERAPEUTICS

Successful Modification of CD34+ Cells with Various CAR Vectors

CONTROL CAR CAR CAR CAR

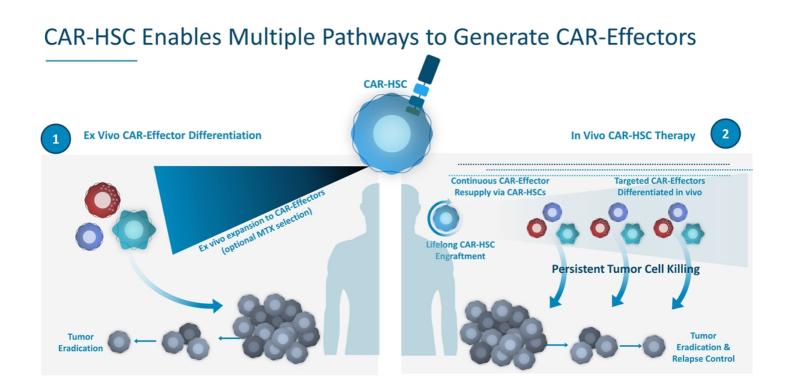
%Modified CD34+ Cells

15-

10.

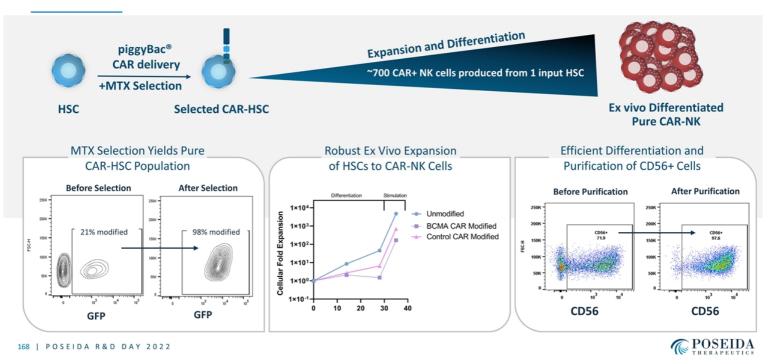
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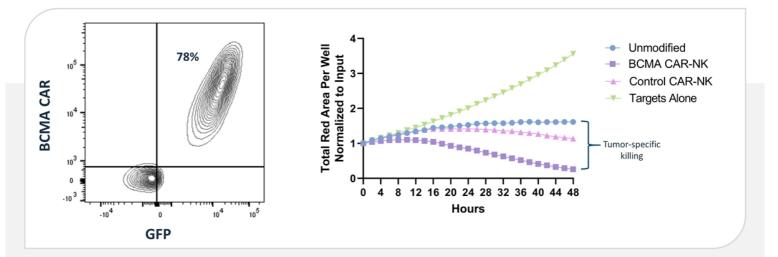


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CAR-HSCs Undergo Efficient Ex Vivo Selection, Expansion and Differentiation



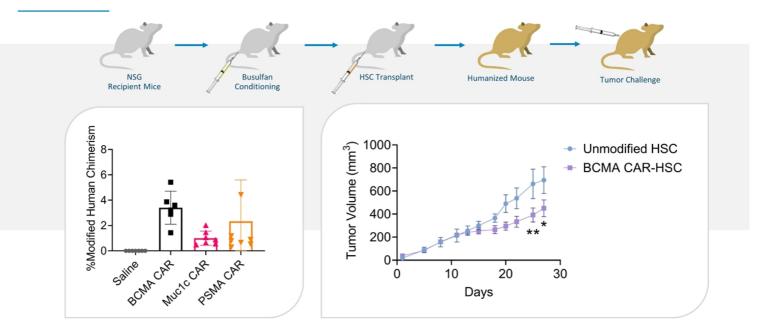
Ex Vivo Differentiated CAR-NK Cells Exhibit Target-Specific Cytotoxicity



- CAR expression is effectively maintained during differentiation from CAR-HSCs to CAR-NK cells
 - CAR-NK cells derived from CAR-HSCs have robust, tumor-specific killing capacity

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CAR-modified HSCs can Engraft, Persist and Form Functional CAR-Effector Cells In Vivo



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Summary

- HSCs can be modified via the piggyBac[®] DNA Delivery System and used to produce a variety of CAR-Effector cells either in vivo or ex vivo
- In vivo CAR-HSC therapy could provide an inexhaustible supply of effector cells (CAR-T, CAR-NK and CAR-macrophage) to eradicate tumor cells and prevent relapse
- CAR-HSCs can be differentiated in an ex vivo 'bioreactor' approach to generate high yields of CAR-Effector cells
- CAR-HSC may address many of the challenges currently facing the cell therapy field

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R&D Day 2022 Closing Comments

Mark J. Gergen Chief Executive Officer

CELL THERAPY

CAR-T Therapy Focusing on Fully Allogeneic CAR-T as the 'Holy Grail' in Oncology

PLATFORMS & PARTNERSHIPS

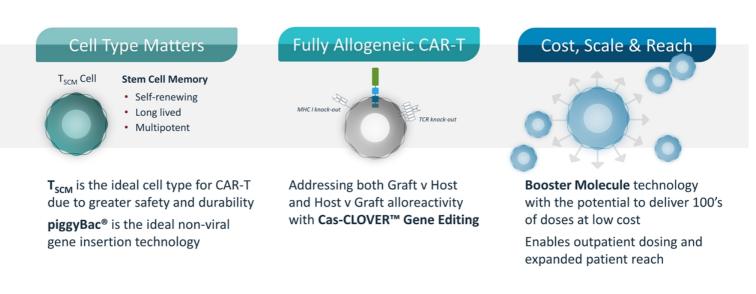
Platform Development, Partnerships and Collaboration



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Innovation in CAR-T

Allogeneic CAR-T Therapy for Oncology



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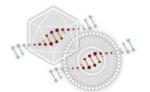
Disruption in Gene Therapy

In Vivo Gene Therapy for Rare Diseases



Fully Integrating

PiggyBac[®] integrates into DNA enabling the potential for single treatment cures



Addressing Challenges of Viral Delivery

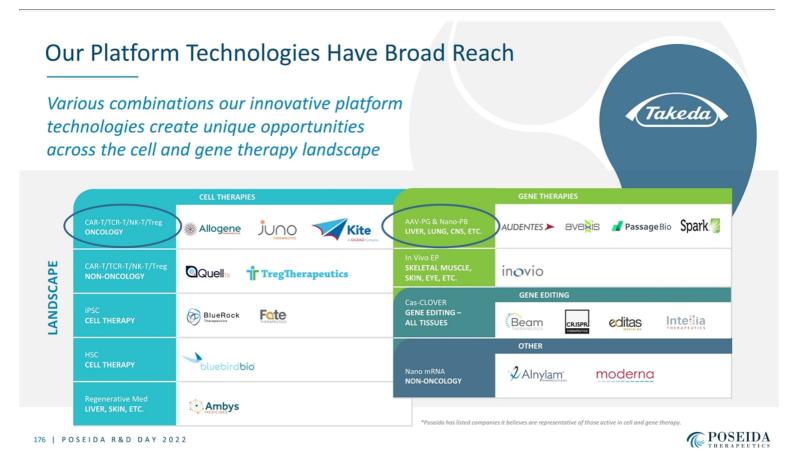
piggyBac and **Nanoparticle** technology can address limitations of AAV

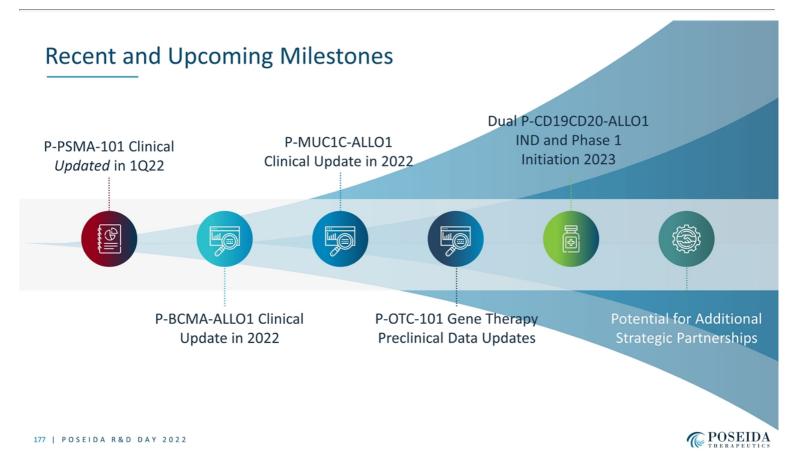


Broad Application

piggyBac® cargo capacity addresses more indications and piggyBac® can treat juvenile populations

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Thank You

- Our Special Guests
 - Luca Gattinoni, MD
 - Susan Slovin, MD, PhD
- Presenters
 - Eric Ostertag, MD, PhD, Executive Chairman
 - Matthew Spear, MD, Chief Medical Officer
 - Devon Shedlock, PhD, CSO Cell Therapy
 - Julia Coronella, PhD, Vice President Immuno-oncology
 - Blair Madison, PhD, Vice President Genetic Engineering
 - Jack Rychak, PhD, Vice President Gene Therapy
 - Nina Timberlake, PhD, Director Ex Vivo Cell Therapy
- Poseida Employees
- Clinical Investigators
- Patients
- Investors
- Attendees

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Q&A

The Next Wave of Cell & Gene Therapies with the Capacity to Cure