

CATALYST BIOSCIENCES

Corporate Overview

7 January 2019



Forward looking statements

This presentation includes forward-looking statements that involve substantial risks and uncertainties. All statements, other than statement of historical facts, included in this presentation are forward-looking statements. Examples of such statements include, but are not limited to, the potential benefits of subcutaneous administration of dalcinonacog alfa (formerly CB 2679d/ISU304) and marzeptacog alfa (activated), the potential for long-term dosing of dalcinonacog alfa to maintain FIX activity in the high-mild hemophilia range, statements relating to Catalyst's clinical trial timelines, including plans for a Phase 2b clinical trial of dalcinonacog alfa, including initiation in the first quarter of 2019 and presentation of data at ISTH, plans for a Phase 3 trial of dalcinonacog alfa, plans for the completion of the ongoing clinical trial of marzeptacog alfa (activated) and presentation of data at EAHAD and ISTH and for a Phase 3 trial of marzeptacog alfa (activated), and the potential market opportunities for these products. Actual results or events could differ materially from the plans and expectations and projections disclosed in these forward-looking statements.

Various important factors could cause actual results or events to differ materially from the forward-looking statements that Catalyst makes, including, but not limited to, the risk that trial initiation or enrollment may be delayed and that ongoing or future trials may not achieve their endpoints, that subsequent clinical trials will not replicate the results from earlier clinical studies on small numbers of patients, that potential adverse effects may arise from the testing or use of Catalyst's products, including the generation of antibodies or inhibitors, the risk that costs required to develop or manufacture Catalyst's products will be higher than anticipated, the risk of competition from other hemophilia treatments, including those in development, Catalyst's ability not to infringe third party intellectual property rights, and other factors described in the "Risk Factors" section of Catalyst's Quarterly Report on Form 10-Q for the quarter ended September 31, 2018, which was filed with the Securities and Exchange Commission on November 1, 2018. Forward looking statements in this presentation speak only as of the date hereof. Catalyst does not assume any obligation to update any forward-looking statements, except as required by law.



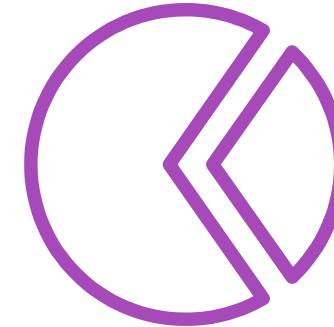
We are working to establish a **new** standard of care in **hemophilia prophylaxis** by developing highly potent **subcutaneous treatments** that improve the quality of life for patients with hemophilia with inhibitors, acquired hemophilia & hemophilia B



Investment highlights



Novel subcutaneous compounds with orphan drug designation



\$3.4B market



2018

FVIIa & FIX SQ efficacy clinically demonstrated



Experienced team



~134 worldwide patents – CBIO retains full ownership of all compounds



Well funded
\$129 M cash (Q3 2018)

Life with hemophilia

Rare bleeding disorders – orphan diseases

Hemophilia A

- Congenital lack of functional FVIII, treated with recombinant IV FVIII or SQ Emicizumab

Hemophilia B

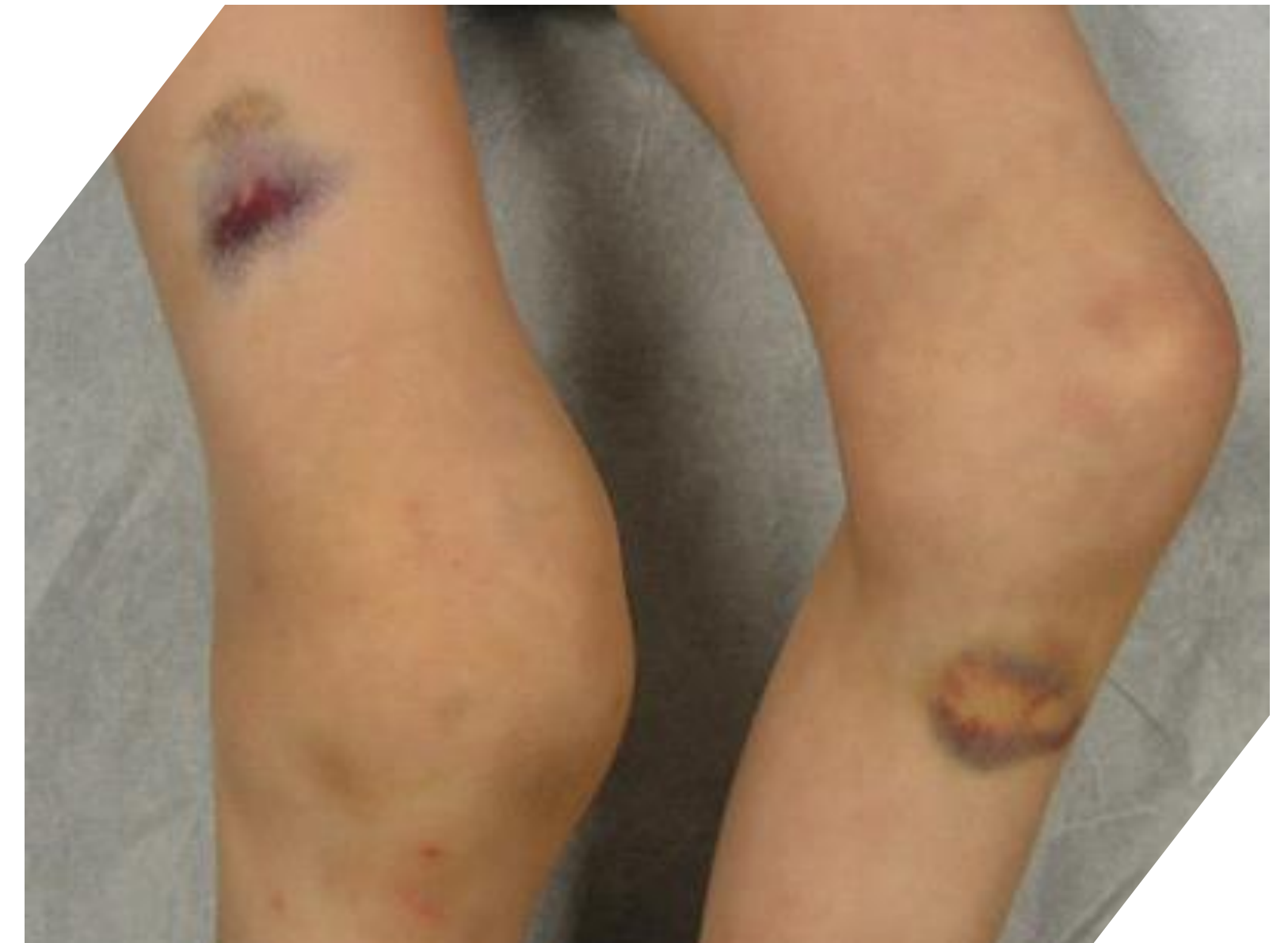
- Congenital lack of functional FIX, treated with IV recombinant FIX products

Hemophilia A or B with inhibitors

- Results from neutralization of the replacement clotting factor, 30% of Hem A patients & 5% of Hem B patients develop inhibitors
- Patients are at high risk for hemorrhagic stroke & premature mortality
- Treated with IV bypass agents (FVIIa, FEIBA[®]) or SQ Emicizumab in Hem A inhibitors only

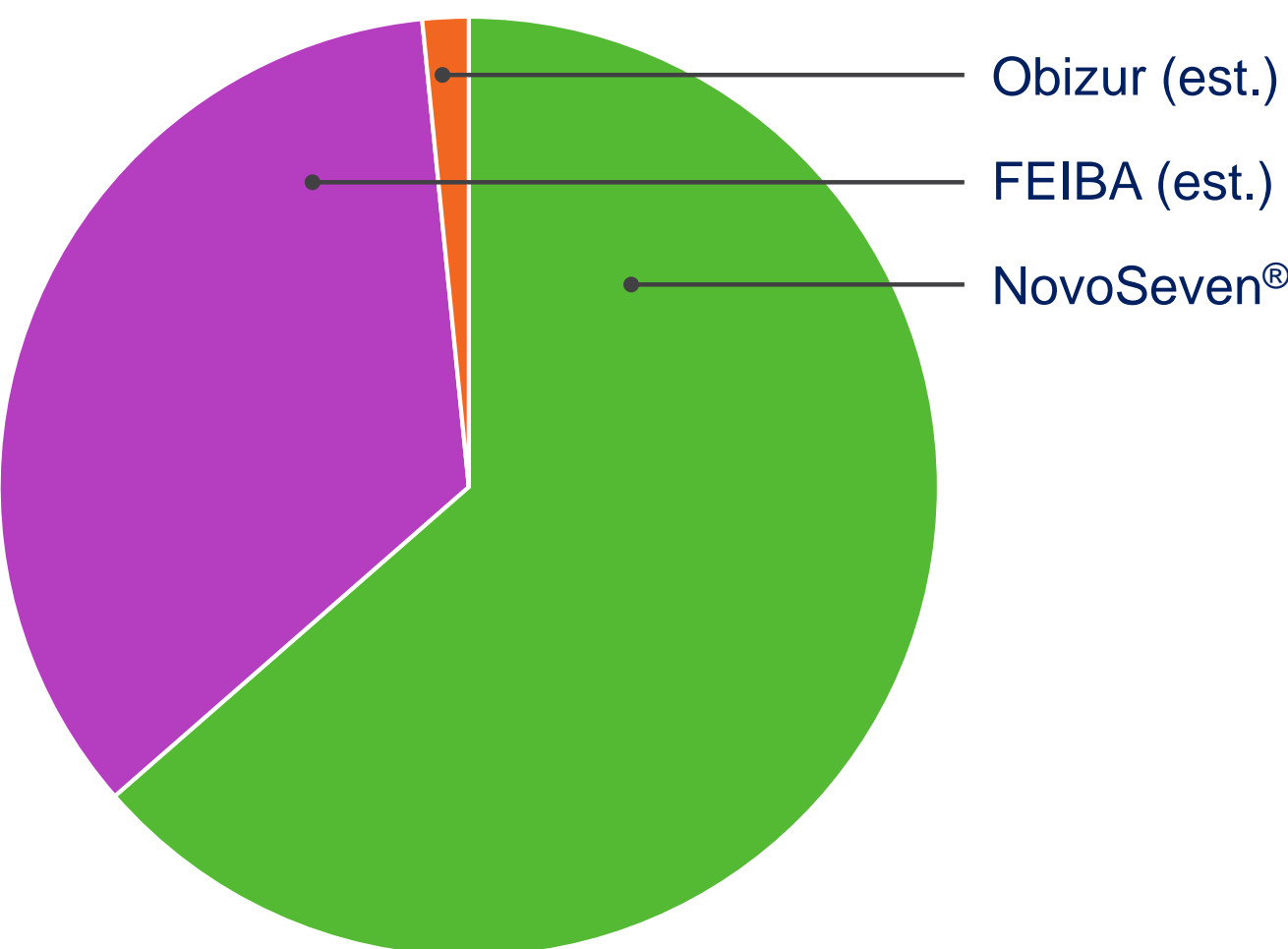
Acquired Hemophilia

- Rare disorder, occurs spontaneously, caused by anti-FVIII nAbs
- Currently treated with immunosuppressants + IV bypass agents (FVIIa, FEIBA[®] or Obizur[®])
- High unmet need to adequately treat & prevent re-bleeds



FVIIa & Bypassing Agents: \$2.2B market

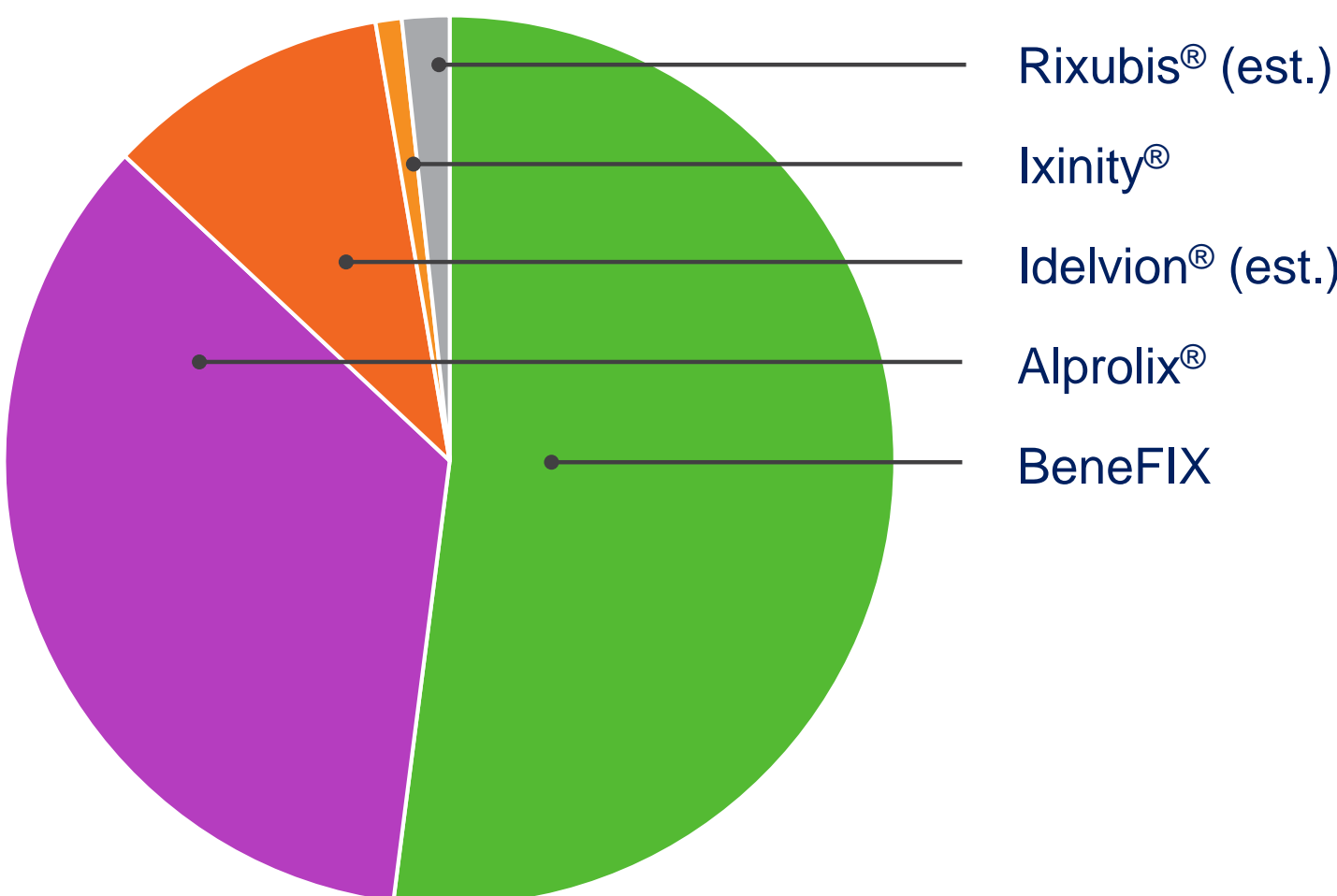
2017 Sales



In 2017 over 2,400 US and EU5 patients were treated with FVIIa and bypassing agents for hemophilia with inhibitors, acquired hemophilia and factor VII deficiency

Hemophilia B, FIX: \$1.2B market

2017 Sales



In 2017 over 6,000 US and EU5 hemophilia B patients were treated with recombinant FIX

Sources: WFH Annual Global Survey, GlobalData, Roche, Novo Nordisk, Aptevo, SOBI, Bioverativ. *Hemlibra® had global sales of \$58M in 1H 2018

Available treatments



- Regular intravenous (IV) infusions are necessary to maintain higher clotting levels
- IV treatments are very unpleasant and time-consuming
- Inconvenience affects compliance, outcomes and quality of life
- Especially difficult for pediatric patients & their families

The Catalyst Biosciences solution

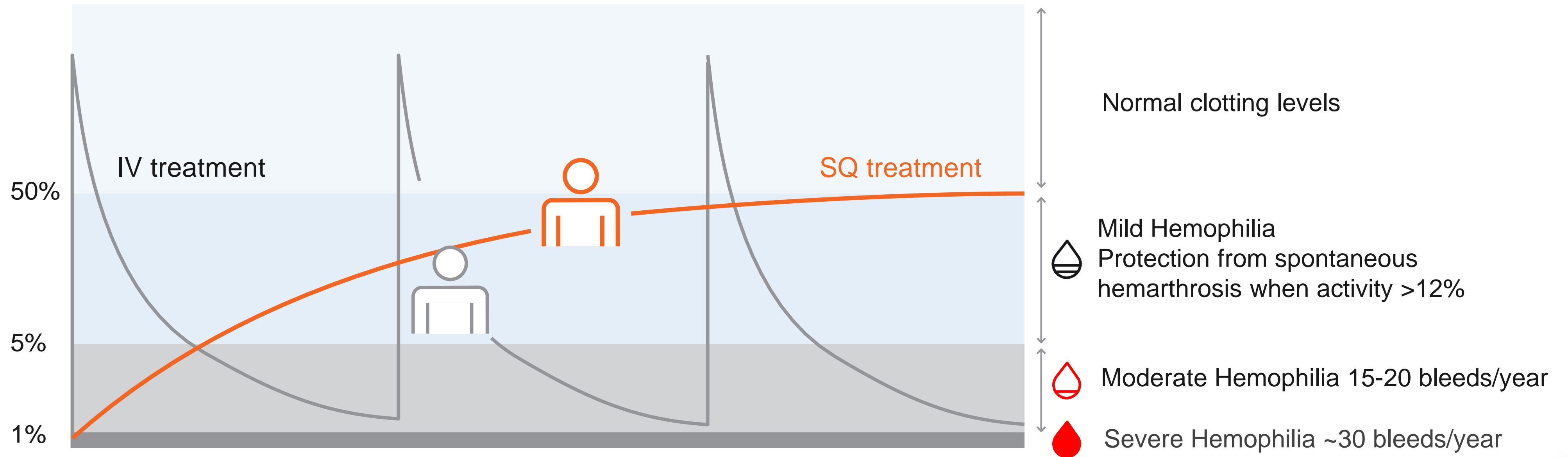


Our highly potent solution:

- + Quick & simple subcutaneous injection – allows for self-administration including in pediatric patients
- + Much higher & stable factor levels – keeps patients at safe levels for much longer

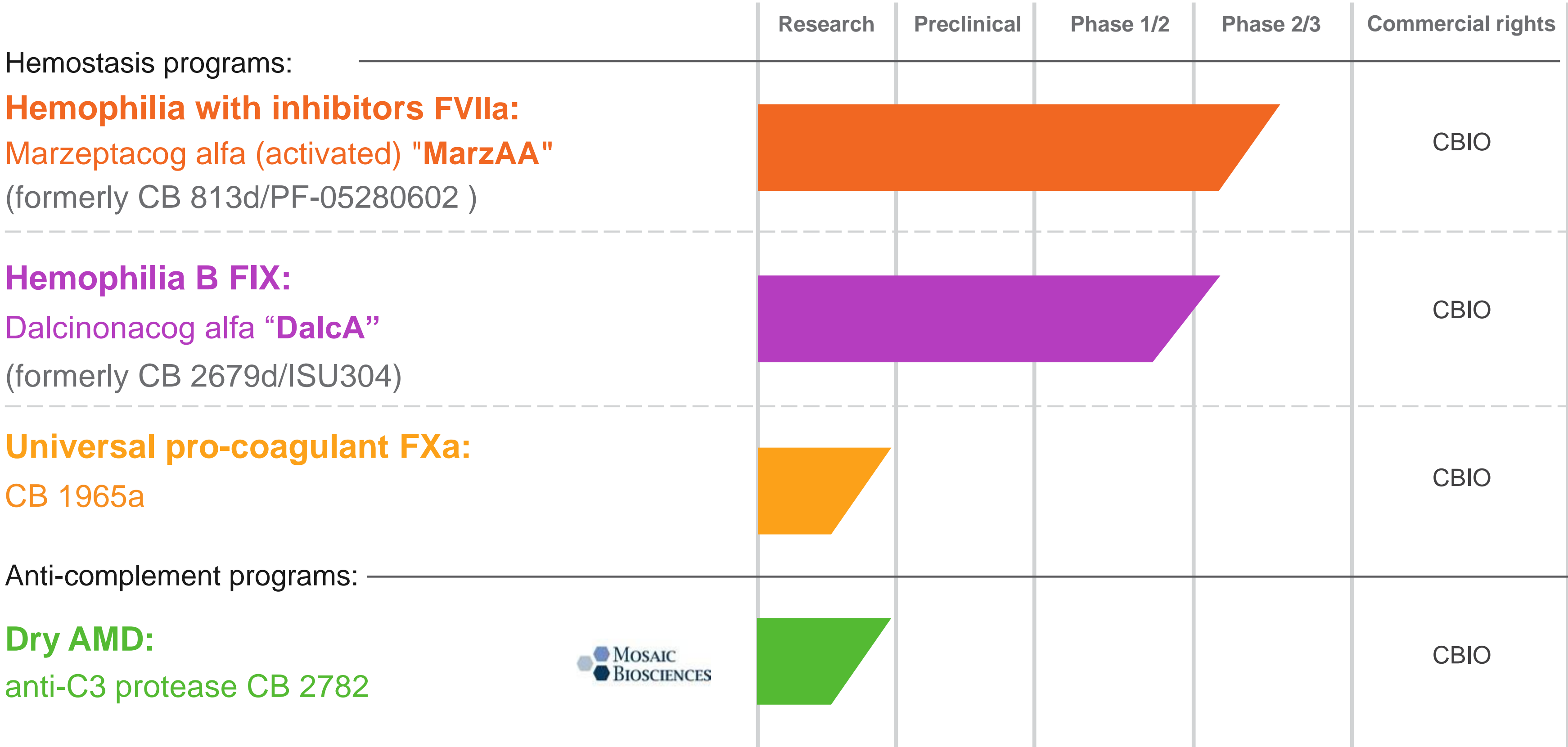
The new standard in hemophilia prophylaxis

Patients in high mild range are protected from spontaneous bleeds



- + The concept of prophylactic treatment is to keep severe & moderate hemophilia patients in the high mild range
- + Our subcutaneous treatment has the ability to build up over time, offering long-term stability in clotting levels

Pipeline



Marzeptacog alfa (activated) – MarzAA

Marzeptacog alfa (activated), a novel clinical stage SQ FVIIa product candidate differentiated from IV market leaders:

- + SQ enhances pharmacokinetics
- + Simpler, less painful, small dose
- + Potential to maintain continuous protective levels
- + Disruptive to current intravenous bypass products
- + Especially well suited for children

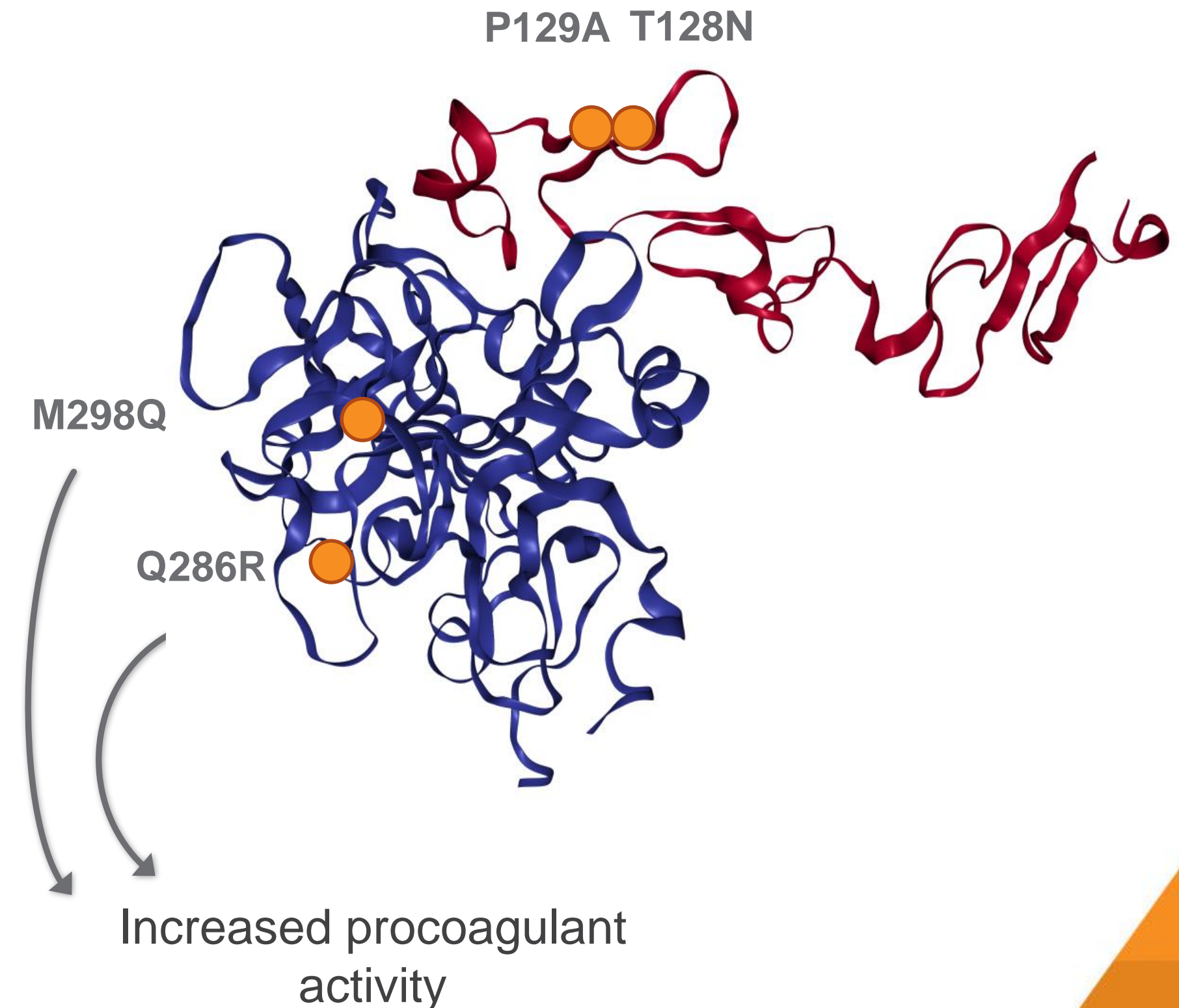
Four engineered substitutions

- + Catalytic activity & half-life increased

Best-in-class high-potency rFVIIa product

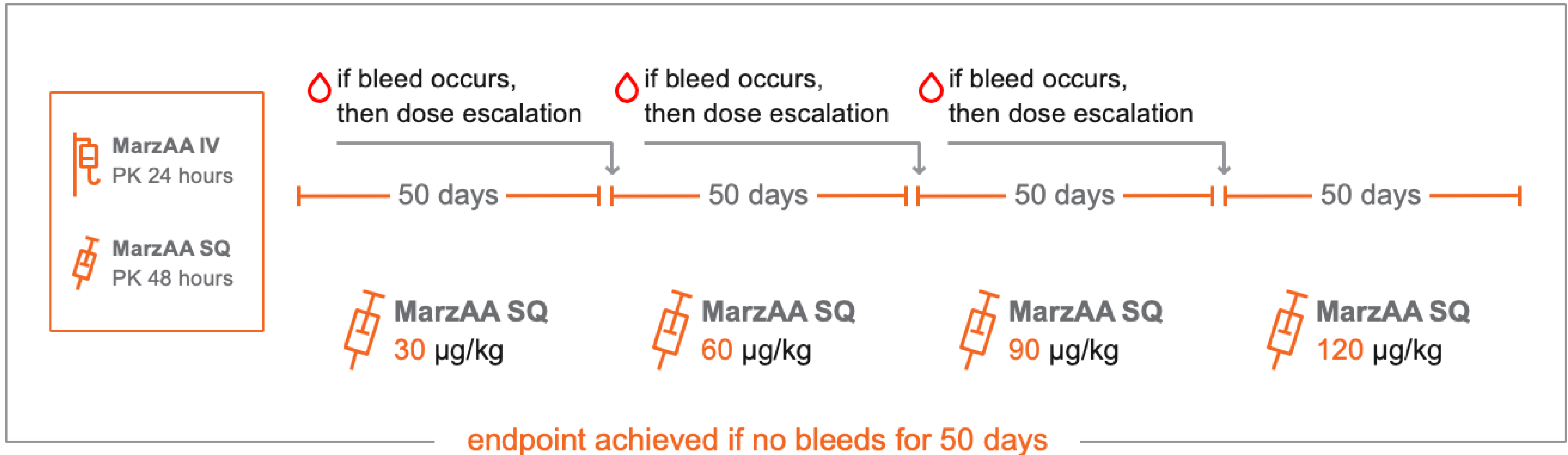
- + 9-fold more potent than NovoSeven RT

Orphan Drug Designation in US



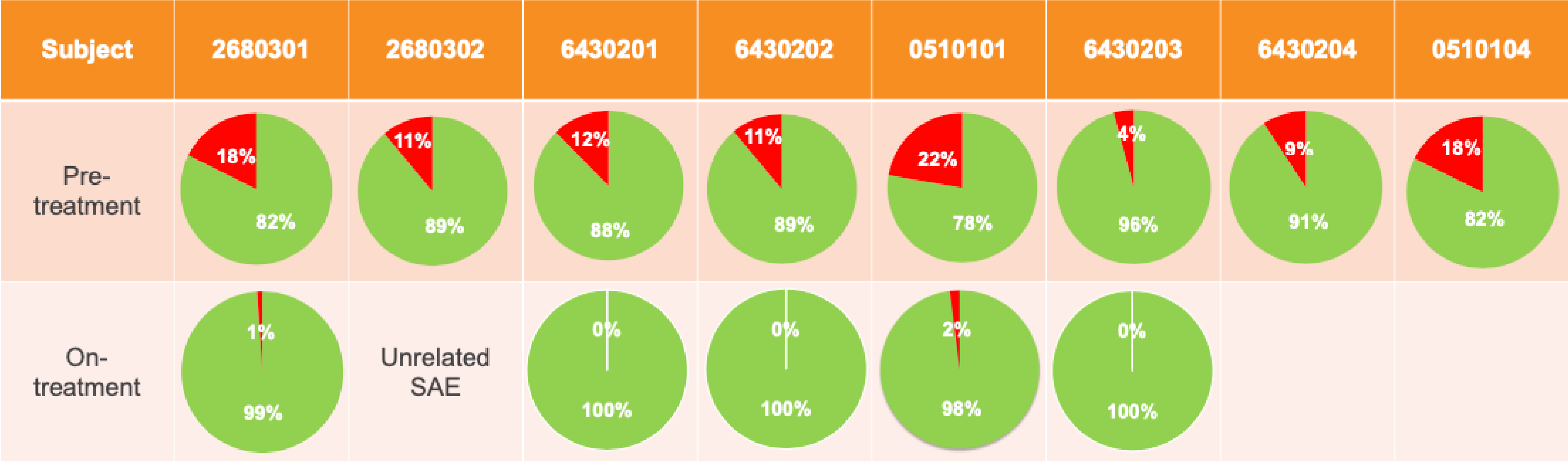
MarzAA phase 2 SQ clinical trial design

Hemophilia A or B with inhibitors



- + Open label SQ study with individual dose escalation if needed
- + Hemophilia A or B with inhibitors
- + Up to 12 adult patients with documented annual bleeding rate (ABR) >12
- + Primary endpoint: reduction in annual bleed rate
- + Secondary endpoints: safety and tolerability, no inhibitor formation

Pre- and on-treatment proportion of bleeding days



Red denotes the proportion of days with bleeding during observation period

- + The average percentage of days of bleeding in the **pre-treatment** period was **13.2%** (SD = 6.3%) [median = 11.9%]
- + In the **treatment** period, these percentages were reduced to **1.9%** (SD = 3.2%) [median 0.5%]
- + The analysis of these pairwise differences by a randomization paired t-test yields p=0.03 (and p=0.036 by Wilcoxon signed-rank test)

Marzeptacog alfa (activated) program

Moving forward in clinical development after clinical proof of concept

Clinical efficacy and tolerability demonstrated

Additional clinical data at EAHAD 2019 and ISTH 2019

Trial guidance obtained from EMA & MHRA, will confirm at FDA end-of-phase 2 in late 2019

Dalcinonacog alfa

Dalcinonacog alfa, a novel clinical stage SQ FIX product candidate differentiated from IV market leaders

- + Simpler, less painful, small dose
- + SQ enhances pharmacokinetics
- + Potential to maintain continuous protective levels
- + Disruptive to all current intravenous products
- + Especially well suited for children

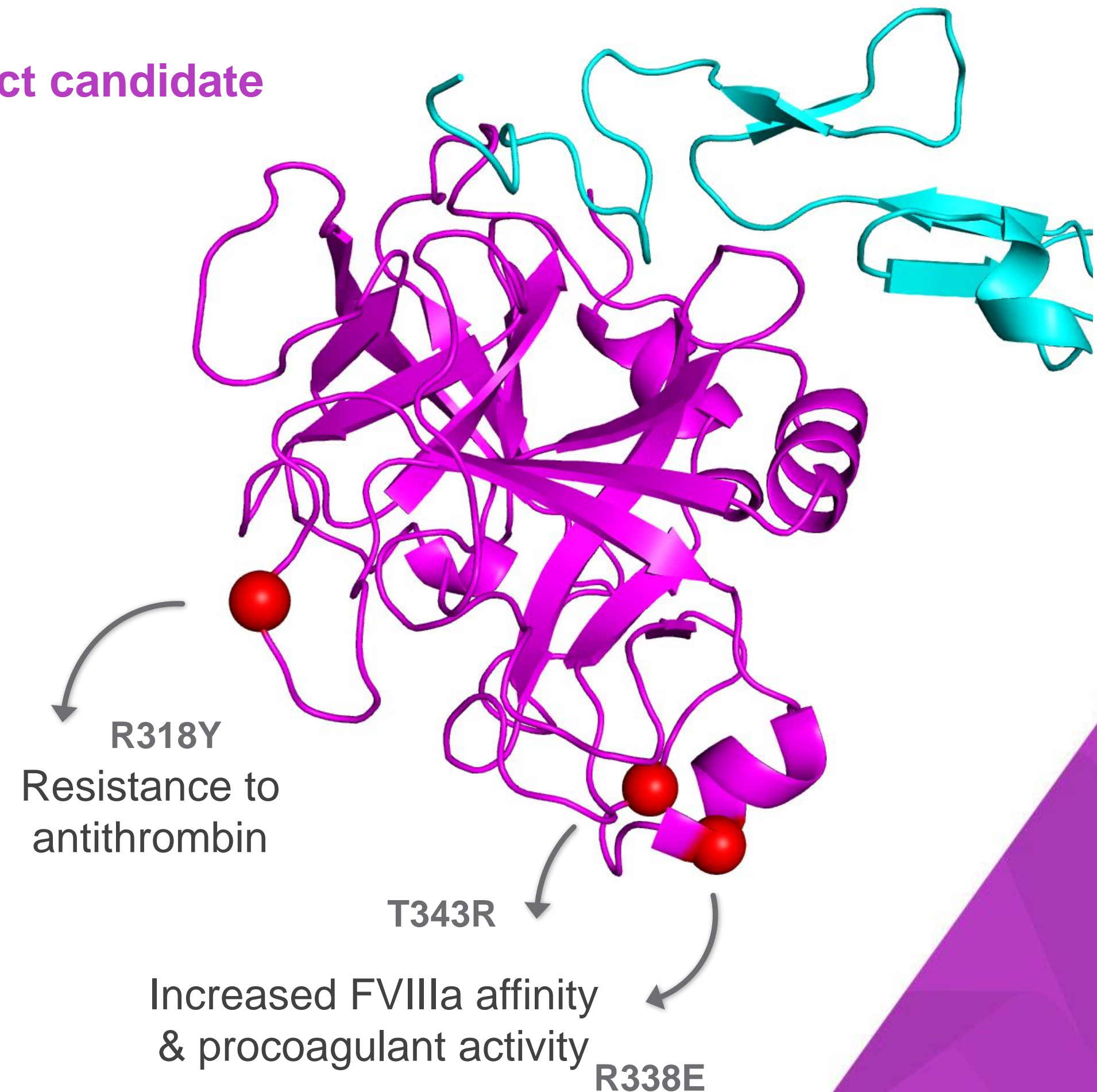
Three engineered substitutions

- + Catalytic activity increased
- + Affinity for activated factor VIII increased
- + Resistance to inhibition by antithrombin improved

Best-in-class high-potency recombinant FIX product

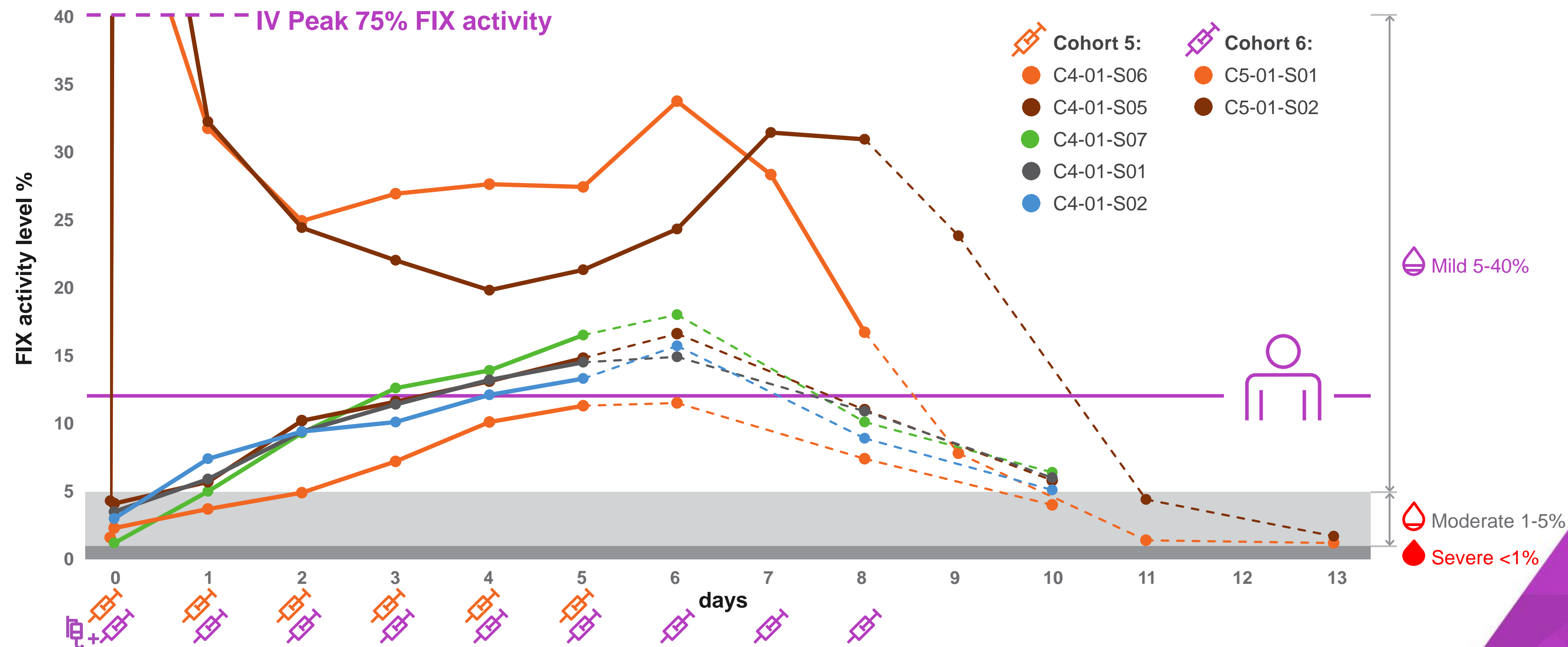
- + 22-fold more potent than BeneFIX in man

Orphan Drug Designation in US & EU



DalcA P1/2: Cohort 5 & 6 FIX activity results

Trough levels >12%, sufficient to protect against spontaneous joint bleeds



Dalcinonacog alfa

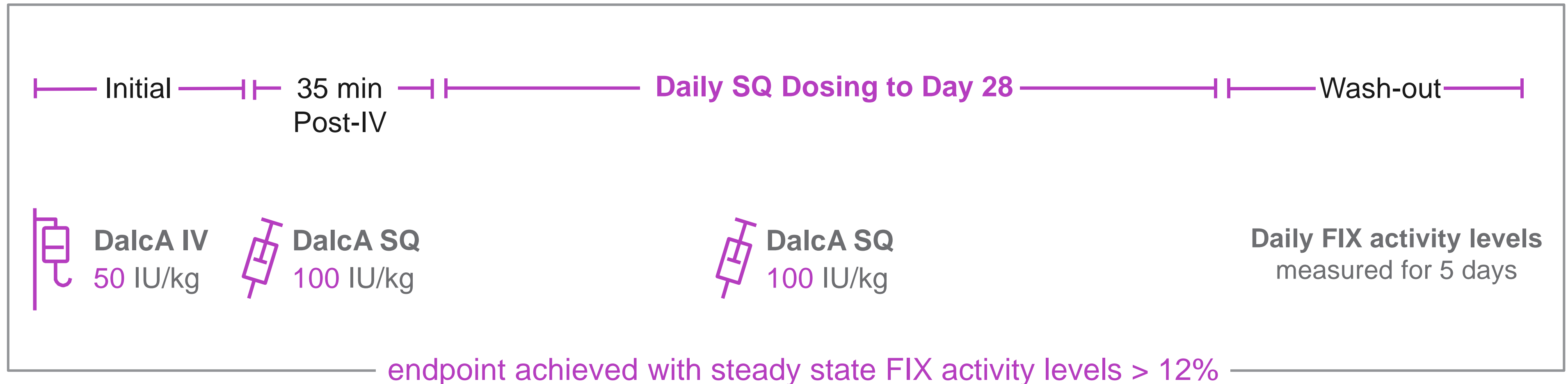
Moving forward to P2b clinical development after an extensive immunogenicity risk assessment

Preclinical immunogenicity assessment shows that dalcinonacog alfa is equivalent to that of competitors such as BeneFIX

A comprehensive evaluation of the drug product shows comparable quality to marketed rFIX products

KOLs & subject experts agree with the immunogenicity risk assessment and proceeding to a P2b study to evaluate the safety & efficacy of dalcinonacog alfa

Phase 2b SQ clinical trial design: DLZ-201



- + Enrollment: 6 patients
- + Single IV dose followed by 28 day SQ dosing
- + Primary endpoint: Steady state FIX activity level above 12% with daily dosing
- + Secondary endpoints: no inhibitor formation, pharmacokinetics, pharmacodynamics

Financial information

Selected data

Operating Results	Q3 2018	Q3 YTD	2018 Forecast	2019 Est.
Operating Expense	\$8.3 M	\$22.1 M	OpEx >\$30 M	OpEx ~\$56 M
Net Loss	(\$7.7 M)	(\$19.2 M)	Cash ~\$120 M	Cash Burn ~ \$50 M
Net Loss per share	(\$0.64)	(\$1.75)		

Share Data

Common Stock Outstanding.....	11,942,729
Fully Diluted Shares.....	14,623,688
Average Volume.....	166,084
Market Capitalization as of 4 January 2019.....	\$112 M

Financial Strength

Cash & Cash Equivalents Q3/2018.....	\$129.2 M
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Milestones

2019

	Q1	Q2	Q3	Q4
MarzAA (FVIIa)	EAHAD Oral presentation P2 data	Initiate P1 PK/PD	ISTH P2 Data	EoP2 A/B Inhibitors ASH Final P2 data
DalcA (FIX)	Initiate P2b EAHAD Preclinical data		P2b data ISTH nAb Analysis	ASH Final P2b data
Anti-C3 (dAMD)	PK/PD	ARVO PK/PD		

Summary

- ✓ **Disruptive approach to a \$3.5 billion market**
Subcutaneous prophylactic dosing designed to be less painful and much more convenient, especially for children
 - + Clinical proof of efficacy demonstrated for both **Marzeptacog alfa (activated)** & **Dalcinonacog alfa**
- ✓ **FVIIa: Marzeptacog alfa (activated)**
~\$2.2 Billion market
Phase 2 of a Phase 2/3 program enrolling 90% reduction in ABR on treatment
No ADAs or nAbs observed to date
 - + Phase 2 data at EAHAD & ISTH 2019
 - + EoP2 in 2019

- ✓ **FIX: Dalcinonacog alfa**
~\$1.2 billion market
>30% activity levels achieved with daily SQ dosing
Potential to maintain long-term FIX activity in the mild hemophilia range to be explored in P2b
 - + Phase 2b efficacy data in Q3 2019
- ✓ **Anti-C3 for Dry AMD:**
multi-billion market opportunity
C3 is a clinically validated target, potential to generate a best-in-class molecule
 - + Pre-clinical proof-of-concept in 1H 2019
- ✓ **Strong financial position, ~2.5 years cash**

THANK YOU

Nasdaq: CBIO

catalystbiosciences.com

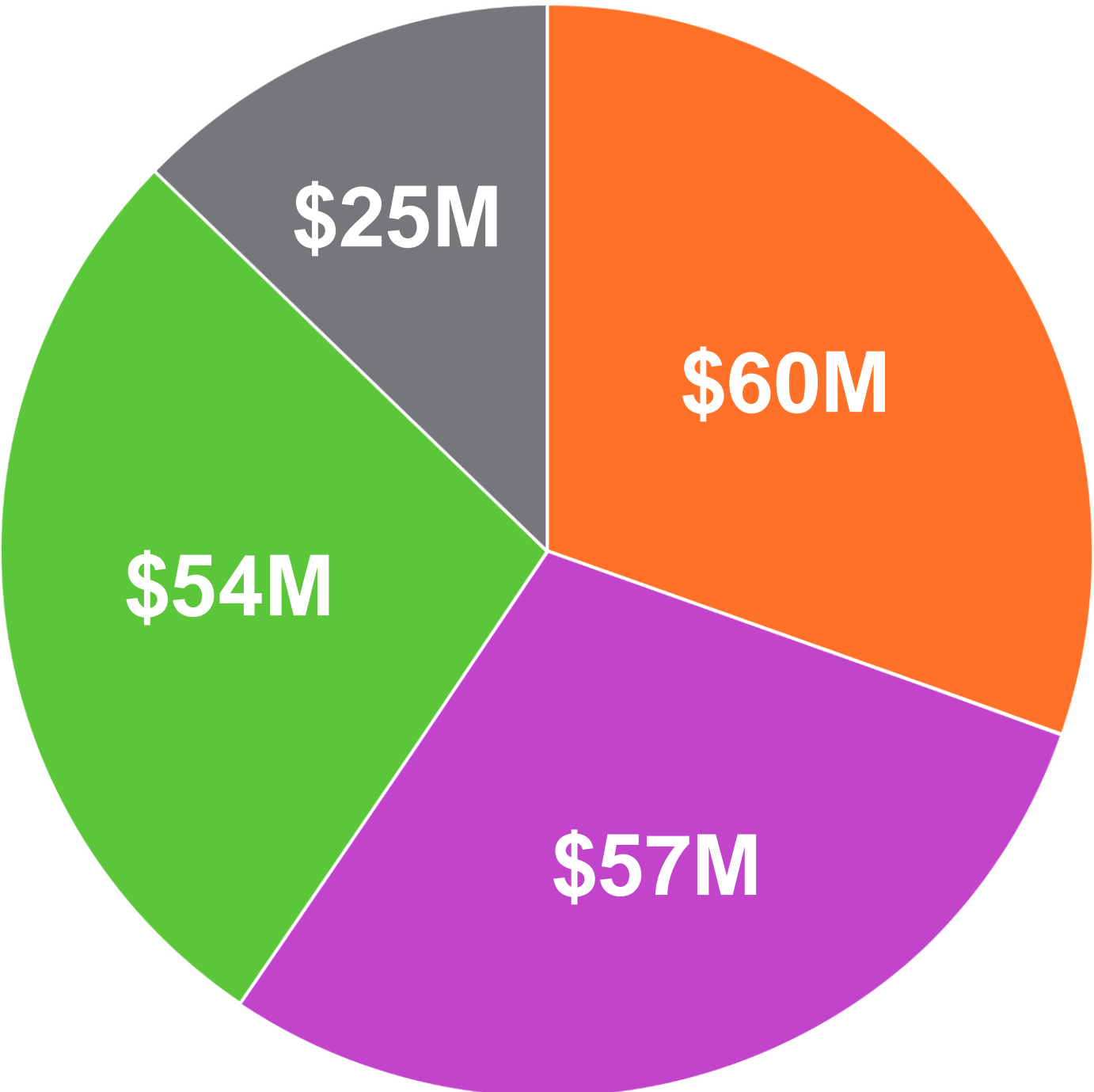


MarzAA US Revenue Forecast \$196M (~\$400M Worldwide)

Target Product Profile Strongly Resonates Across Multiple Indications

Factor VII Deficiency
>50% “very willing” to use MarzAA

Acquired Hemophilia A
>75% “very willing” to use MarzAA



Hemophilia B Inhibitors
>70% “very willing” to use MarzAA

Hemophilia A Inhibitors
~50% “willing” or “very willing” to use MarzAA

Team

President & CEO
Nassim Usman, Ph.D.

SVP, Technical Operations
Andrew Hetherington, M.B.A.


Massachusetts
Institute of
Technology















Chief Medical Officer
Howard Levy, M.B.B.Ch., Ph.D., M.M.M.

VP, Translational Research
Grant Blouse, Ph.D.

























Chief Financial Officer
Fletcher Payne

VP, Business Development
Jeffrey Landau, M.B.A.

























