

CATALYST BIOSCIENCES

Corporate Overview
13 January 2020



Forward looking statements

This presentation includes forward-looking statements that involve substantial risks and uncertainties. All statements included in this presentation, other than statement of historical facts, are forward-looking statements. Examples of such statements include, but are not limited to, potential markets for MarzAA, DalcA and CB 2782-PEG, potential use of MarzAA as a subcutaneous therapy for patients with hemophilia A or B with inhibitors and other bleeding disorders, clinical trial results, anticipated results of a PK study to support treatment of a bleed in 2020, plans for an end-of-Phase 2 meeting regarding MarzAA in early 2020, plans for final Phase 2b clinical trial data for DalcA in the first half of 2020, and potential milestone and royalty payments from Biogen. Actual results or events could differ materially from the plans, expectations and projections disclosed in these forward-looking statements.

Various important factors could cause actual results or events to differ materially, including, but not limited to, the risk that additional human trials will not replicate the results from earlier trials or animal studies, that potential adverse effects may arise from the testing or use of MarzAA or DalcA, including the generation of antibodies, which has been observed in patients treated with DalcA, that clinical trials will take longer than anticipated to be completed, that costs required to develop or manufacture the Company's products will be higher than anticipated, that Biogen will discontinue development of CB 2782-PEG, competition and other factors that affect our ability to establish collaborations on commercially reasonable terms and other risks described in the "Risk Factors" section of the Company's quarterly report on Form 10-Q filed with the Securities and Exchange Commission on November 7, 2019, and in other filings with the Securities and Exchange Commission. The Company does not assume any obligation to update any forward-looking statements, except as required by law.

Essential Medicines – Superior Outcomes

Late-Stage Asset

SQ Marzeptacog alfa
(activated)
MarzAA (FVIIa)

Phase 3 Ready

Hemophilia

SQ MarzAA

SQ Dalcinonacog
alfa – DalcA (FIX)

Factor IX Gene Therapy

Factor Xa

Complement

IVT Anti-C3
CB 2782-PEG



SQ Systemic
Complement
Inhibitors

Protease Engineering Platform

Pipeline

Hemostasis

SQ Marzeptacog alfa (activated) "MarzAA"
Hemophilia & bleeding disorders (rFVIIa)

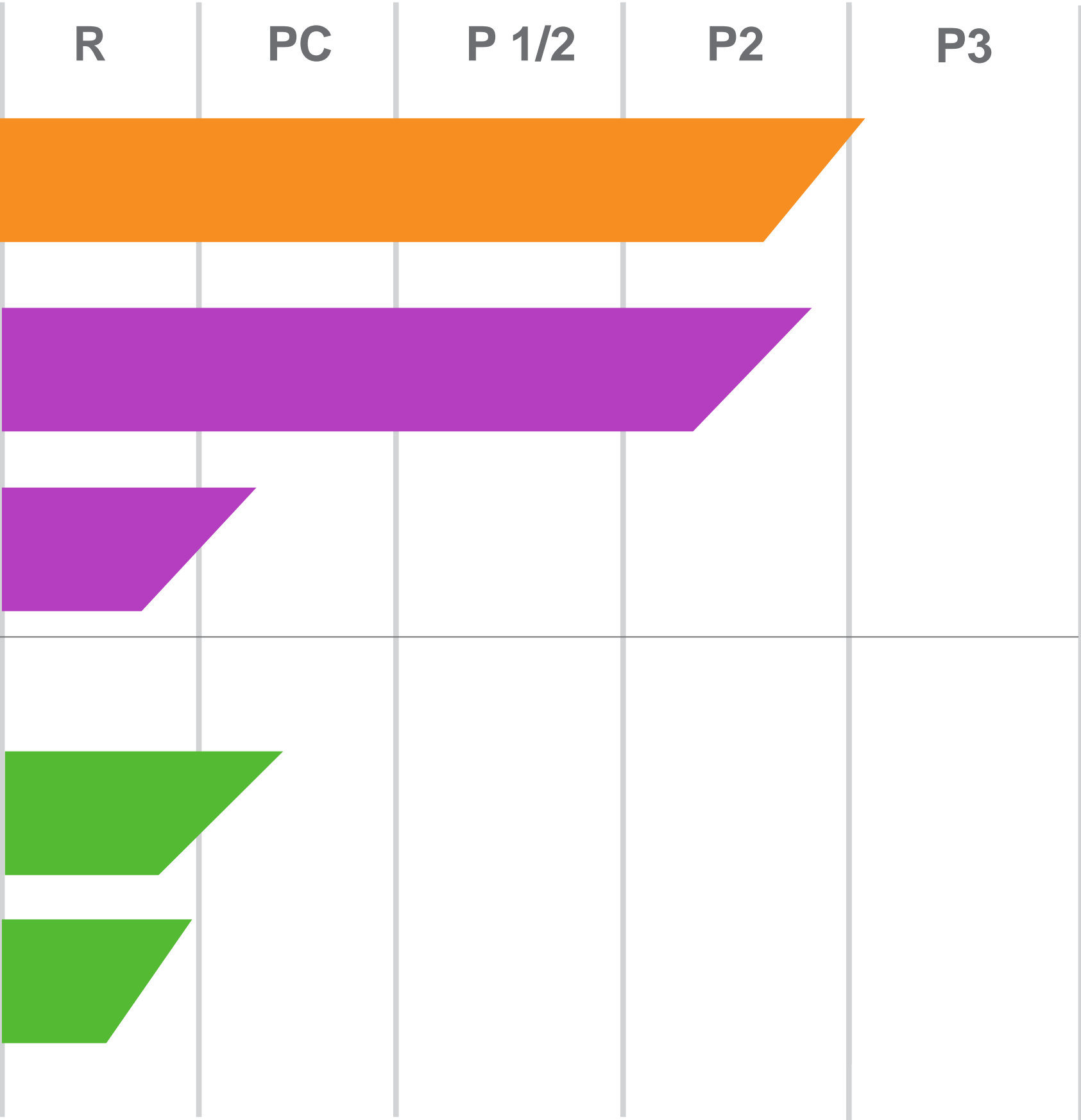
SQ Dalcinonacog alfa "DalcA"
Hemophilia B (rFIX)

FIX-Gene Therapy
Hemophilia B (CB 2679d-GT)

Complement

IVT CB 2782-PEG
anti-C3 protease for Dry AMD

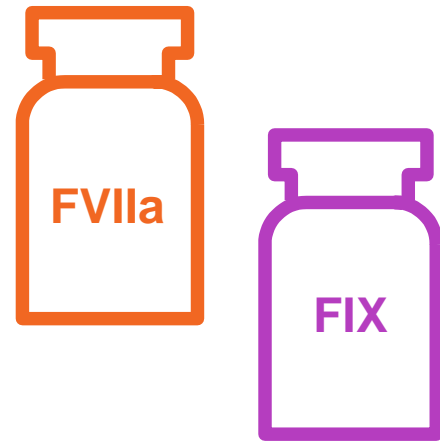
SQ Systemic complement inhibitors



Partner



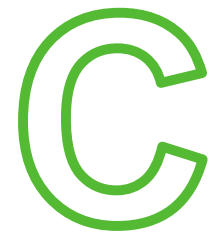
Investment highlights



Novel subcutaneous factors with orphan drug designation, **MarzAA** & **DalcA** – SQ clinical efficacy demonstrated



Multi-billion-dollar market opportunities



Anti-C3 collaboration with Biogen

SQ systemic complement inhibitors research program



Experienced team



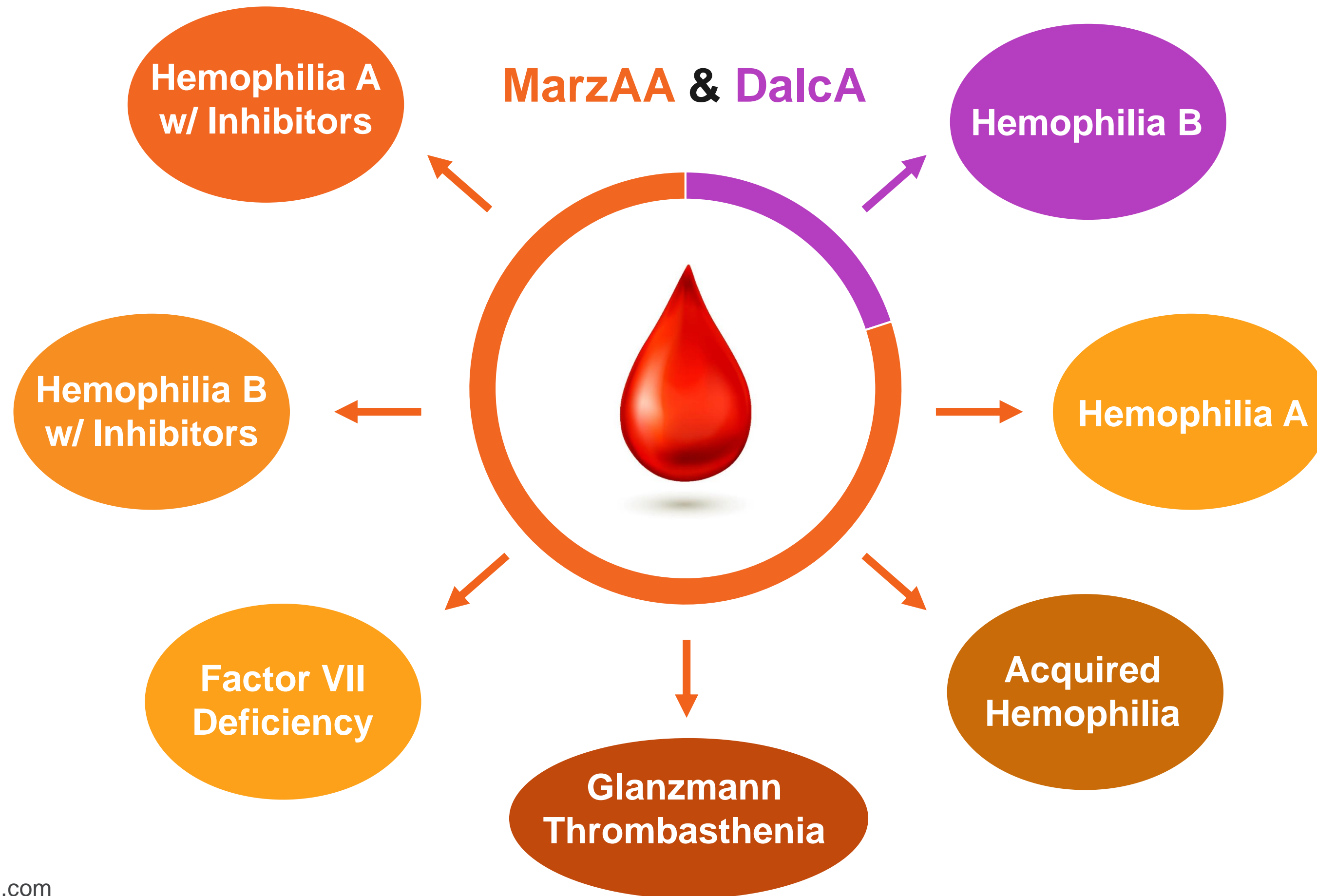
~134 worldwide patents – CBIO retains full ownership of all compounds



Well funded
\$85 M cash (Q3 2019)

Addressing unmet needs in orphan bleeding disorders

SQ treatment of bleeds and prophylaxis – \$3.7B market



The Catalyst Biosciences subcutaneous solution

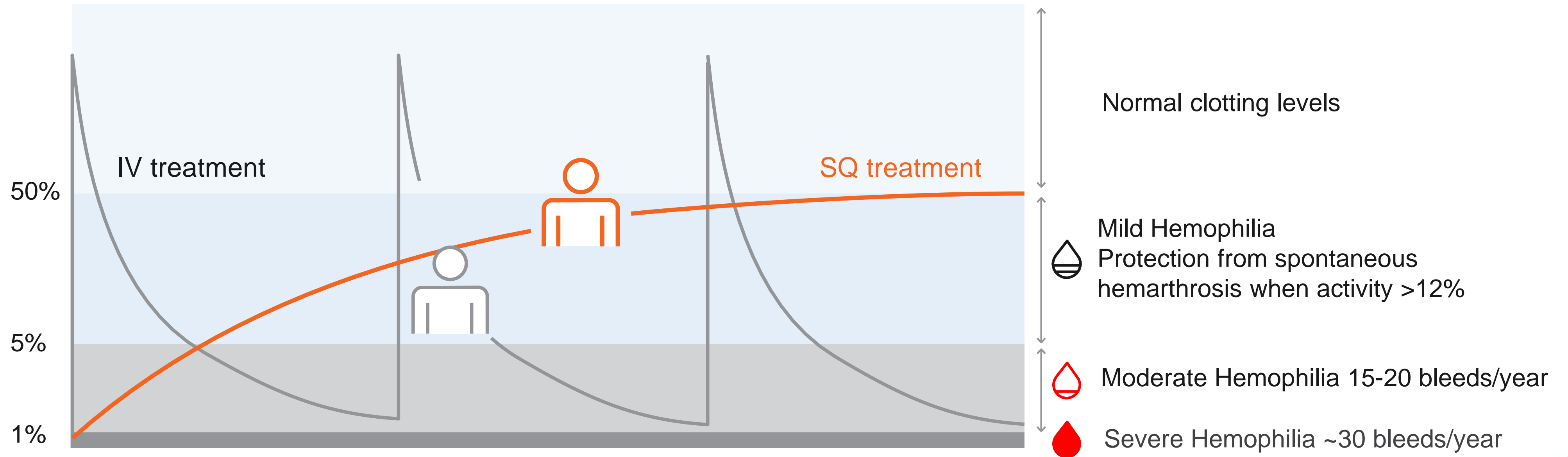


Our highly potent candidates

- + Quick & simple self-administered SQ injection
- + SQ dosing is the future in hemophilia and other rare hematology indications
- + Ideal for pediatric patients
- + Half-life increased 4-fold
- + Much higher & more stable factor levels for prophylaxis
- + Enable SQ treatment of bleeding

The new standard in hemophilia prophylaxis

Patients in high mild range are protected from spontaneous bleeds



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

MarzAA – The only bypass agent for **both** SQ prophylaxis and SQ treatment of bleeds

Attractive commercial profile targeting an existing \$2.2B bypass agent market

SQ MarzAA has a superior profile to IV NovoSeven – over 100 clinicians surveyed:

- + All physicians surveyed indicated a preference for SQ MarzAA over IV N7 in one or more settings
- + SQ MarzAA can create & expand multiple prophylaxis markets

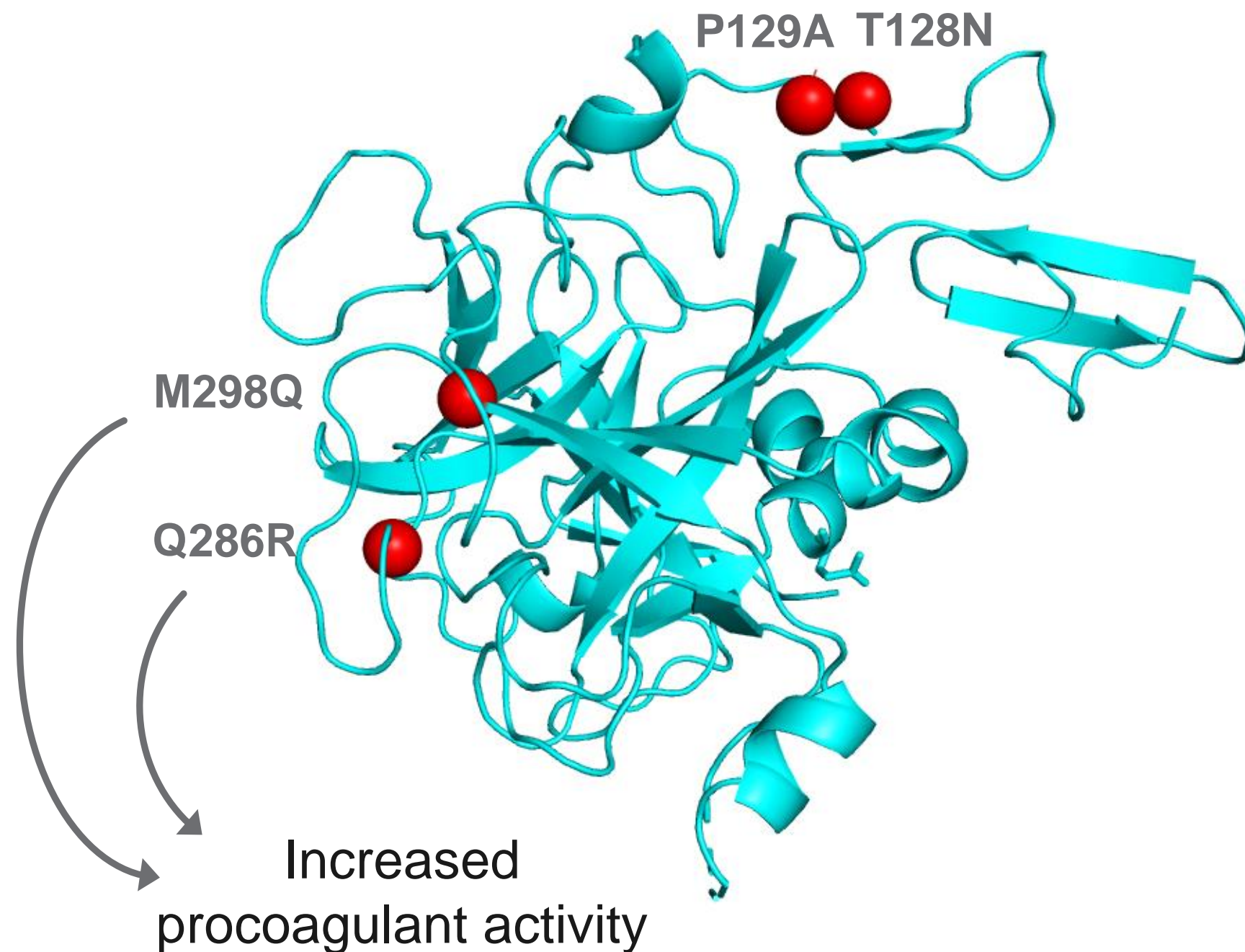
IV NovoSeven
(\$1.2B 2018 sales)
The most broadly used
bypass agent

NovoSeven validates rFVIIa in multiple rare bleeding disorders

- + Hemophilia A or B with inhibitors
- + Severe Factor VII Deficiency
- + Glanzmann Thrombasthenia
- + Acquired Hemophilia A

Marzeptacog alfa (activated): MarzAA rFVIIa

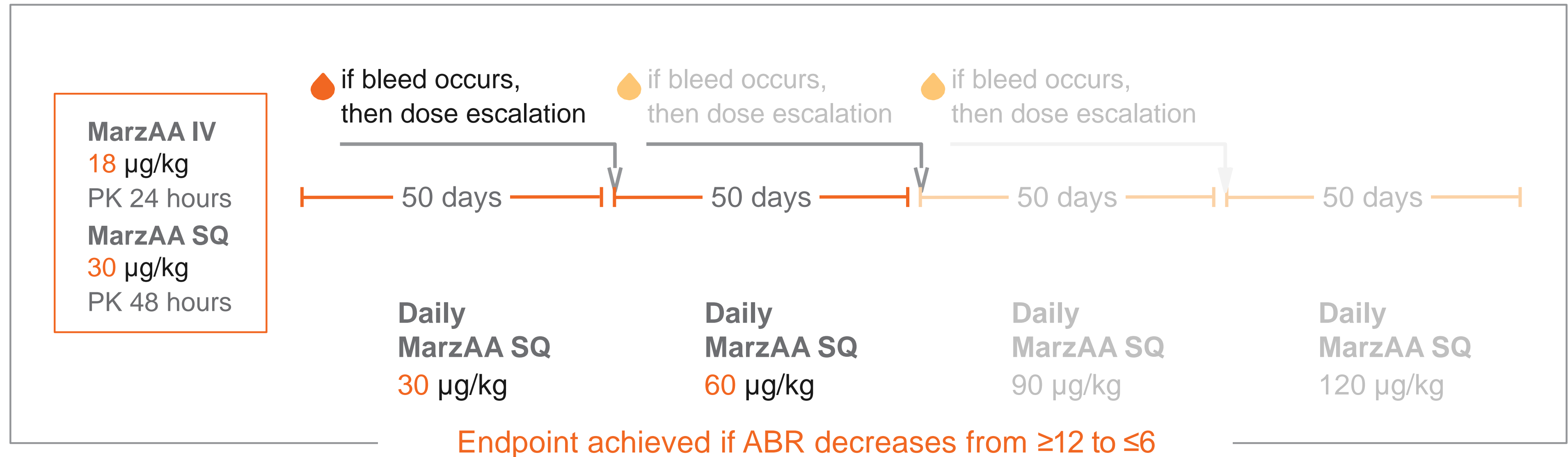
SQ prophylaxis and SQ treatment of a bleed are clear unmet needs in hemophilia and other bleeding disorders



- + Four engineered amino acid substitutions within the FVIIa protein
- + 9-fold more potent catalytic activity than NovoSeven RT
- + **Allows subcutaneous dosing**
- + Half-life prolonged when using subcutaneous dosing

Orphan Drug Designation in the US and EU

MarzAA phase 2/3 SQ clinical trial MAA-201 design



- + Patients with documented annual bleeding rate (ABR) >12
- + Open label SQ study with individual dose escalation if needed in Hemophilia A or B with inhibitors
- + Primary endpoint: reduction in annualized bleed rate **at final dose level**
- + Secondary endpoints: safety and tolerability, inhibitor formation

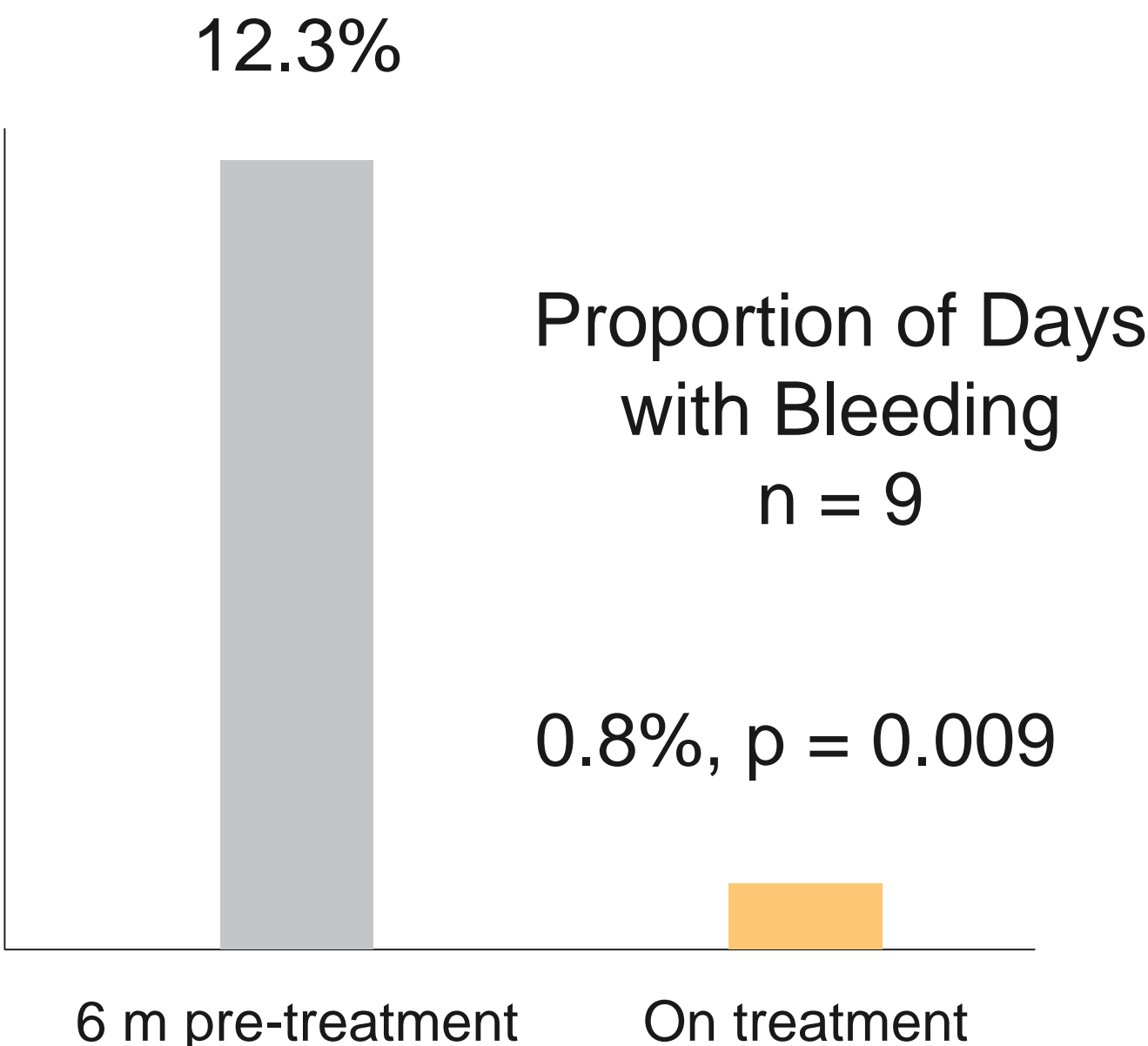
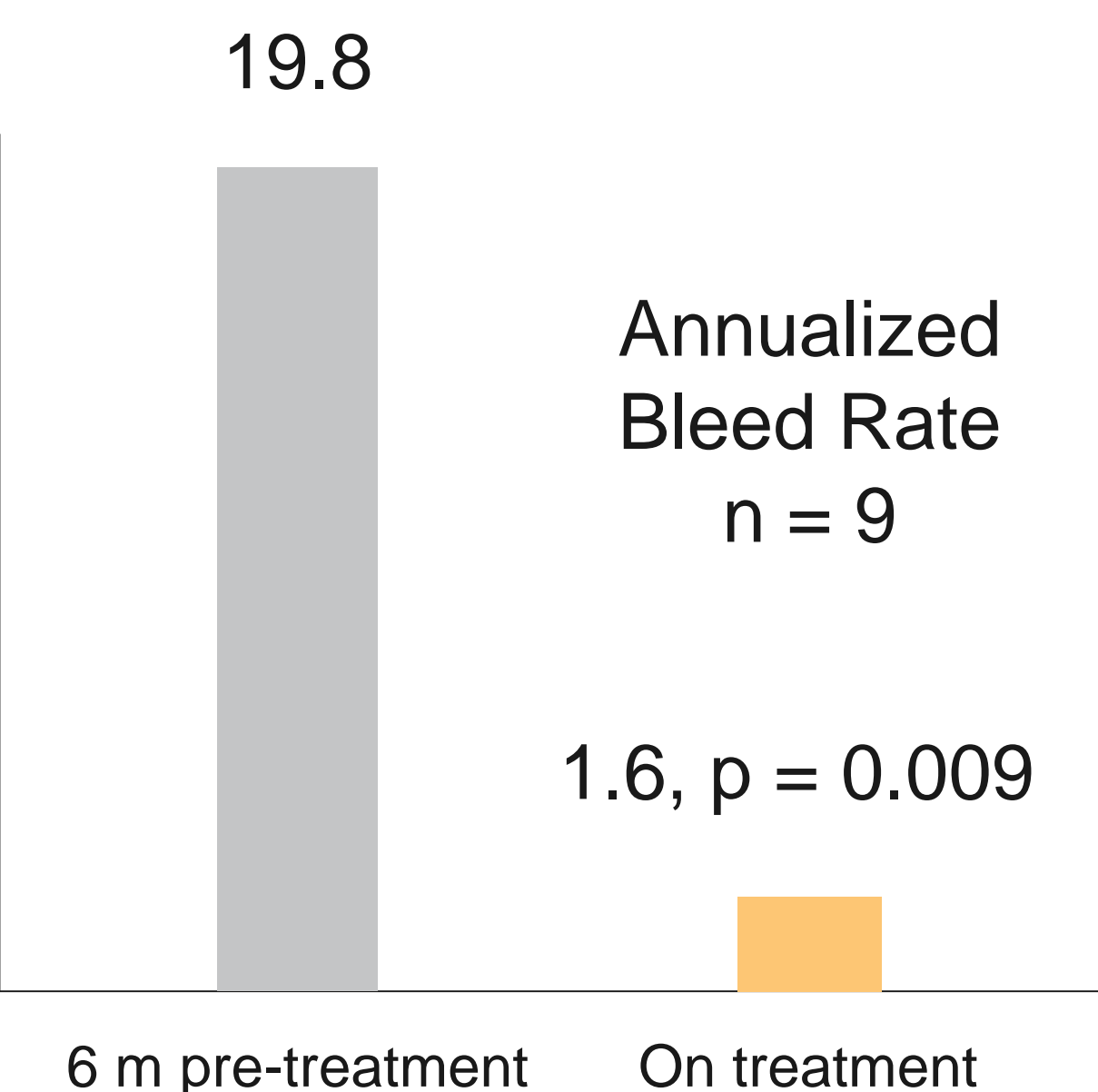
MarzAA Phase 2 demonstrates clinical efficacy

Greater than 90% reduction in all bleeding; Median ABR zero; Median bleeding days zero

Mean Annualized Bleeding Rates (ABR) significantly **reduced from 19.8 to 1.6**

Mean Proportion of Days with Bleeding (PDB) significantly **reduced from 12.3% to 0.8%**

Safe & well tolerated, **~1% ISRs (6/517 SQ doses) and no ADAs**



In a world of SQ prophylaxis:

Patients need a SQ treatment of a bleed option

Individuals on Hemlibra®
need additional treatments

NovoSeven® is safe but is
administered IV

FEIBA lacks a safety margin
and is administered IV

SQ MarzAA meets the profile for an **Ideal Solution**

- ✓ Fast & easy to administer
- ✓ Stops bleeding in a validated preclinical model
- ✓ Can be safely combined with Hemlibra

Blouse *et al.* ASH 2019

Marzeptacog alfa (activated)

Phase 3 studies to initiate in 2020

Large commercial opportunity across multiple rare bleeding disorders

Demonstrated P2 Clinical efficacy & tolerability for prophylaxis indications

Demonstrated preclinical PoC for SQ treatment of a bleed

MarzAA combined with Hemlibra has comparable thrombin generation to NovoSeven

Initiated SQ dose escalation PK study to support treatment of a bleed – final data in 2020

P3 guidance from EMA & MHRA received – FDA EoP2 meeting in early 2020

Dalcinonacog alfa: DalcA rFIX

SQ prophylaxis is an unmet need in hemophilia B

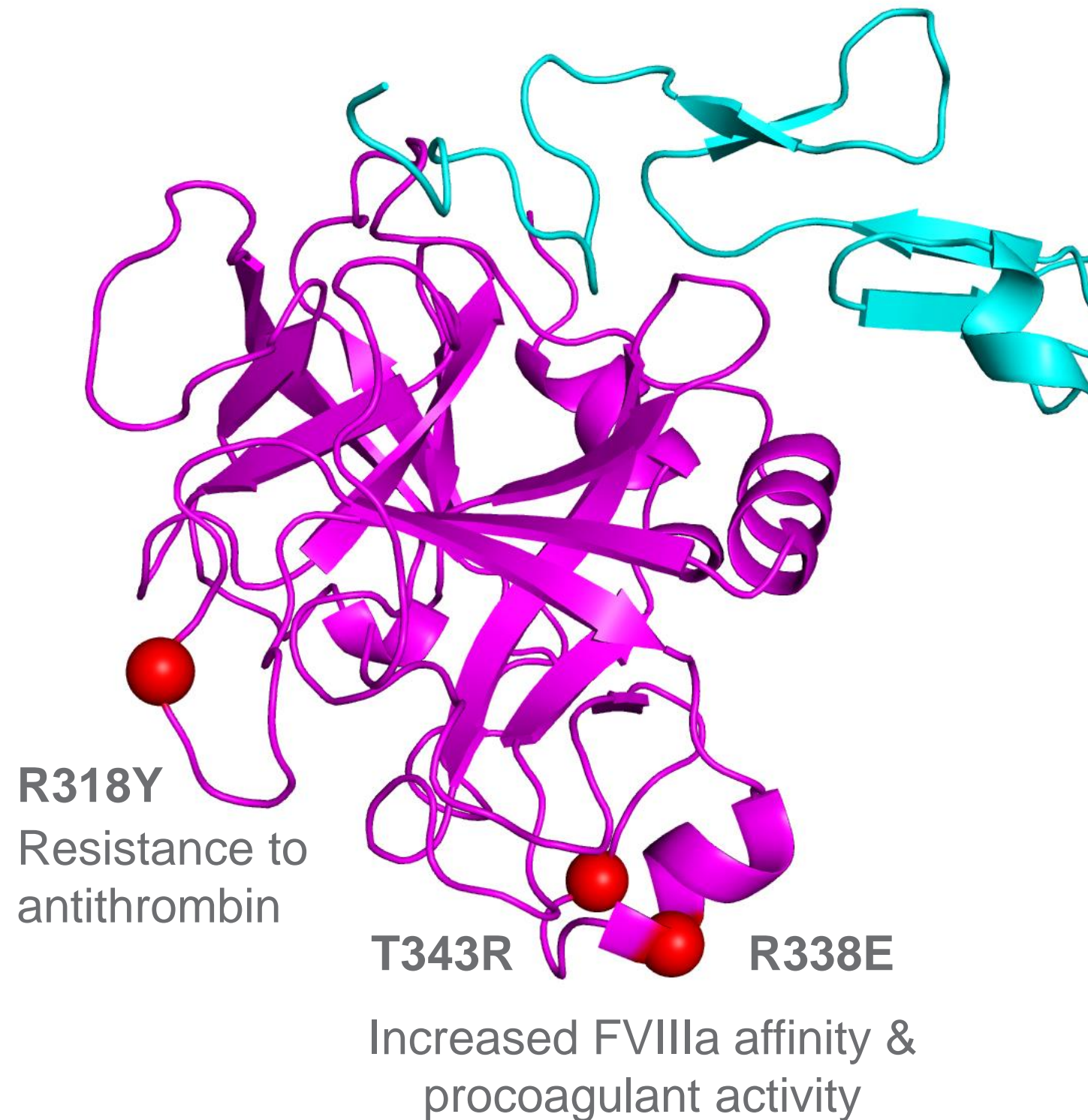
Phase 1/2 completed

- + 22-fold more potent than BeneFIX in man
- + **FIX activity levels up to 30%**
- Observed 2 nAbs (cousins with same rare genotype) that were non-cross-reactive to FIX
 - Returned to previous FIX therapy - no safety issues
- + Extensive *in vitro* & *in silico* studies showed similar low immunogenicity risk as BeneFIX

Phase 2b study ongoing

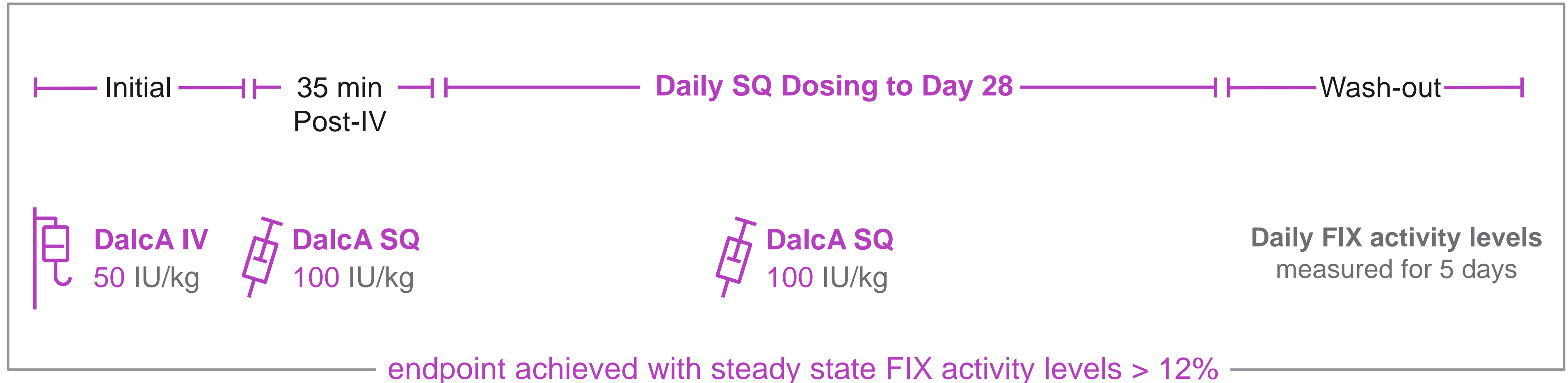
- + No ADAs to date

Orphan Drug Designation in US & EU



Dalcinonacog alfa phase 2b SQ clinical trial design

DLZ – 201 ongoing



- + Target enrollment: 6 patients
- + Rare genotype and HLA signature from P1/2 excluded
- + Primary endpoint: Steady state FIX activity level above 12% with daily dosing
- + Secondary endpoints: safety, lack of neutralizing antibody formation, pharmacokinetics

Dalcinonacog alfa – DalcA

Phase 2b update

All study participants identified – study is ongoing

2 subjects have successfully completed 28 days of dosing & washout

FIX activity levels exceeded the trial efficacy endpoint & no ADAs observed

Final data in 1H 2020

FIX gene therapy: CB 2679d-GT

AAV gene therapy for hemophilia B

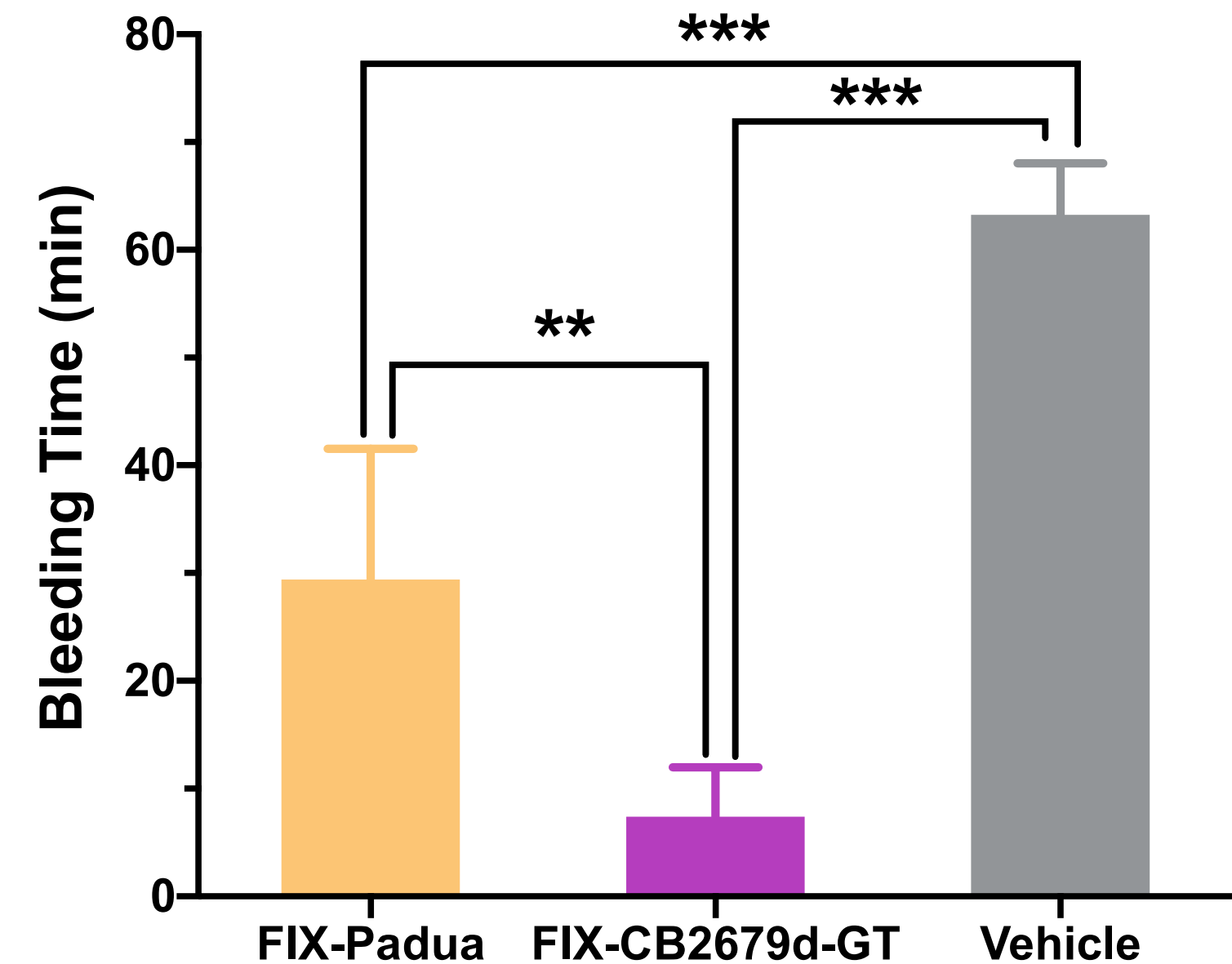
Superior preclinical efficacy of CB 2679d-GT vs Padua

- + Activity levels elevated throughout the study, no nAbs
- + 3-fold superior FIX activity
- + 4-5-fold reduction in bleeding time

Optimizing next generation vector construct

- + AAV license and sponsored research agreement with Stanford University School of Medicine
- + Higher activity levels
- + Lower vector dose
- + Improved efficacy & safety

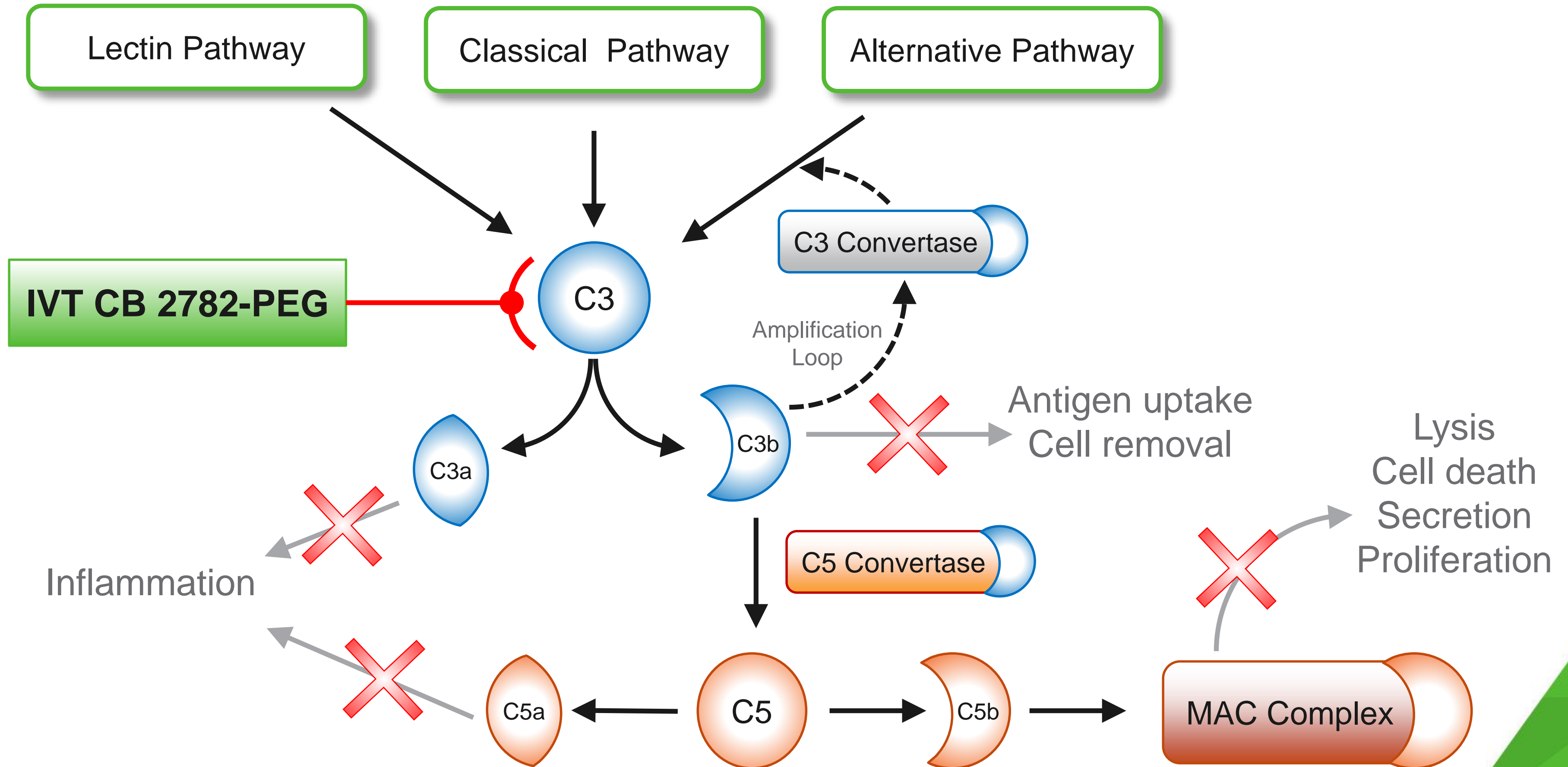
Wholly-owned & issued patents covering gene therapy



Bleeding time +/- SD (** P<0.01, *** P<0.001)
High vector dose group: 1×10^{10} vg/mouse

Blouse *et al.* EAHAD 2019

Targeting C3 blocks the downstream complement cascade



CB 2782-PEG anti-complement factor 3 (C3) protease

Geographic Atrophy in Dry AMD



- + Geographic atrophy is an advanced stage of dry age-related macular degeneration that results in the irreversible loss of retina and leads to blindness
- + Dry AMD affects a million people in the United States and over five million people worldwide
- + Global market is estimated at >\$5B with no approved drugs
- + C3 is the only clinically validated target for the treatment of Dry AMD

Sources: National Eye Institute. Facts About Age-Related Macular Degeneration, Tufail 2015, The Eye Diseases Prevalence Research Group 2004, GlobalData

CB 2782-PEG long acting anti-C3 protease








Best-in-class anti-C3 profile for dry AMD

- + Generated from Catalyst's proprietary protease engineering platform
- + Potent, selective and long acting anti-C3 protease that degrades C3 into inactive fragments
- + Preclinical PK & PD data predict best-in-class human intravitreal dosing three or four times a year
- + Dry AMD is a \$5B+ market opportunity with no approved drugs

Biogen Collaboration

- + Announced December 19, 2019
- + \$15M upfront, up to \$340M in milestones and tiered royalties up to low double digits
- + Catalyst to perform fully funded pre-clinical and manufacturing activities
- + Biogen responsible for IND-enabling activities, worldwide clinical development & commercialization

Milestones

	2019	Q1	Q2	H2
MarzAA (FVIIa)	P2 efficacy 	EoP2	ToB enabling PK/PD	Registration Trial
DalcA (FIX)	Positive P2b Interim data 	P2b Update	Final P2b data	
CB 2679d-GT (FIX Gene Therapy)	Preclinical efficacy 	NextGen Vector	NHP Efficacy	
CB 2782-PEG (dAMD)	Partnership  			

Financial information

Selected data

Financial results

Q3 2019

Cash & Cash Equivalents	\$85.0 M
Operating Expense (YTD).....	\$43.3 M
Net Loss (YTD).....	(\$41.6M)
Net Loss per share (YTD).....	(\$3.47)

Share data

Common Stock Outstanding.....	12,029,992
Officer & Director ownership	7.0%
Fully Diluted Shares*	14,859,051

* Includes ~1M options available for issuance

Team

President & CEO

Nassim Usman, Ph.D.

SVP, Technical Operations

Andrew Hetherington, M.B.A.



26 years
in biotech



20 years
in biotech

Chief Medical Officer

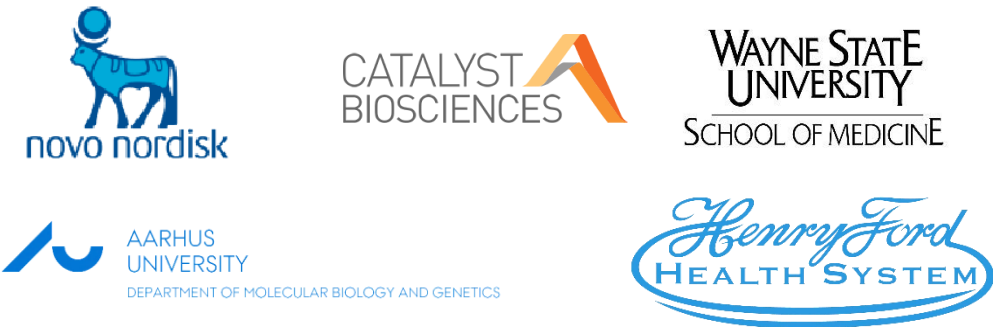
Howard Levy, M.B.B.Ch., Ph.D., M.M.M.

VP, Translational Research

Grant Blouse, Ph.D.



18 years
in hematology



12 years
in biotech

VP, Business Development

Jeffrey Landau, M.B.A.



16 years
in biotech

Summary

Disruptive approach to billion-dollar markets – protease engineering platform

- ✓ **FVIIa: SQ MarzAA ~\$2.2B market**
 - + P2 efficacy & safety demonstrated
 - + FDA EoP2 in early 2020, P3 expected in 2020
- ✓ **FIX: SQ DalcA >\$1.5B market**
 - + Interim Phase 2b efficacy demonstrated
 - + Final Phase 2b data in 1H 2020
- ✓ **FIX Gene Therapy: CB 2679d-GT**
 - + Proprietary preclinical gene therapy asset with superior activity vs current clinical constructs
- ✓ **Anti-C3 dAMD: IVT CB 2782-PEG >\$5B market**
 - + Biogen collaboration
 - + \$15M upfront, up to \$340M in milestones and tiered royalties up to low double digits
- ✓ **SQ systemic complement inhibitor program**
 - + Large orphan disease opportunity
 - + Builds complement franchise
- ✓ **Strong financial position**

THANK YOU

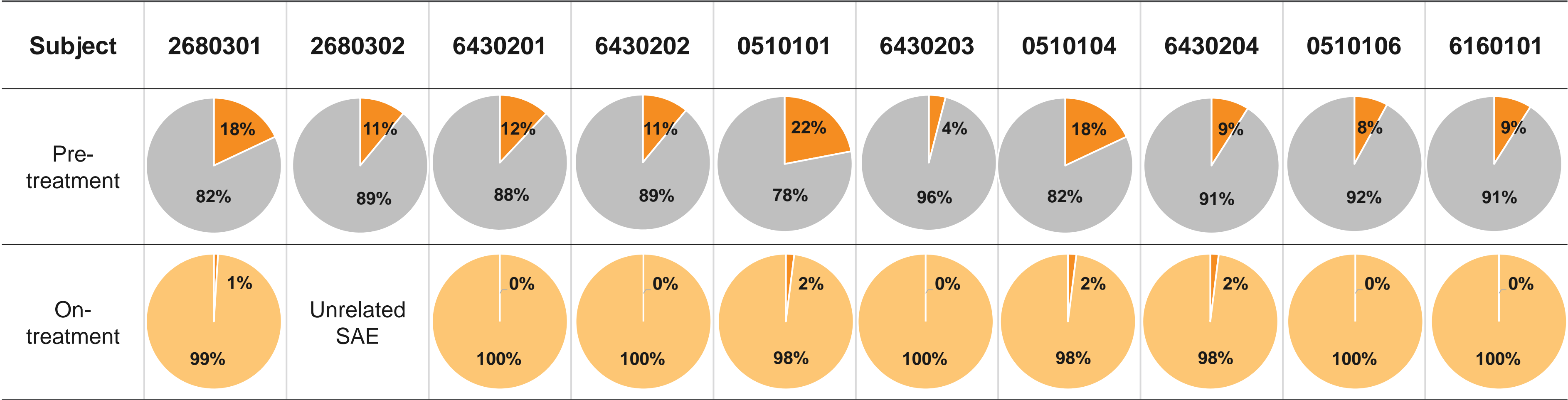
Nasdaq: CBIO

catalystbiosciences.com



Significant reduction in Proportion of Days with Bleeding (PDB)

Median Proportion of Days (PDB) with Bleeding reduced to zero

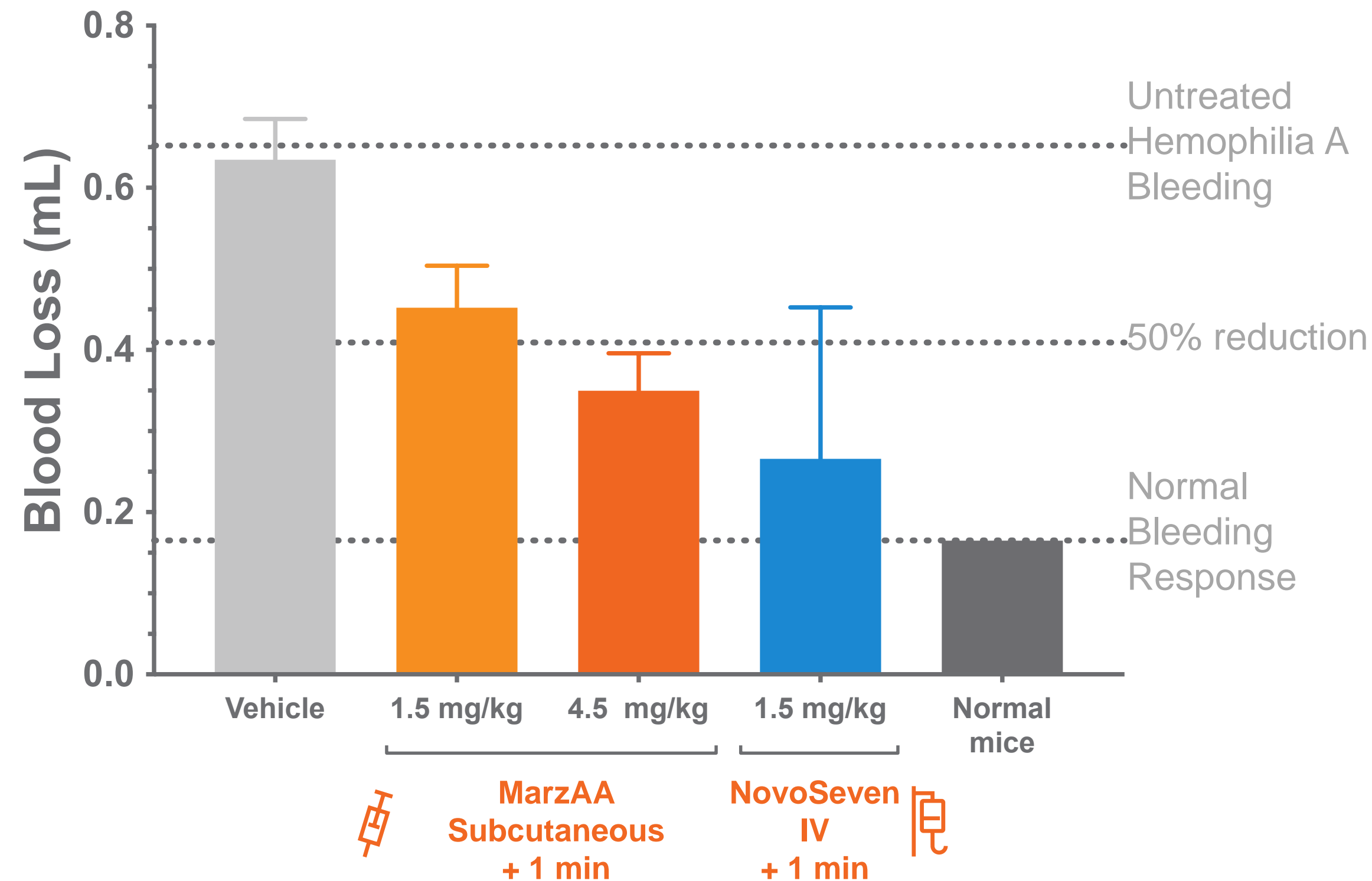


Orange denotes the Proportion of Days with Bleeding during period of observation

- + Average **pre-treatment** percentage of days of bleeding was **12.3%** (SD 5.8%) [median = 11.0%]
- + Average **on-treatment** percentage were reduced to **0.8%** (SD 0.9%) [median 0%]
- + Analysis of these pairwise differences by Wilcoxon signed-rank test has $p=0.009$ for 93.8% reduction

SQ MarzAA reduces bleeding when dosed **after** injury

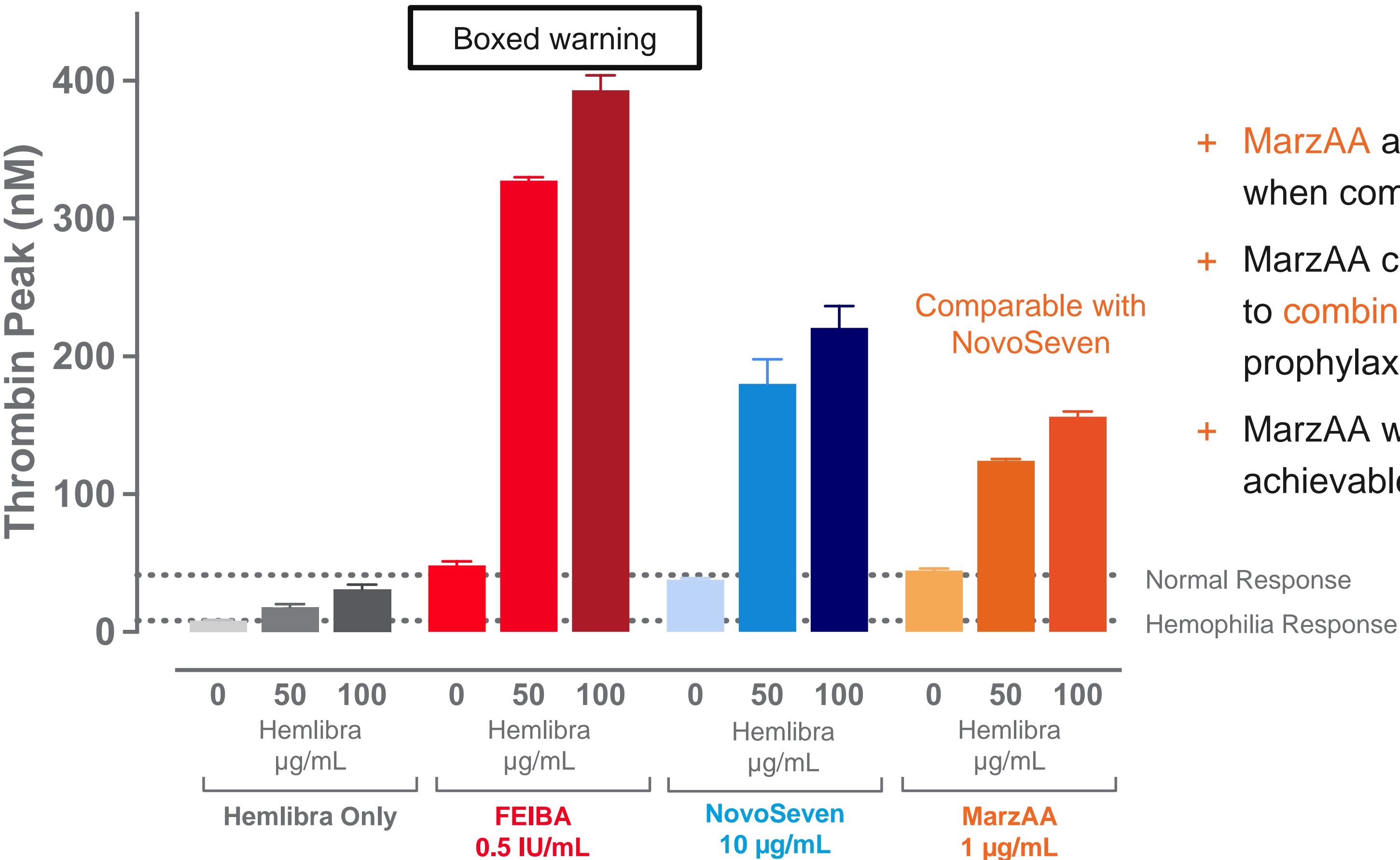
Acute mouse injury model with dosing *after* injury



- + Tail-cut model used to assess efficacy in hemophilia
- + Hemophilic mice bleed **considerably more** than normal mice
- + **SQ MarzAA** one minute after tail-cut significantly **reduces blood loss**
- + The effect is **dose dependent**
- + Reduction in blood loss **with SQ MarzAA is similar to IV NovoSeven**

Potential to treat breakthrough bleeds in patients on Hemlibra

MarzAA has a preferred coagulation profile that is similar to NovoSeven

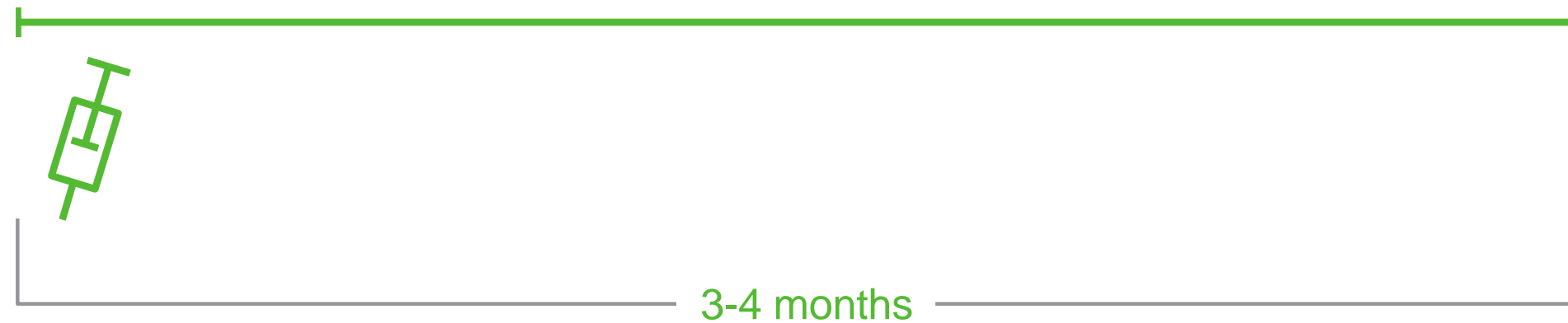


- + MarzAA and NovoSeven behave similarly when combined with Hemlibra
- + MarzAA could allow hemophilia A patients to combine two SQ therapies - “sports prophylaxis” or treat breakthrough bleeds
- + MarzAA works well at plasma levels achievable with SQ dosing

CB 2782-PEG long acting anti-C3 protease collaboration with Biogen

Best-in-class anti-C3 profile for the treatment of geographic atrophy in dry AMD

CB 2782-PEG intravitreal injection



APL-2 intravitreal injections

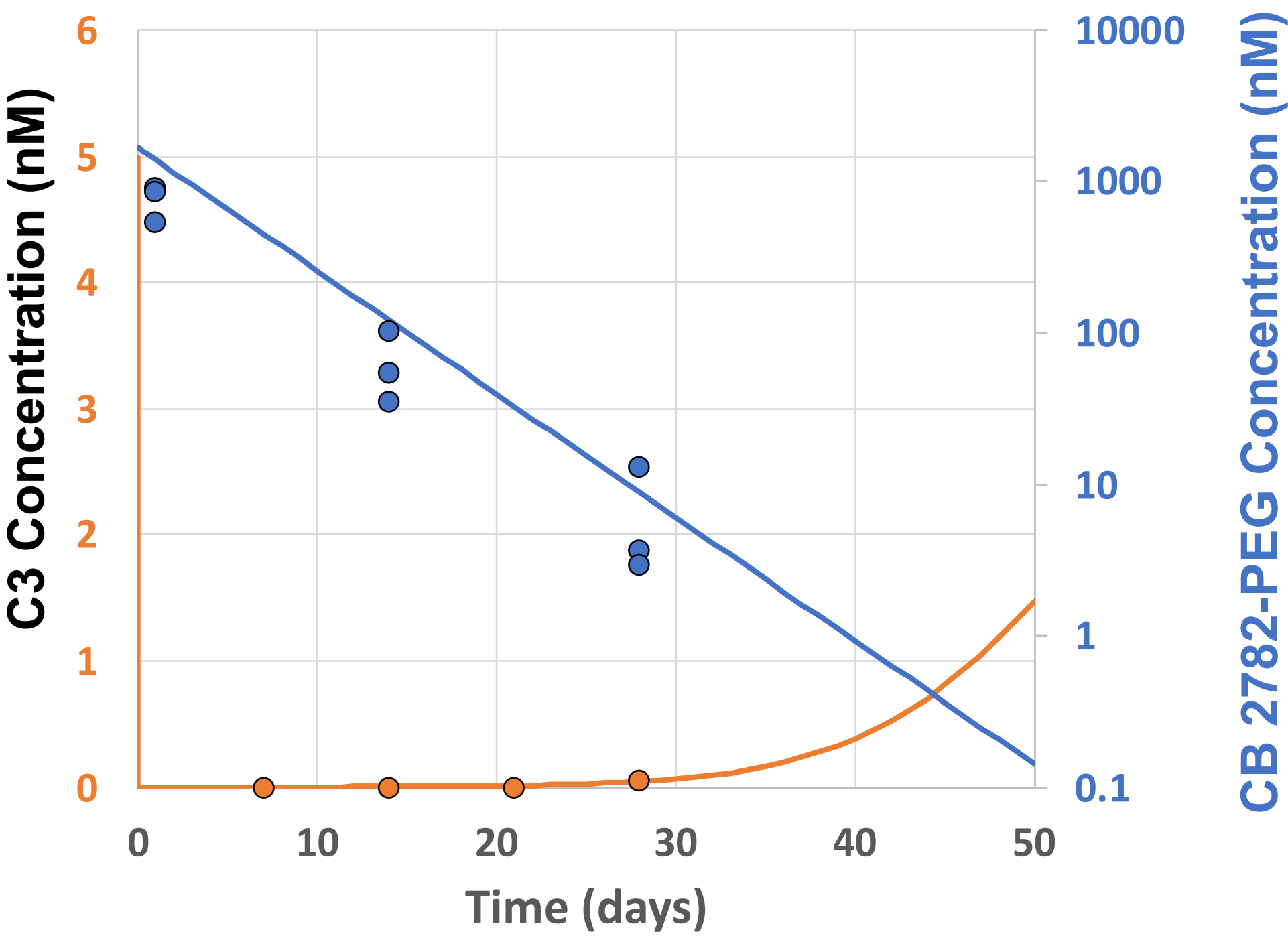


- + Potent, selective and long acting anti-C3 protease that degrades C3 into inactive fragments
- + Single 125 µg intravitreal injection of CB 2782-PEG achieved complete, rapid and sustained pharmacodynamic inhibition (>99%) of vitreous humor C3 for at least 28 days in non-human primates
- + Preclinical PK and PD data predict best-in-class human intravitreal dosing three or four times a year

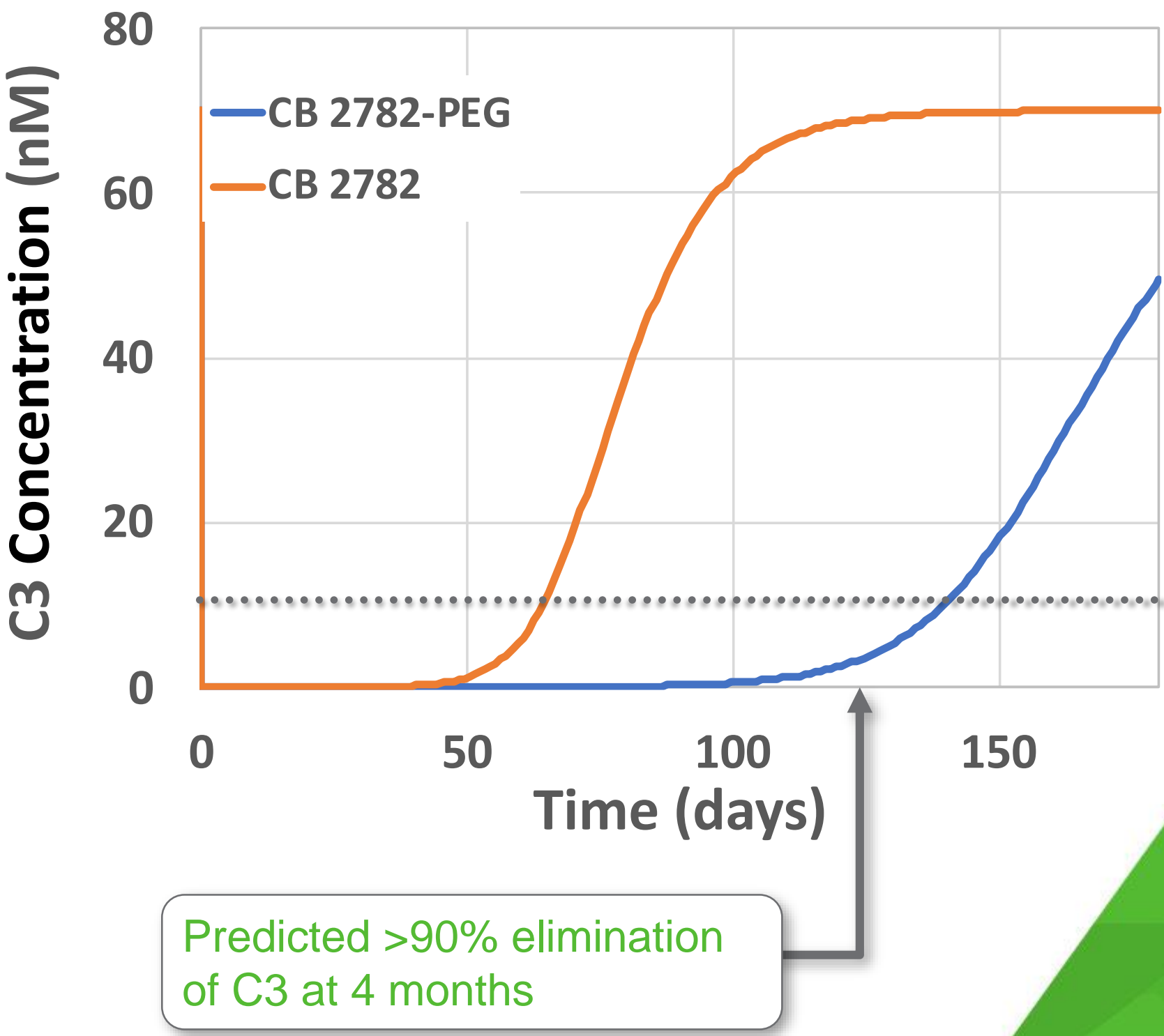
CB 2782-PEG long acting anti-C3 protease

Best-in-class anti-C3 profile for the treatment of geographic atrophy in dry AMD

Non-Human Primates



Human Modeling



Predicted >90% elimination of C3 at 4 months