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Transforming Medicine Through Synthetic Biology

Corporate Presentation

August 2023

Forward Looking Statements

This presentation contains "forward-looking statements" that involve substantial risks and uncertainties for purposes of the safe harbor provided by the Private Securities Litigation Reform Act of 1995. All statements, other than statements of historical facts, included in this press release regarding strategy, future operations, clinical development plans, future financial position, future revenue, projected expenses, prospects, plans and objectives of management are forward-looking statements. In addition, when or if used in this press release, the words "may," "could," "should," "anticipate," "believe," “look forward,” "estimate," "expect," "intend," “on track,” "plan," "predict," “prepare” and similar expressions and their variants, as they relate to Synlogic, may identify forward-looking statements. Examples of forward-looking statements include, but are not limited to, statements regarding the potential of Synlogic's approach to Synthetic Biotics to develop therapeutics to address a wide range of diseases including: inborn errors of metabolism and inflammatory and immune disorders; our expectations about sufficiency of our existing cash balance; the future clinical development of Synthetic Biotics; the approach Synlogic is taking to discover and develop novel therapeutics using synthetic biology; and the expected timing of Synlogic's clinical trials of labafenogene marselecobac (SYNB1934), SYNB1353, SYNB8802 and SYNB2081 and availability of clinical trial data. Actual results could differ materially from those contained in any forward-looking statements as a result of various factors, including: the uncertainties inherent in the clinical and preclinical development process; the ability of Synlogic to protect its intellectual property rights; and legislative, regulatory, political and economic developments, as well as those risks identified under the heading "Risk Factors" in Synlogic's filings with the U.S. Securities and Exchange Commission. The forward-looking statements contained in this press release reflect Synlogic's current views with respect to future events. Synlogic anticipates that subsequent events and developments will cause its views to change. However, while Synlogic may elect to update these forward-looking statements in the future, Synlogic specifically disclaims any obligation to do so. These forward-looking statements should not be relied upon as representing Synlogic's view as of any date subsequent to the date hereof.

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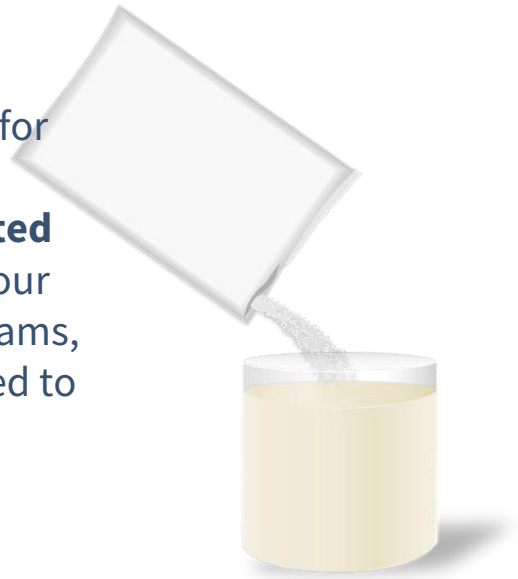
Our Mission

To treat ***diseases underserved*** *by other modalities by* ***researching, developing and commercializing*** *a new class of medicines through the application of* ***synthetic biology to therapeutics.***

Synlogic: Now in Phase 3, with A Clinical Pipeline that Reflects Validated Synthetic Biotic Product Platform

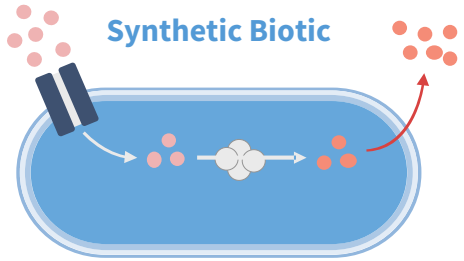
Clinical stage pipeline of **oral, non-systemic, novel biotherapeutics**

- Late-stage programs **focused on rare, metabolic disorders**
- Lead drug candidate for PKU, labafenogene marselecobac, **initiated Phase 3** June 2023; four current clinical programs, ~400 individuals dosed to date



Reproducible, **productive product platform** based on synthetic biology

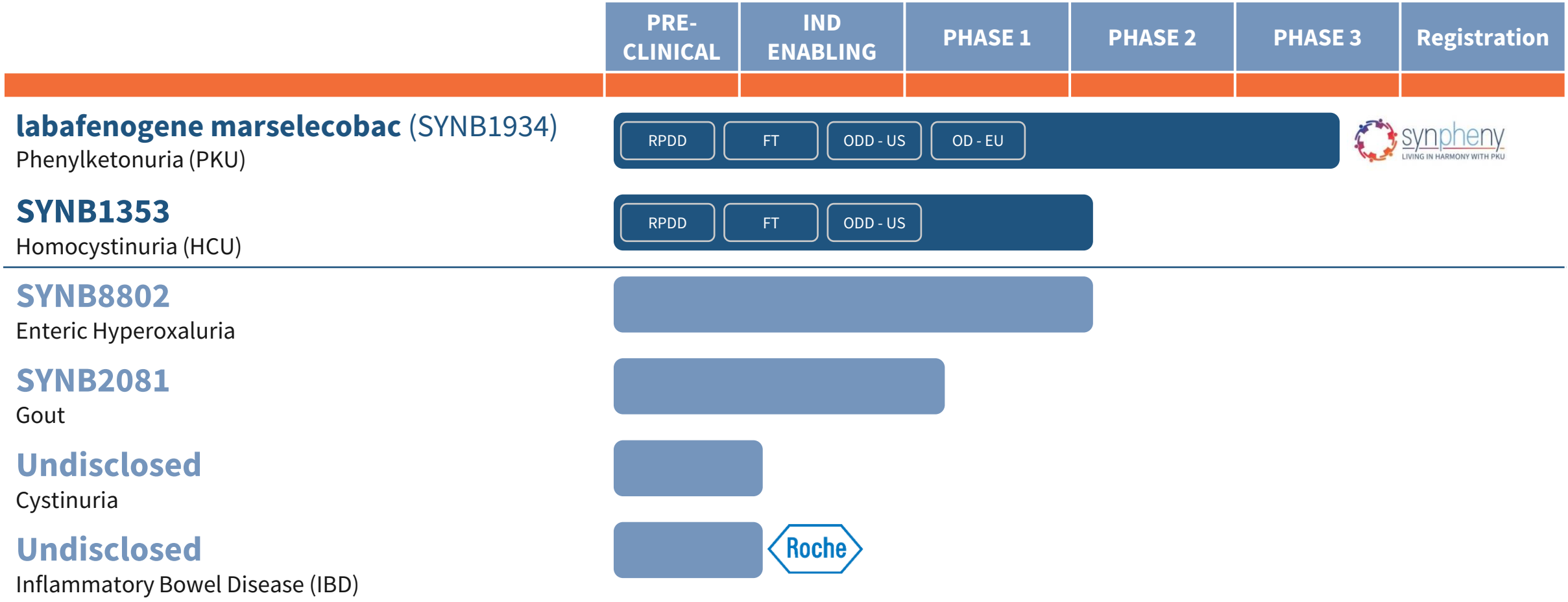
- **Synthetic Biotic platform:** drug candidates based on genetically engineered probiotics targeting validated, disease-specific metabolites:



- **Differentiated drug candidates:** GI-restricted, non-colonizing, reversible via GI clearance
- **Integrated internal capabilities:** development, manufacturing and discovery

Advancing a New Class of Biotherapeutics

Late-Stage Drug Candidates Focused on Rare Metabolic Diseases, PKU & HCU



RPDD = Rare Pediatric Disease Designation granted by FDA | FT = Fast Track granted by FDA
ODD – US = Orphan Drug Designation granted by FDA | OD – EU = Orphan Designation granted by EMA

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PKU, HCU Programs Benefit from Precedents and Synergies

Prior Approvals Provide De-Risked Paths Forward; Both Present Commercially Compelling Markets

Candidate	Disease	Clinical/ Regulatory Endpoint[1]	Est. U.S. Prevalence	Potential Peak Global Revenue	Clinical Stage
labafenogene marselecobac (SYNB1934)	Phenylketonuria (PKU)	**Phenylalanine (Phe)**	~17,000	**>$1B[2]**	Phase 3
SYNB1353	Homocystinuria (HCU)	**Total Homocysteine (tHcy)**	~2,500	**>$500mm[2]**	Advancing to Phase 2

Synergies Facilitate Development & Commercialization:

- Shared network of metabolic clinicians, PIs, clinics
- Connected patients, with common lived experience of restrictive diets, required medical formula, and residual neurocognitive challenges

1. For PKU: Kuvan, Palynziq both approved based on phenylalanine (Phe) change vs. PBO; For HCU: Cystadane approved based on change in total homocysteine (hTCY)
2. Assumes indicated for pediatric through adult

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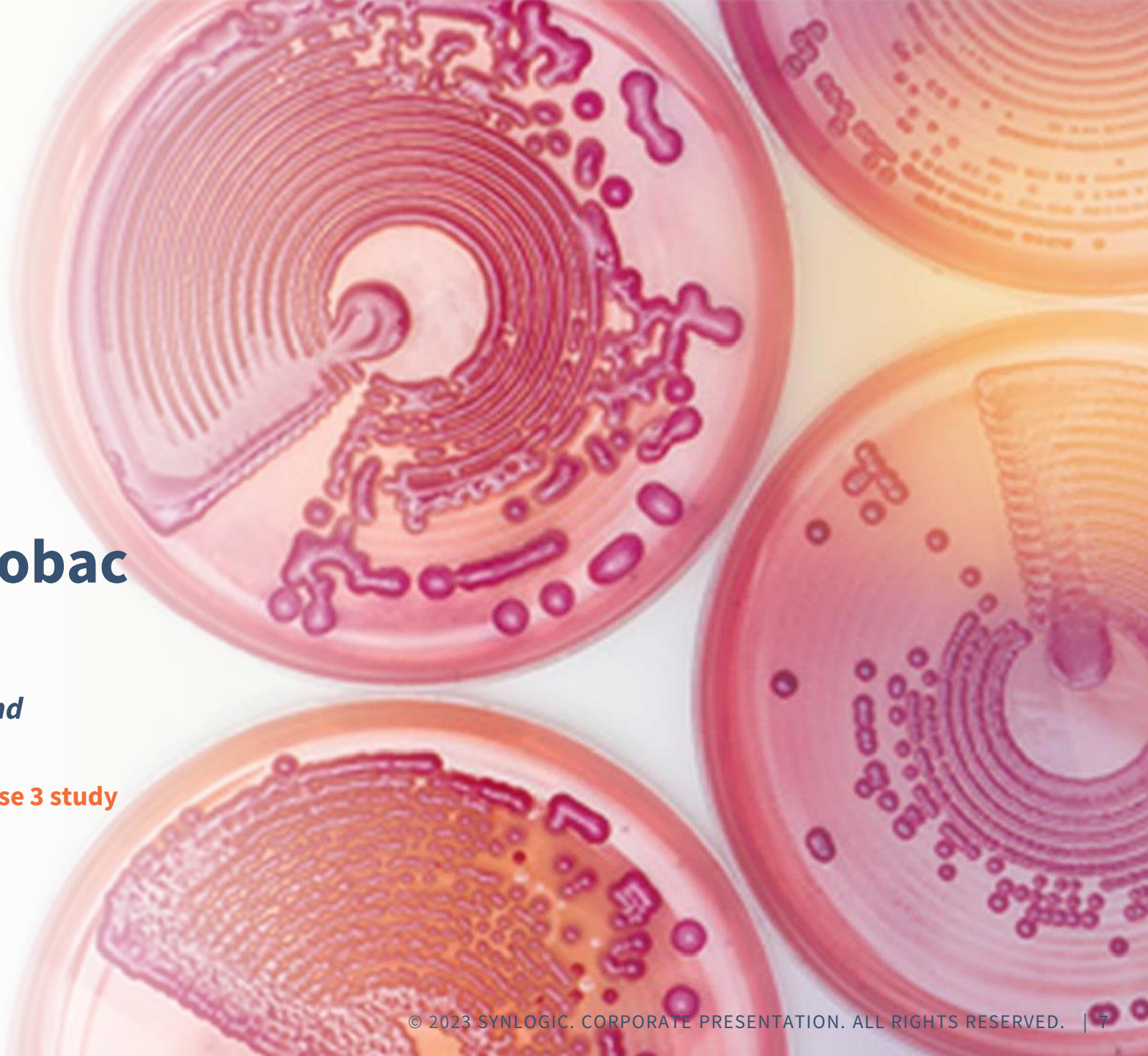
labafenogene marselecobac
(SYNB1934)

Potential as first and only ***oral, non-systemic*** *biotherapeutic available as both* ***monotherapy and adjunctive*** *medical treatment for PKU*

Currently being evaluated in Synpheny-3, pivotal Phase 3 study

- Rare Pediatric Disease Designation (FDA)
- Orphan Drug Designation (FDA)
- Orphan Designation (EMA)



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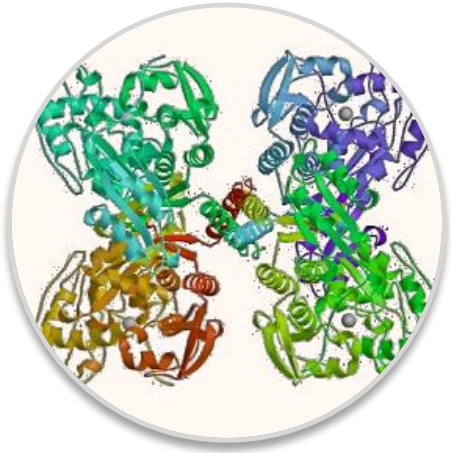
The Lifelong Burden of PKU Includes Both the Extreme Diet, and Neurocognitive Challenges of Uncontrolled Phe



PKU is **caused by defects in PAH enzyme** responsible for metabolizing Phe, amino acid in dietary protein

Built-up, **Phe becomes neurotoxic**, risking intellectual disabilities, deficits in mental processing, social engagement, emotional problems[1,2,3]

PKU **burdens include neurocognitive symptoms and lifelong diet requirements of:**

Restricted protein (e.g. 4-6 g/day)

Low protein/Low-Phe foods (e.g. pasta)

Supplemental amino acid medical formula

Reflecting adherence challenges of diet, ~80% of patients' Phe levels > goals in a major US center studied

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PKU=phenylketonuria; PAH=phenylalanine hydroxylase

1. Bilder, et al. 2017; 2. Levy, et al. 2020; 3. Gentile, et al. 2010

PKU Presents a Large Rare Disease Market, Across Geographies

Country/Territory	Estimated Prevalence [1]
	~1:10,000 (~25,000 patients)
	~1:6,000 (~14,000 patients)
	~1:17,000 (~80,000 patients)
	~1:125,000 (~1,000 patients)
	~1:16,000 (~17,000 patients)[2]

- PKU is the **most prevalent** inborn error of metabolism for which there is no cure
- **Widespread newborn screening** for PKU diagnoses patients, and **connects families** to clinics, starting in infancy
- Specific **mutations affect degree of PAH enzyme functionality**, disease prevalence and severity
- Diagnosis, monitoring and **treatment decisions based on plasma Phe levels** (vs. genetic testing)

1. Hillert et al. Ajv The Genetic Landscape and Epidemiology of Phenylketonuria, AJHG 2020
2. Xiang L, Tao J, Deng K, et al. Phenylketonuria incidence in China between 2013 and 2017 based on data from the Chinese newborn screening information system: a descriptive study; 2. US data from NPKUA

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PKU Patients and Clinicians are Connected, Facilitating Clinical Development & Commercialization

Concentrated Sites of Care

- Care for patients with inborn errors of metabolism like PKU is provided through a well-defined network of metabolic clinics[1]
- After diagnosis during infancy, patients and families are connected to local and national organizations, for support and education

National PKU Alliance Sites of Care

17,000
US Population (est.)

- PKU clinicians represent a **focused potential prescriber universe,** including in the US:
  - ~150 metabolic dietitians[2]
  - ~1,000 medical geneticist physicians[3]
- **Precedents de-risk the PKU opportunity:** previously approved medicines (Kuvan,® Palynziq®) providing pathways for:
  - Clinical: Single registrational study with primary analysis conducted on subset of pre-defined responders
  - Regulatory: Full (vs. accelerated) approval based on Phe reduction vs. placebo as endpoint
  - Reimbursement: Payer coverage typically requires alignment with study population, and demonstration of benefit per pivotal study

NPKUA=National PKU Alliance

1. NPKUA; https://www.npkua.org/Resources/Find-a-Clinic; 2. GMDI; 3. US Government Accountability Office, Genetic Services: Information on Genetic Counselor and Medical Geneticist Workforces, 2020.

Reimbursement for PKU Medicines in the US is Straightforward

- **Access:** Through pharmacy benefit, typically at specialty tier, per each payer's medical policy for that product
- **Reimbursement:** Prior Authorization requirements typically follow product labeling, requiring:
  - Physician attestation
  - Clinical notes and lab values
  - Demonstration of response in Phe reduction for re-authorization[1]
- **Distribution:** Through specialty pharmacy(ies) contracted with manufacturer

Analog Pricing: Rare Metabolic Disease Drugs

Drug	Indication	Annual Price (Adult, US)
Carbaglu (carglumic acid)	Hyperammonemia due to NAGS deficiency	~$600,000
Ravicti (glycerol phenylbutyrate)	Urea cycle disorders (UCDs)	~$700,000
Orfadin (nitisinone)[2]	Hereditary tyrosinemia type 1 (HT-1)	~$325,000
Lumizyme (alglucosidase alfa)	Pompe disease	~$600,000
Palynziq (pegvaliase injection)	PKU	~$200,000
Kuvan (sapropterin)[2]	PKU	~$200,000

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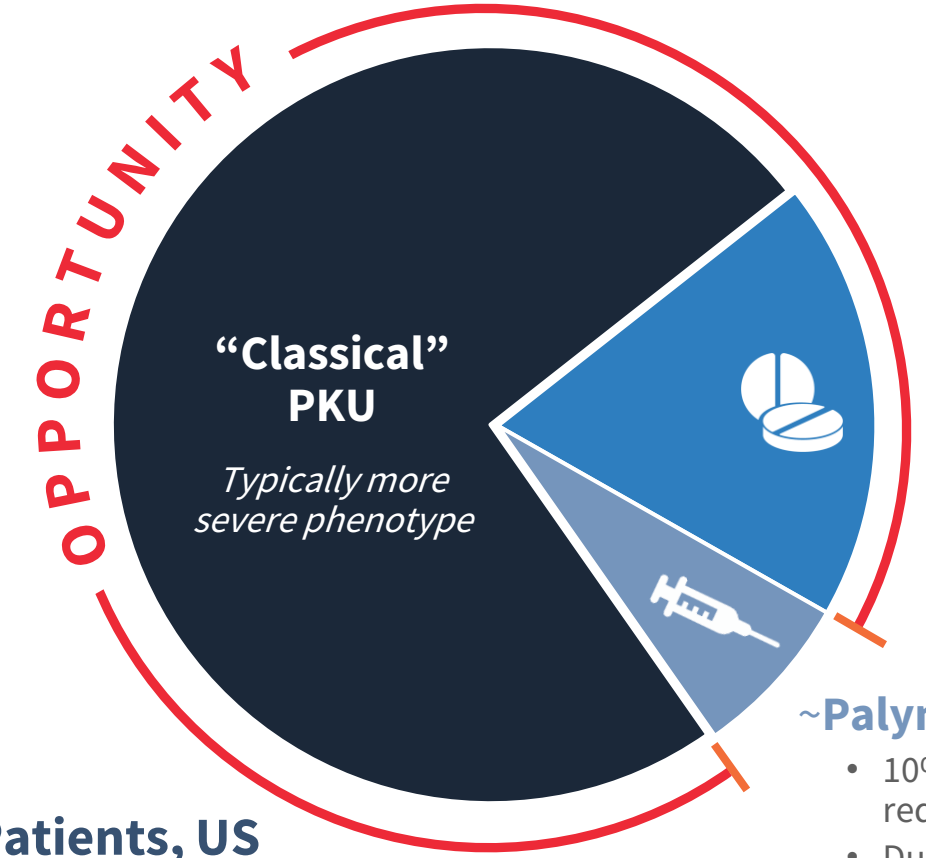
1. Synlogic US payer market research, United Healthcare and other medical policies for Palynziq, Kuvan 2. pre-genericization

Current Treatment Limitations Leave Need for New Approach

>70%

of PKU patients remain without medical treatment



PKU Patients, US
(n=17,000)[1]

Sapropterin (Kuvan,® biopterin class)

- **~$500mm/year revenue** pre-genericization
- Limited to the BH4-responsive patient segment[2]
- **Adjunctive medical treatment opportunity**

~Palynziq® (pegvaliase injection)

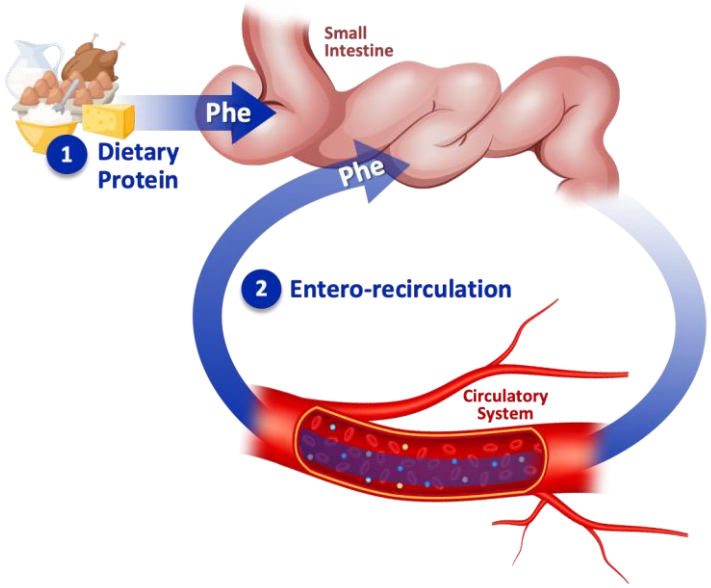
- 10% rate of anaphylaxis (boxed warning, USPI), requires injectable epinephrine, 24/7, for life[2]
- Due to adverse event profile, 1-2 year titration period[3]
- **~$250mm/year revenue[5]** with <10% share in US

*Responsive to BH4 (tetrahydrobiopterin) = molecule that the body produces to act as a cofactor with PAH, the enzyme that is impaired in PKU. Sapropterin is a synthetic form of BH4.

1. NPKUA, patient numbers for sapropterin, pegvaliase derived from Biomarin financials and disclosures; 2. USPIs for Kuvan, Palynziq 3. Synlogic Market Research 2021

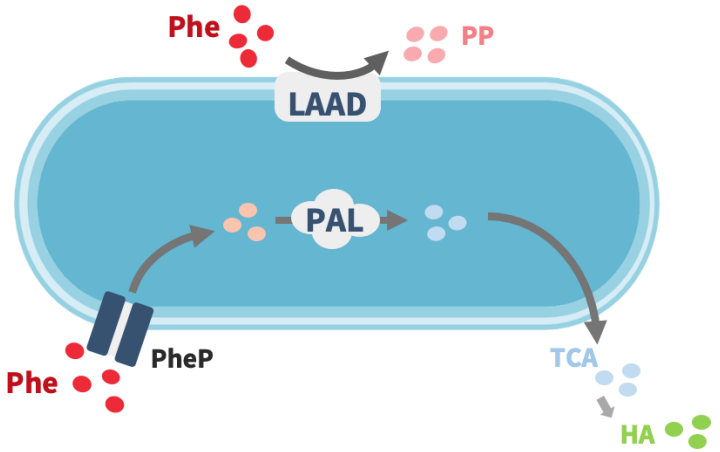
labafenogene marselecobac (SYNB1934): Designed to Consume Phe, Meet Patient Needs

Targeting Dietary & Circulating Phe in the GI Tract



The small intestine provides a reservoir for targeting Phe, from two sources

Optimized for Patient Experience



Probiotic E. Coli *Nissle*, engineered to produce Phe-consuming enzymes: Phe ammonia lyase (PAL) and L-amino acid deaminase (LAAD)

- ✓ Oral administration (presentation familiar to PKU community)
- ✓ Non-systemic, reversible
- ✓ Studied as both monotherapy and adjunctive medical treatment[1]

1. Phase 2 and Phase 3 study designs accept patients taking pterins (Kuvan/sapropterin and sepiapterin) at baseline

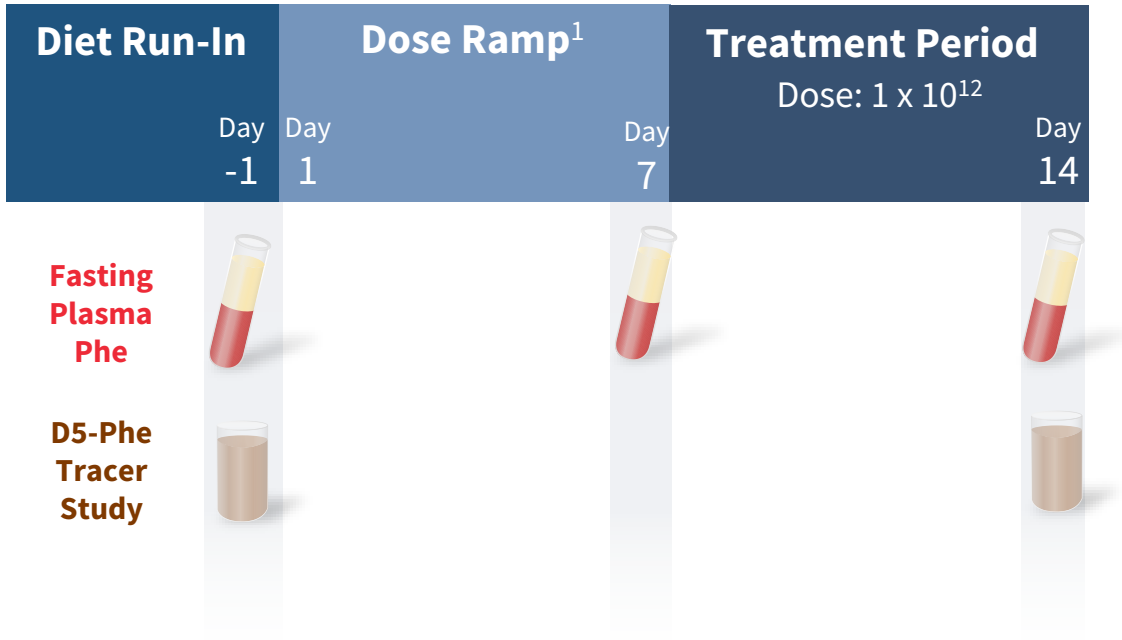
Synlogic's PKU Program Advanced to Phase 3 in 2Q 2023

Stage	Modality	Company/Program
Ph 3 Complete	Biopterin	PTC/PTC923
Ph 3 Study Ongoing	**Synthetic Biotic**	**Synlogic / labafenogene marselecobac** (SYNB1934)
Ph 1	Allosteric inhibitor of SLC6A19	Jnana/ JNT-517
	Gene Therapy	Biomarin/ BMN 307 (Clinical Hold since Sept 2021)
Preclinical	Systemic mRNA for PAH	Moderna/mRNA-3283
	PAH stabilizer (oral)	Agios/NA
	Gene Therapy	Sangamo/ST101
		SOM-Biotech/SOM1311
		Generation Bio/NA
		American Gene Tech/NA

synlogic Source: Company websites and filings, last updated August 2023

Phase 2 Study Design Provided Proof of Concept

Synpheny-1 Phase 2 Design



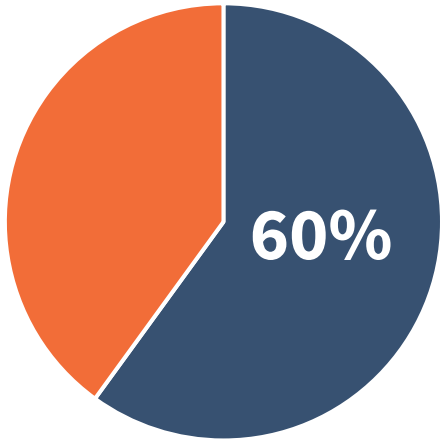
1. SYNB1618: Days 1-3: $1x10^{11}$, Days 4-6: $3x10^{11}$; SYNB1934: Days 1-3: $3x10^{11}$, Days 4-6: $6x10^{11}$
2. Baseline Phe values per data for n=5

Disposition, Demographics Reflected Target PKU Population

- 20 adults with PKU (SYNB1618 =11, labafenogene marselecobac (SYNB1934) = 9)
- Phe > 600 µM at screening, despite diet and/or sapropterin (Kuvan®); mean 1,041 µM and 987 µM for SYNB1618 and SYNB1934, respectively[2]
- Baseline characteristics evenly distributed, with a representative mix by age, gender, Phe levels, and baseline treatment

Phase 2 Data Demonstrated Potential Phe Reduction with labafenogene marselecobac (SYNB1934)

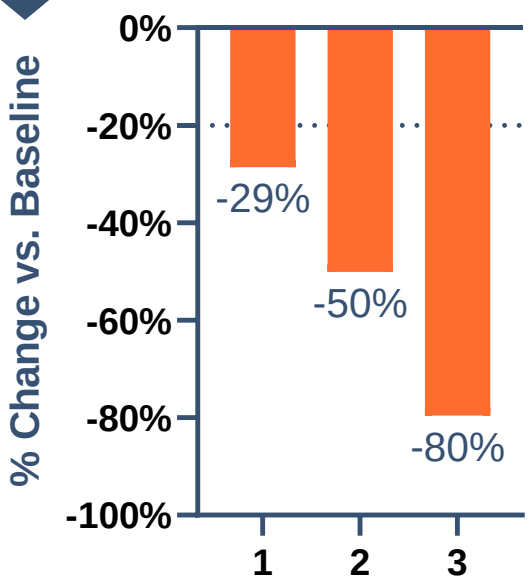
Response Rate



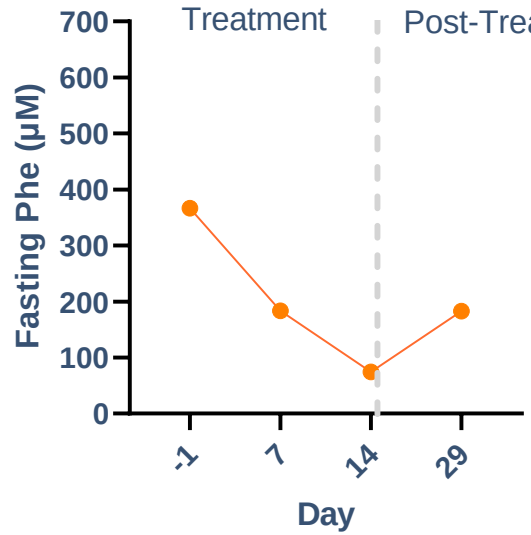
60% (3/5) achieved at least 20% Phe lowering*

Phe Reduction

-53% Mean*



Combination with Kuvan® (sapropterin)



-80%

*n = 3 responders; (-20% vs baseline)

Favorable Safety & Tolerability Profile Across PKU Program

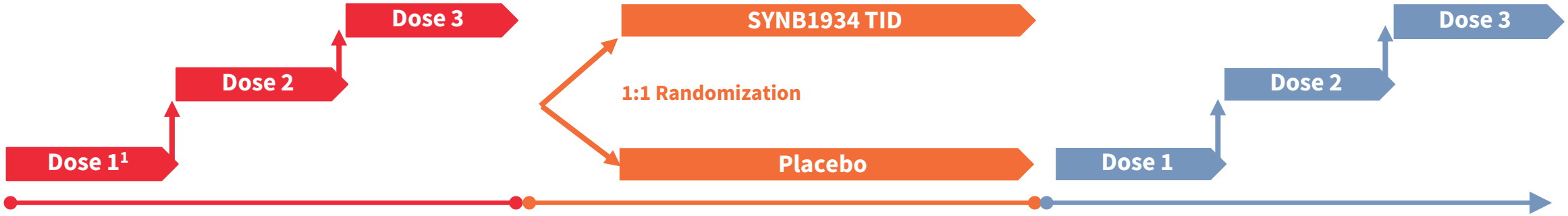
- ✓ **No serious adverse events** (SAEs)

- ✓ Adverse events all **mild to moderate**, predominantly GI in nature, and consistent with those described in the dosing of probiotics
  - Across both arms, 3 patients discontinued due to GI-related AEs. One patient withdrew consent at the baseline visit and one reported facial flushing which was attributed to a potential allergic reaction

- ✓ The study design for the labafenogene marselecobac (SYNB1934) Phase 3 incorporates these learnings through
  1. Low starting dose
  2. An extended, slower dose ramp, with more time at each dose prior to advancing

Synpheny-3: Global, Pivotal, Phase 3 Study of labafenogene marselecobac (SYNB1934)

Three-Part Design Reflects Input from Regulators, Clinicians and Patient Community



- Open-label, extended dose ramp (weeks per dose) enables individualized titration[2]
- Informs responder population[3] for Part 2
- To enroll ~150 patients with Phe >360 µM[1]
- For patients currently without medical treatment or those on pterins;
- Study participants may follow their usual diet while participating in the trial

- Placebo-controlled primary analysis: change in plasma Phe for labafenogene marselecobac vs. placebo during withdrawal among responders (from Part 1)

- All patients eligible to roll into OLE. Dose re-established, as in dose escalation period
- Change in Phe tolerance (i.e. dietary liberalization)

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LIVING IN HARMONY WITH PKU

1. For patients ages 18 years and older; an initial subset of data from patients in Part 1 will be used to assess the opportunity to lower the age of enrollment to 12
2. Dose levels for ramp are: $3x10^{11}$, $6x10^{11}$ and $1x10^{11}$; each begins with once/daily and increases frequency to three times daily, with meals
3. 20% reduction vs. baseline in plasma Phe during Part 1 is responder definition

Transformative Potential in PKU with labafenogene marselecobac

- **Large orphan disease population: majority remain without treatment** due to limitations of today's options
  - Commercially validated by currently approved medications, but safety/efficacy leaves need for new approaches)
  - Diagnosed, connected patients and concentrated sites of care facilitate clinical development and commercial launch

- Phase 3 initiated; **prior regulatory approvals de-risk path forward**
  - Two prior FDA approvals with full approval (not accelerated) based on biomarker in single registrational study

- **Compelling expected product profile** meets patient needs
  - Orally-administered, powder/sachet presentation consistent with standard of care medical formula
  - Non-systemic; Reversible, non-colonizing; favorable safety and tolerability profile with no SAEs, and
  - Efficacy as monotherapy or adjunct to biopterins (-53% average Phe reduction in responders; -29 - -80% range)

- Pursuing **broad US and Ex-US patent protection** (e.g., composition of matter patent exclusivity to 2041)
  - Composition of matter directed to the engineered bacterium and its drug formulation; coverage will continue to grow
  - Methods of treatment and administration & manufacturing methods

Potential as 1st and only orally-administered biotherapeutic for both monotherapy and adjunctive treatment in PKU

>$1B revenue opportunity globally

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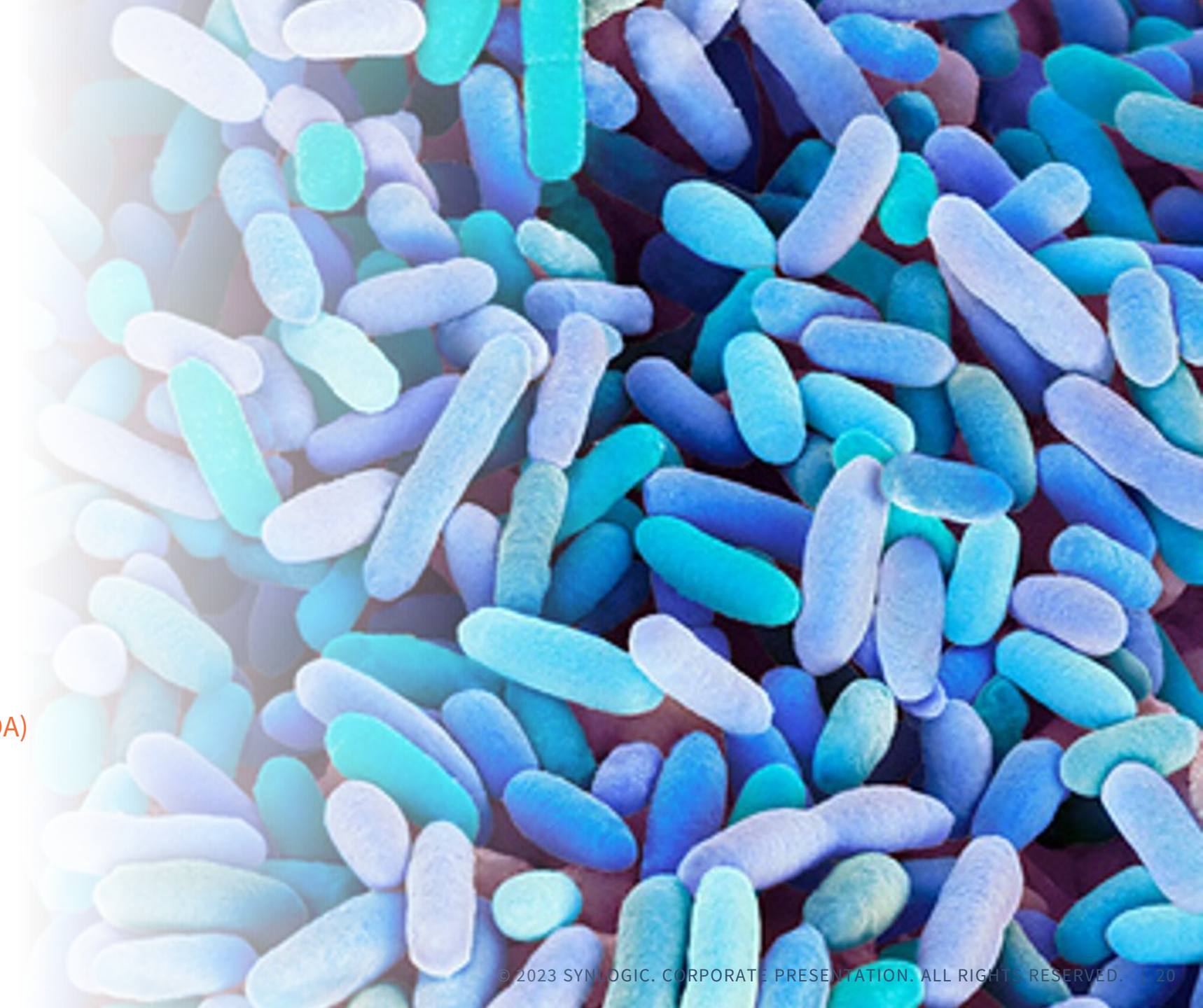
SYNB1353 for Homocystinuria (HCU)

- Rare Pediatric Disease Designation (FDA)
- Orphan Drug Designation (FDA)
- Fast Track Designation (FDA)



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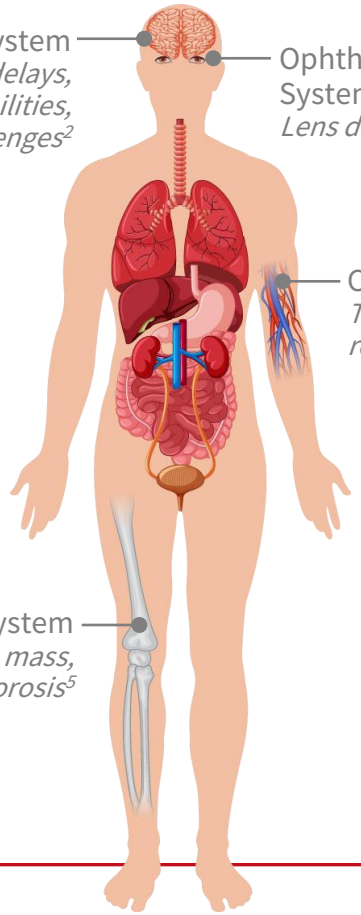
HCU: Multi-System Burden, Acute Risks due to Uncontrolled Homocysteine

Life-Threatening Risks, Multi-System Complications

~5,000
Est. prevalence for CBS or "Classical" HCU, US & Europe[6,7]:



Central Nervous System
Developmental delays, intellectual disabilities, psychosocial challenges[2]

Ophthalmological System
Lens dislocation[2]

Circulatory System
Thromboembolism, resulting in stroke[2,3,4]

Skeletal System
Reduction of bone mass, scoliosis and osteoporosis[5]

"I think about my HCU patients like ***potential time bombs*** *due to their risk of acute events"*
- HCU KOL

Methionine: Key Mediator and Precursor to Homocysteine

Diet

Methionine (Met): Crucial precursor; Met-restricted diet is 1st line Tx to lower tHcy

Methionine (Met)

Homocysteine (Hcy)

Caused by mutations in Cystathionine β-synthase (CBS) enzyme

Cystathionine

Cysteine

Lowering total homocysteine (tHcy) levels is the goal of HCU treatment

1. Development of an Investigational Methionine-consuming Synthetic Biotic Medicine (SYNB1353) for the Treatment of Homocystinuria, International Congress of Inborn Errors of Metabolism, November 23, 2021; 2. Mudd SH. Disorders of transulfuration. In: Scriver CR (ed). *The Metabolic and Molecular Bases of Inherited Disease*, 8th ed. McGraw-Hill: New York, 2001, pp 2007–2205; 3. Saposnik G, et al. Heart Outcomes Prevention Evaluation 2 Investigators. Homocysteine-lowering therapy and stroke risk, severity, and disability: additional findings from the HOPE 2 trial. *Stroke.* 2009;40(4):1365-1372; 4. Ding R, et al. The association of cystathionine β synthase (CBS) T833C polymorphism and the risk of stroke: a meta-analysis. *J Neurol Sci.* 2012;312(1-2):26-30; 5. reviewed in: Saito M, Marumo K. The Effects of Homocysteine on the Skeleton. *Curr Osteoporos Rep.* 2018;16(5):554-560. 6. Weber Hoss GR, Sperb-Ludwig F, Schwartz IVD, Blom HJ. Classical homocystinuria: A common inborn error of metabolism? An epidemiological study based on genetic databases. Mol Genet Genomic Med. 2020 Jun;8(6):e1214. doi: 10.1002/mgg3.1214. Epub 2020 Mar 30. PMID: 32232970; PMCID: PMC7284035. 7. Synlogic Data on File: Key Opinion Leader Conversations 2021-2022.

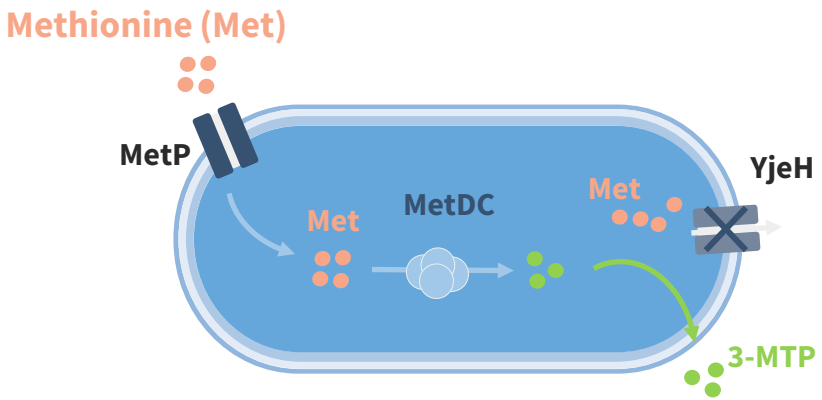
SYNB1353: New Approach to Lowering tHcy through Methionine

Current Options Leave Majority of HCU Patients Behind

- **Total homocystinuria (tHcy):** HCU treatment target (*"lower is better"*)[1, 2]
  - Guidelines: -20% for clinical response, <100 µmol/L if possible[1]
  - Normal (healthy) range: 5-15 µmol/L
  - In HCU, levels can be >200 µmol/L
  - Regulatory precedent for approval (per Cystadane®)
- **Current HCU treatments are limited**
  1. Low-Met diet (low in natural protein),
  2. Supplemental formula (Met-free L-AA mixture)
  3. Betaine (Cystadane®)

Majority of HCU patients are far above goals, despite current options[4]

SYNB1353: Consumes Met to Lower Plasma tHcy



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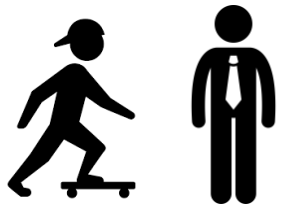
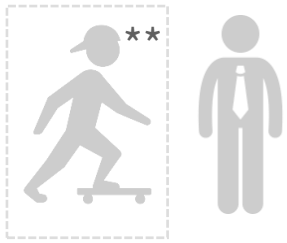
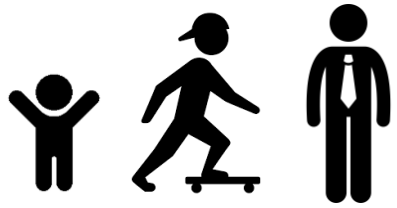
- Designed to **metabolize methionine** (Met) via the methionine decarboxylase (**MetDC**) pathway, preventing conversion into Hcy
- Converts Met to 3-methylthiopropylamine (**3-MTP**); **YjeH** gene deleted to prevent release of Met from cell

Orally administered (powder in sachet), non-systemic absorption

1. Morris AAM, et al. Guidelines for the diagnosis and management of cystathionine beta-synthase deficiency
2. Walter 1998 3.. U.S. Prescribing Information for Cystadane® (betaine) 4. De Biase et al. 2020 & Synlogic patient & KOL Insights

SYNB1353: Designd for Safety, Efficacy, and Convenience

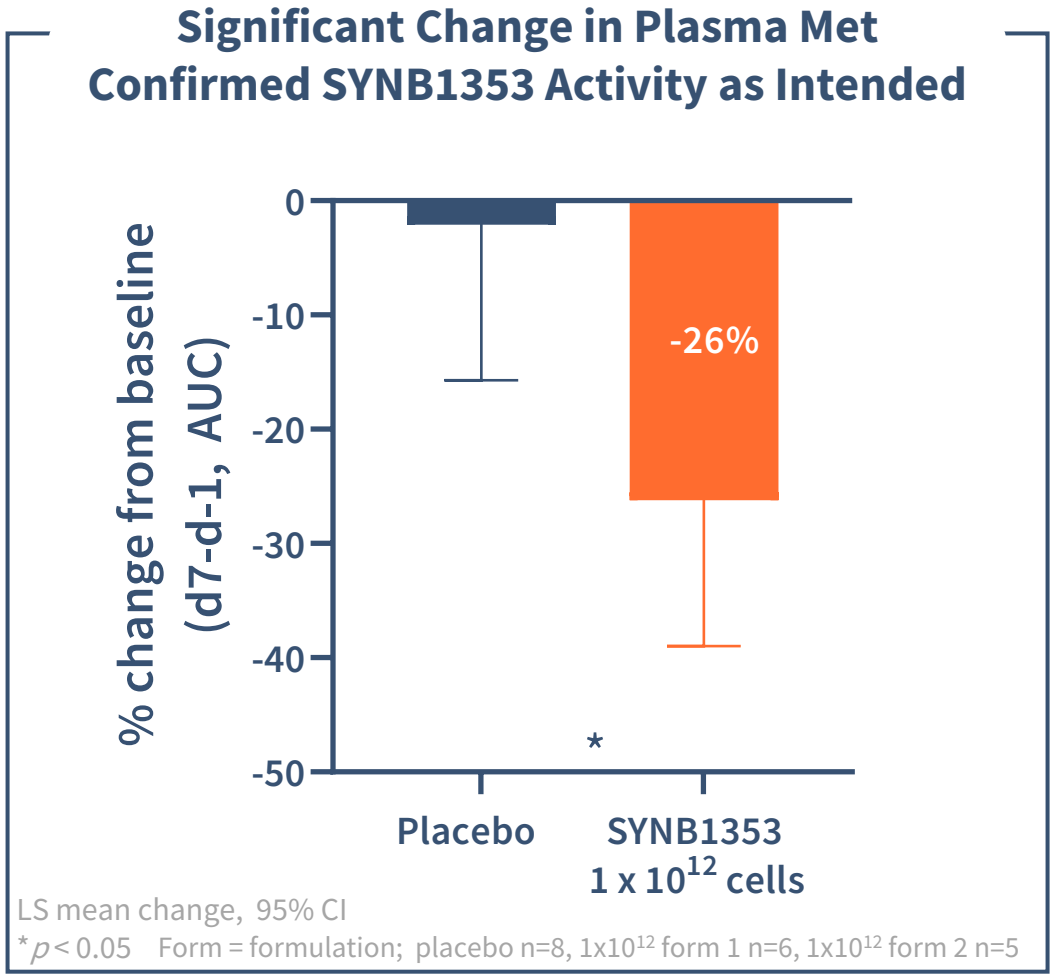
Product Presentation and Expected Profile to Enable Use Across Age Spectrum in PKU

Therapeutic Class	Enzyme Replacement Therapy (ERT)		Synthetic Biotic
Manufacturer *Drug/Status*	TRAVERE THERAPEUTICS *Pegtibatinase (TVT-058)* ***Phase 1/2***	aeglea *Pegtarviliase (AGLE-177)* *Paused Ph 1/2**	synlogic *SYNB1353* ✓ ***Phase 1, Proof of Mechanism***
Dosing & Administration[1, 2, 3, 4]	 1.5 mg/kg biweekly **lyophilized Injection**	 Up to 1.35 mg/kg weekly Injection	 **Powder mixed with ~3 oz liquid** taken with meals
Safety Considerations	ERT mechanism associated with potential for allergic/immunological challenges		Non-systemic. Transient/reversible, mild GI-related side effect
Potentially Applicable Patient Population[1, 2, 3]			

1. https://hcuconnection.com/trials/1. 2. https://www.aeglea.com/clinical-trials/ 3. Synlogic data on file. 4. Travere Corporate Presentation, March 2023

*Patients developed anti-drug antibodies at 1.35 mg/kg dose, Aeglea BioTherapeutics Press Release (12 April 2023); **>12 in UK/Australia only, >18 in US https://www.aeglea.com/clinical-trials/

SYNB1353 Phase 1 Study Demonstrated Proof-of-Mechanism in Healthy Volunteers



- Phase 1 study used healthy volunteer dietary model for (methionine meal challenge) to assess SYNB1353 ability to affect plasma Met levels
- November 2022: **proof of mechanism achieved** in HVs using a meal challenge by data showing:
  - Lowering plasma methionine and
  - Producing strain-specific biomarker (3MTP-glycine)
- Previously presented mechanistic modeling data suggests that **SYNB1353 may lower plasma Hcy by up to 58%** and may increase protein intake and in HCU patients[1]
- Based on this proof of mechanism, **SYNB1353 will advance to a Phase 2 proof of concept** study in patients with HCU

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1. Sondheimer et al., SIMD 2023

SYNB1353 Phase 1 Safety & Tolerability Findings

- ✓ SYNB1353 was generally well-tolerated in healthy volunteers.
- ✓ There were **no serious adverse events** (SAEs)
- ✓ Adverse events (AEs) were all **mild to moderate**, transient, and predominantly GI in nature
  - One subject discontinued dosing due to an adverse event
- ✓ Frequency and severity of **GI-related AEs were similar in the active and control group**
  - 7 of 22 SYNB1353 compared to 3 of 8 placebo subjects had at least 1 GI-related AE
- ✓ All subjects completing the 28-day analysis cleared SYNB1353 in feces

SYNB1353 for HCU: Potential for Differentiated Convenience & Safety Across the Full Age Spectrum

- HCU is a rare metabolic disease caused by an inborn error of metabolism with well-recognized need for new treatment options
  - Burden includes life-threatening acute risks of ischemic stroke and chronic, multi-system complications
  - Large majority of patients with severely elevated total homocysteine levels, in need of new treatment options
- Commonalities and synergies with PKU, facilitating clinical, regulatory and commercial paths
  - Precedent in HCU for regulatory approval based on biomarker endpoint (total homocysteine or tHcy)
  - Shared sites of care, investigator and clinician community with PKU; connected patient communities
- Differentiated target product profile offers potential for patient convenience, safety tHcy lowering across the full age spectrum of PKU
  - Engineered probiotic designed to consume methionine, a precursor to homocysteine, in the GI tract
  - Orally-administered, non-systemically absorbed powder – easily mixed with water or juice
  - Mechanism and safety profile expected to support use across the full age spectrum
- Based on positive proof of mechanism, will advance to Phase 2 proof of concept study in HCU patients

Additional Pipeline Programs

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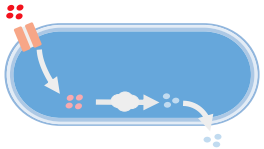
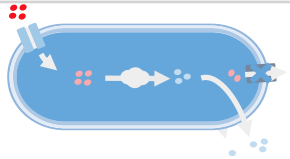
Additional Clinical Candidates Target Validated Metabolites

All Programs Benefit from Cross-Platform Synergies in Discovery, Development, & CMC

Program	Enteric Hyperoxaluria	Gout	Cystinuria
Candidate	SYNB8802	SYNB2081	Undisclosed
Target Metabolite within the GI Tract	Dietary oxalate	Uric acid	Methionine
Clinical Biomarker	Urinary oxalate	Plasma uric acid	Urinary cystine concentration
Status	Clinical proof of concept established	IND enabling studies ongoing	Preclinical
Shared *chassis* of Synthetic Biotic			

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Industry-Leading Partners Reflect Synlogic Expertise, Progress to Date

Roche

- Established June 2021
- Research collaboration for discovery of novel Synthetic Biotic addressing novel single target for the treatment of inflammatory bowel disease (IBD)
- Roche has exclusive option to enter a licensing and collaboration agreement for further development and commercialization
- Synlogic achieved prespecified research milestones and payments in Q3 2021 and Q3 2022

GINKGO BIOWORKS

- Established 2019
- Five-year, $30 million strategic research collaboration
- Accelerates expansion and development of Synlogic's pipeline, based on Synlogic's product engine and Ginkgo's discovery capabilities
- Synlogic retains exclusive marketing rights
- Results to date include:
  - SYNB1353 for HCU
  - SYNB2081 for gout

Corporate

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Leadership Strength Brings Depth Across Biopharma

Aoife Brennan, MB, ChB
President & CEO

Biogen
TOLERX Immune resolve.
Beth Israel Lahey Health Beth Israel Deaconess Medical Center

Antoine Awad
Chief Operating Office

L.E.A.F. Pharmaceuticals™ Lifting and Empowering All Families
MERRIMACK
abpro

Molly Harper
Chief Business Officer

MERCK
genzyme
AKCEA THERAPEUTICS

Michael Jensen
Chief Financial Officer

novo nordisk®
NOVARTIS
INTRINSIC THERAPEUTICS

Caroline Kurtz, PhD
Chief Development Officer

Ironwood IRONWOOD PHARMACEUTICALS
genzyme
GeneTex PHARMACEUTICALS, INC.

Mylene Perreault
VP, Head of Research

MILLENNIUM PHARMACEUTICALS, INC
Wyeth
Pfizer

Neal Sondheimer
VP, Head of Clinical

SickKids THE HOSPITAL FOR SICK CHILDREN
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Brendan St. Amant
General Counsel & Corporate Secretary

DCG DONNELLY, CONROY & GELHAAR, LLP
VERTEX
ohana BIOSCIENCES

Adam Thomas
Chief People Officer

Pfizer
scjohnson
Shire

Financial Results for Second Quarter 2023

Summary Results

Balance Sheet (unaudited)	30 June 2023	31 December 2022
Cash, Cash Equivalents, and Marketable Securities	$46.3M	$77.6M

(in thousands, except share and per share data)

Financial Performance (unaudited)	Three Months Ended June 30		Six Months Ended June 30	
	2023	2022	2023	2022
Revenue	$ 35	$ 152	$ 209	$ 396
R&D Expenses	$ 11,765	$ 12,057	$ 24,215	$ 23,795
G&A Expenses	$ 3,924	$ 4,112	$ 7,891	$ 8,383
Net loss	$ (15,048)	$ (15,842)	$ (30,670)	$ (31,539)
Net loss per share - basic and diluted*	$ (0.21)	$ (0.22)	$ (0.44)	$ (0.44)
*Weighted Average Shares Outstanding**	70.2M	72.1M	69.7M	72.0M

*Weighted average shares used in computing net loss per shares – basic and diluted

Thank You

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