Precigen, Inc.

January 11, 2023

Helen Sabzevari, PhD

President & Chief Executive Officer

41st Annual J.P. Morgan Healthcare Conference

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Forward-looking Statements

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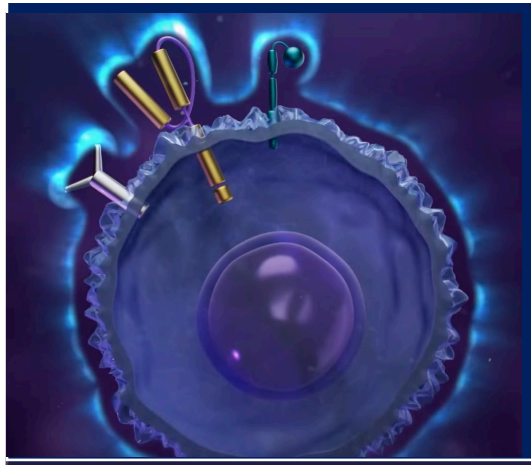
Some of the statements made in this presentation are forward-looking statements. These forward-looking statements are based upon the Company's current expectations and projections about future events and generally relate to plans, objectives, and expectations for the development of the Company's business, including the timing and progress of preclinical studies, clinical trials, discovery programs and related milestones, the promise of the Company's portfolio of therapies, and in particular its CAR-T and AdenoVerse therapies. Although management believes that the plans and objectives reflected in or suggested by these forward-looking statements are reasonable, all forward-looking statements involve risks and uncertainties, including the possibility that the timeline for the Company's clinical trials might be impacted by the COVID-19 pandemic, and actual future results may be materially different from the plans, objectives and expectations expressed in this presentation. The Company has no obligation to provide any updates to these forward-looking statements even if its expectations change. All forward-looking statements are expressly qualified in their entirety by this cautionary statement. For further information on potential risks and uncertainties, and other important factors, any of which could cause the Company's actual results to differ from those contained in the forward-looking statements, see the section entitled "Risk Factors" in the Company's most recent Annual Report on Form 10-K and subsequent reports filed with the Securities and Exchange Commission.

This presentation contains market data and industry statistics and forecasts based on studies and clinical trials sponsored by third parties, independent industry publications and other publicly available information. Although Precigen believes these sources are reliable, it does not guarantee the accuracy or completeness of this information and has not verified this data.

All of the pharmaceutical products described in this presentation are investigational new drugs, which are currently undergoing pre-clinical and/or human clinical trial testing. As a result, none of them have had their safety or efficacy established or are approved by the U.S. Food and Drug Administration or any other regulatory agency.

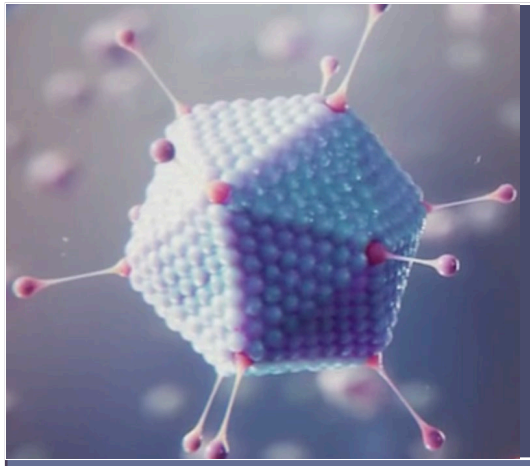
All information in this presentation is as of the date of its cover page, and Precigen undertakes no duty to update this information unless required by law.

Precigen is Deploying Novel Gene & Cell Therapeutic Approaches to Address High Unmet Healthcare Needs



UltraCAR-T

- Non-viral multi-gene delivery
- Non-exhausted, stem-like T cell phenotype
- Higher antigen-specific expansion
- Enhanced *in vivo* persistence
- Ability to deplete with kill switch
- Overnight manufacturing process



AdenoVerse Immunotherapy

- Large payload capacity
- Low seroprevalence in humans
- Ability for repeat administration
- Durable antigen-specific immune response
- Highly productive manufacturing process

Precigen Clinical Pipeline

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ADENOVERSE IMMUNOTHERAPY

PRODUCT	PLATFORM	INDICATION	DISCOVERY	PRECLINICAL	PHASE 1	PHASE 1B	PHASE 2	PHASE 3
PRGN-2009	AdenoVerse	HPV+ Solid Tumors						
PRGN-2012	AdenoVerse	Recurrent Respiratory Papillomatosis (RRP)						

ULTRACAR-T

PRODUCT	PLATFORM	INDICATION	DISCOVERY	PRECLINICAL	PHASE 1	PHASE 1B	PHASE 2	PHASE 3
PRGN-3005	UltraCAR-T	Ovarian Cancer						
PRGN-3006	UltraCAR-T	AML, MDS						
PRGN-3007	UltraCAR-T	ROR1+ Hematological & Solid Tumors						

ACTOBIOTICS

PRODUCT	PLATFORM	INDICATION	DISCOVERY	PRECLINICAL	PHASE 1	PHASE 1B	PHASE 2	PHASE 3
AG019	ActoBiotics	Type 1 Diabetes						

Precigen in 2022: Significant Clinical and Fiscal Accomplishments

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✓	PRGN-3006 UltraCAR-T	Presented positive safety and efficacy Phase 1 data at ASH; Activated Mayo Clinic (MN) as expansion site for the Phase 1b trial enhancing the decentralized manufacturing model; FDA clearance received for redosing; FDA granted Fast Track designation
✓	PRGN-3005 UltraCAR-T	Completed enrollment in Phase 1 clinical trial; Initiated Phase 1b expansion trial; FDA clearance received for redosing; Tech transfer underway for expansion to major US cancer centers
✓	PRGN-3007 Next Gen UltraCAR-T	Tech transfer complete for initiation of the Phase 1 umbrella trial in ROR1^{+} hematological (CLL, MCL, ALL, DLBCL) and solid tumors (TNBC); Phase 1 trial open for enrollment
✓	PRGN-2012 AdenoVerse Immunotherapy	Completed enrollment (N=15) in Phase 1 trial in recurrent respiratory papillomatosis; Phase 2 trial initiated and rapidly enrolling patients (N=20 enrolled to date); Announced upcoming presentation of complete Phase 1 safety and efficacy data (January 24th)
✓	PRGN-2009 AdenoVerse Immunotherapy	Enrollment and dosing complete in the Phase 1 mono (N=6) and combo therapy (N=11) in HPV-associated cancers; Enrollment ongoing in Phase 2 mono arm in newly diagnosed oropharyngeal squamous cell carcinoma (OPSCC) with 19 of 20 enrolled as of end of 2022
✓	Corporate	Maximized value of Trans Ova Genetics leading to sale of non-health subsidiary for $170M upfront and a potential $10M earn-out
✓	Corporate	Retired ~$157M of the outstanding convertible notes due in July 2023 in a non-dilutive manner, resulting in $5.7M in interest and discount savings as of the end of 2022

LEGEND: ✓ goal met; ✓ goal expected Q1 23

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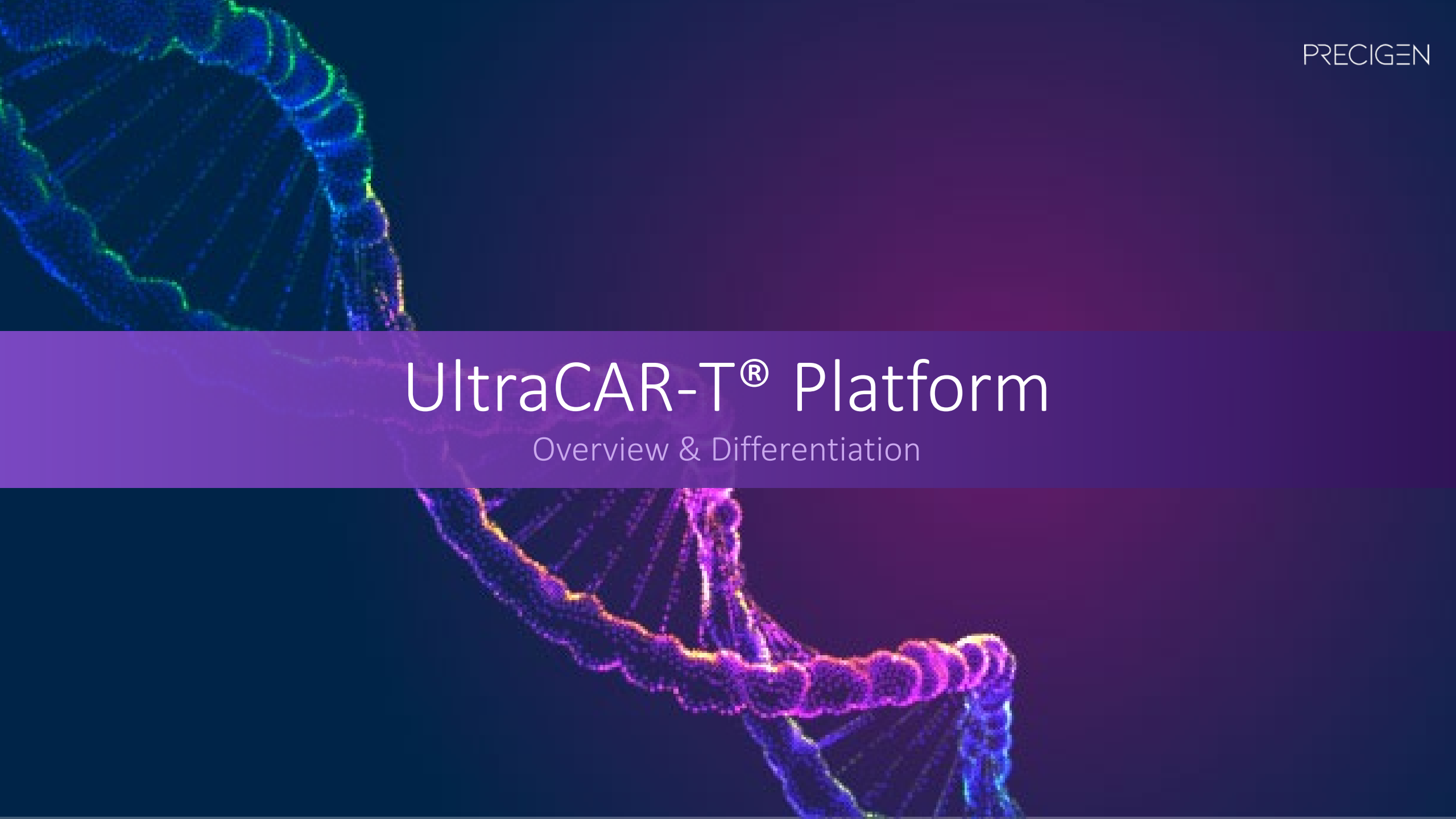

UltraCAR-T® Platform

Overview & Differentiation

Current CAR-T Therapies Have Not Solved One of Cell Therapy's Biggest Bottlenecks – Long Vein-to-Vein Times Leading to Delayed Patient Treatment

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Evaluate Vantage

December 11, 2022

Jacob Plieth

Ash 2022 – fast production fails to cure Car-T's problem[1]

Novartis and Gracell's two-day manufactured Cars do not solve cell therapy's biggest bottleneck – yet.

Data presented at Ash by Novartis and Gracell suggested that manufacturing time can be cut drastically, from a few weeks to two days, but **the elephant in the room remains: patients still have to wait weeks or months before they receive therapy**.

How long?

This shortcoming was laid bare at Sunday's Ash session when the presenter, Dr Pere Barba of Vall d'Hebron University Hospital, repeatedly dodged questions about what the vein-to-vein time was in a phase 1 lymphoma study of the T-Charge-manufactured YTB323 (rapcabtagene autoleucel).

After insisting that a clinical trial setting was suboptimal to assess this, Dr Barba eventually admitted that vein-to-vein time – the time taken from apheresis to cell reinfusion – was "similar" to the industry norm for autologous Car-T therapies, implying two to six weeks.

This is only part of the problem. Current capacity constraints mean that, once a patient is deemed a candidate for Car-T therapy, it then takes weeks before a slot can be booked for their cells to be manufactured. Dr Barba said some patients were kept waiting for so long that they had to be bridged with chemo, and indeed some went into remission as a result....

Dr Barba presented a swimmers plot of responses that pointedly omitted patients' time between enrolment and dosing . this was shown to be between two and three months, with one patient waiting as long as six months. Against this backdrop shaving a week or two off manufacturing time seems paltry.

Precigen's UltraCAR-T is the **Leading Platform** to Significantly Reduce Manufacturing and Treating Time for Autologous CAR-T **to Just One Day**

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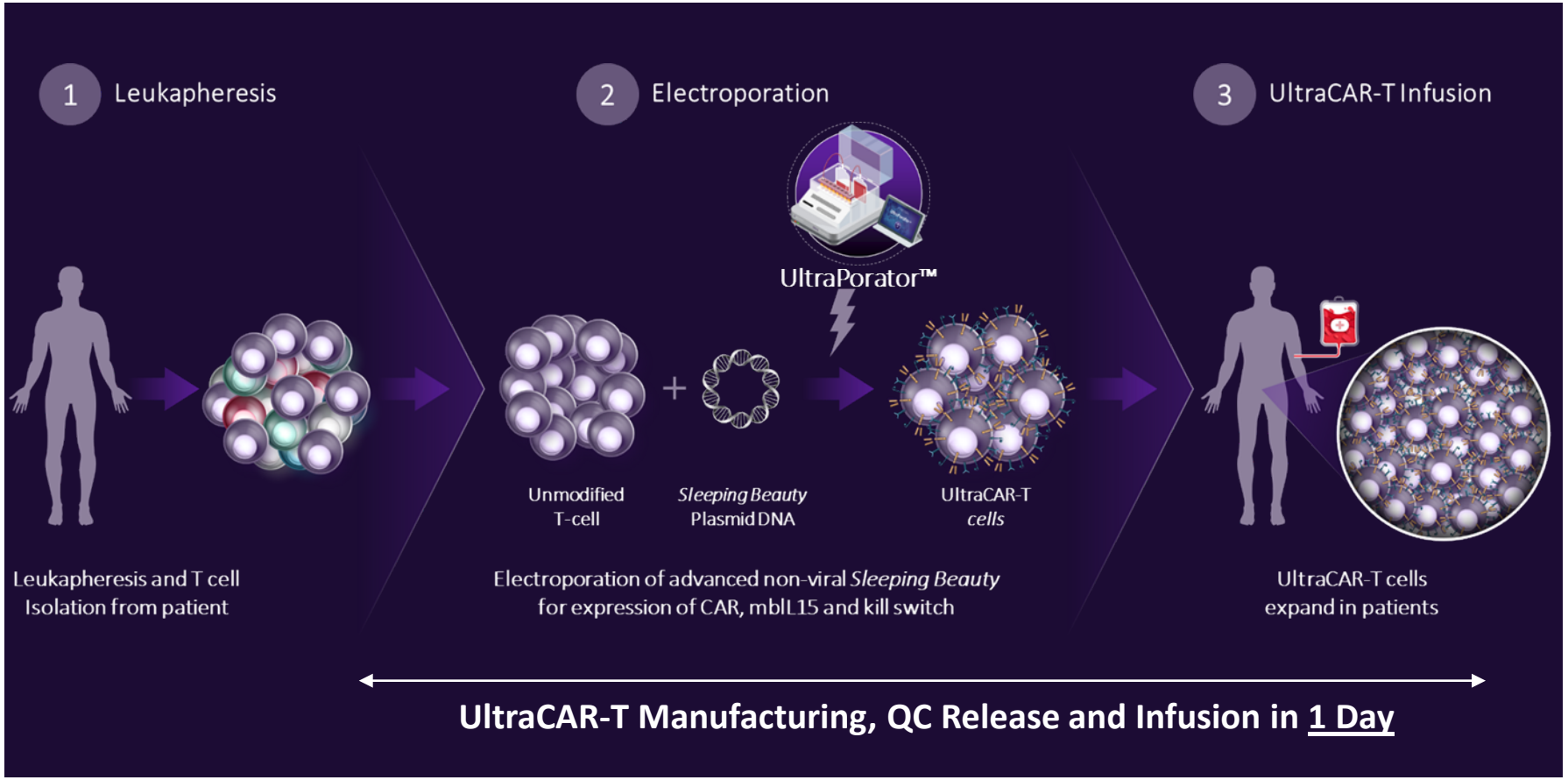
	UltraCAR-T	Autologous CAR-T	Allogeneic CAR-T/NK[#]
Manufacturing	1 Day ✓	Up to 4 Weeks*	4+ Weeks*
Quality Control Release Assays	Same Day (< 8 Hours) ✓	2 to 4 Weeks*	4+ Weeks*
Expected Per Patient Manufacturing Cost	$$ ✓	$$$$	$$$

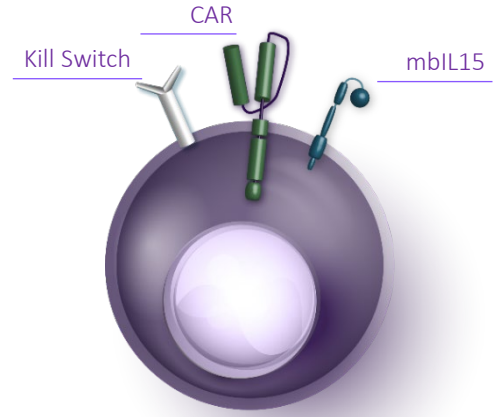
The information presented in this table is based on our internal assessment of the state of general development of such technologies

*Estimated based on publicly available information

#Each batch of Allogeneic CAR-T/NK cells are estimated to produce up to 100 doses

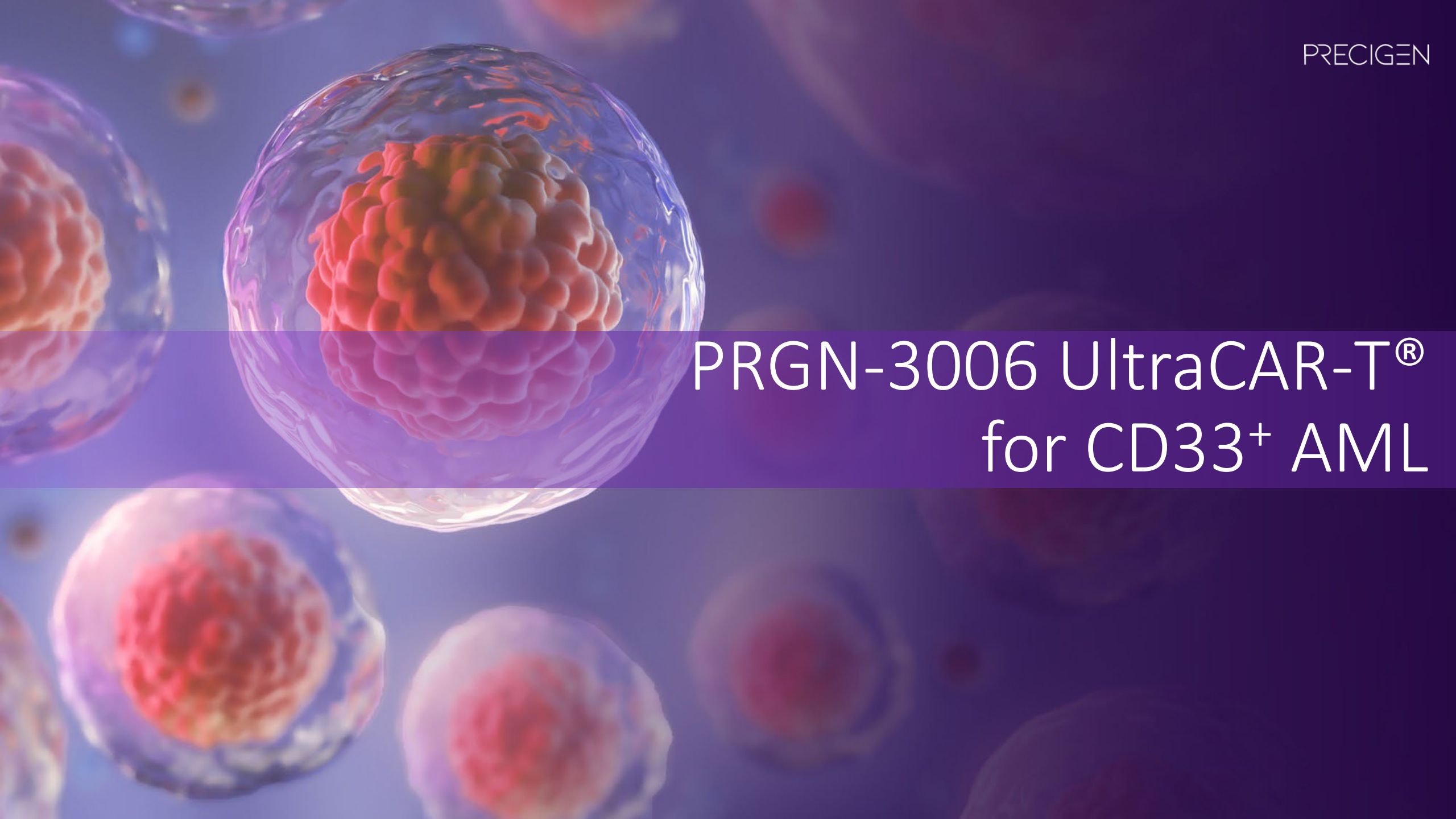
UltraCAR-T: Overnight, Decentralized Manufacturing Process and Next Day Infusion Significantly Reduces Wait Time for Autologous CAR-T Treatment





UltraCAR-T MANUFACTURING

- **Proprietary UltraPorator® Automated System**
- **Non-viral multi-gene delivery**
- **Overnight manufacturing**
- **Same day QC testing & release**
- **Uniform, multigenic cell product**
- **No *ex vivo* T cell activation or expansion**



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PRGN-3006 UltraCAR-T® for CD33+ AML

PRGN-3006 Demonstrates Enhanced Expansion and Persistence in Blood and Bone Marrow After a Single Infusion Following Lymphodepletion

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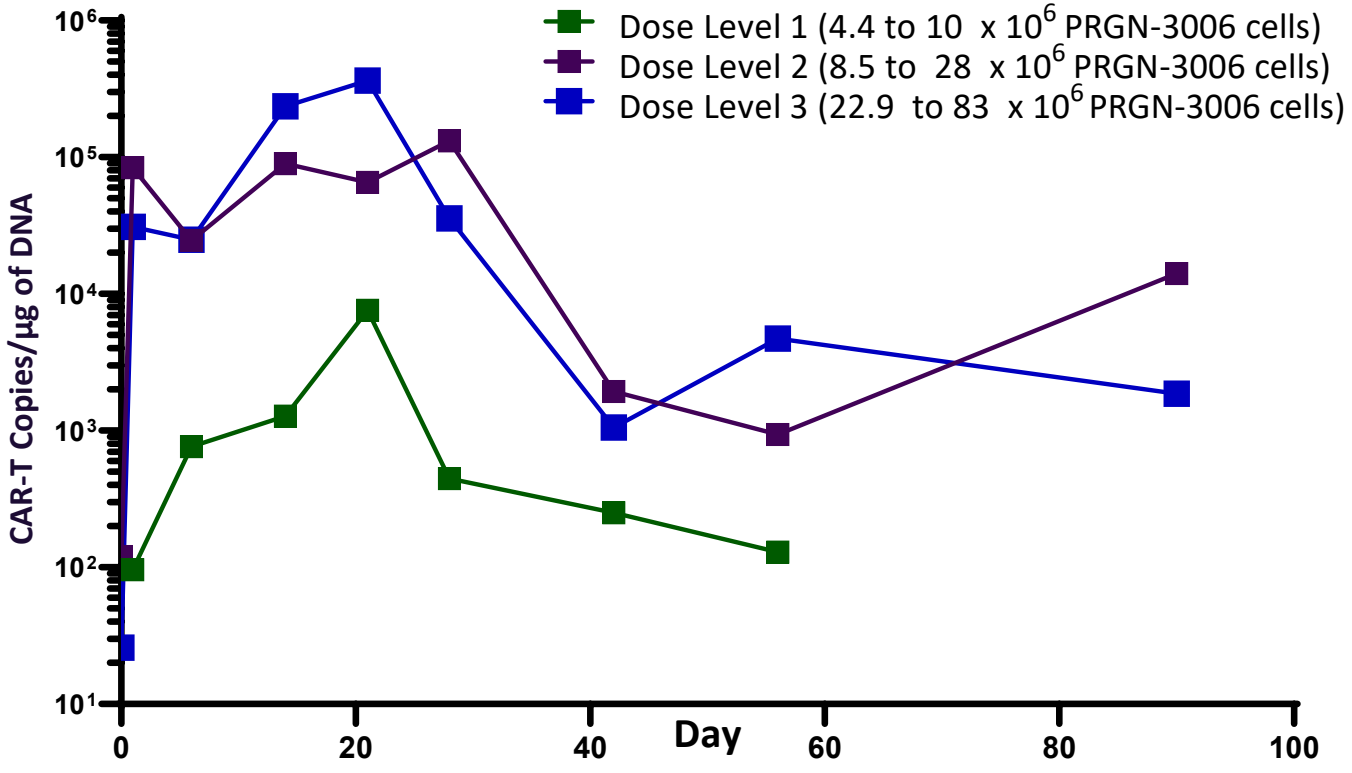
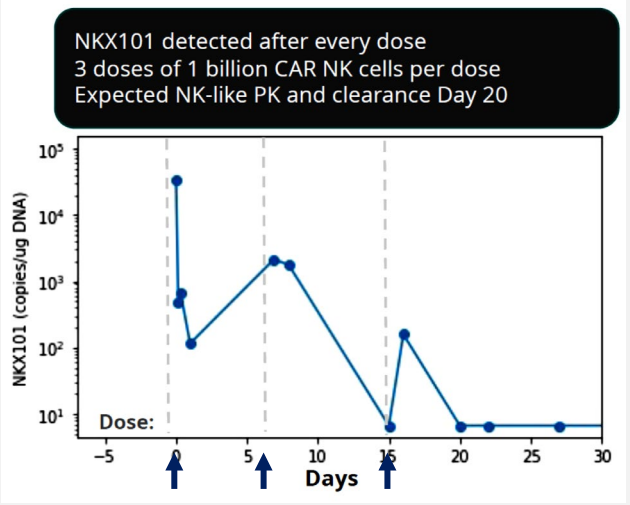
PRGN-3006 EXPANSION & PERSISTENCE IN PERIPHERAL BLOOD

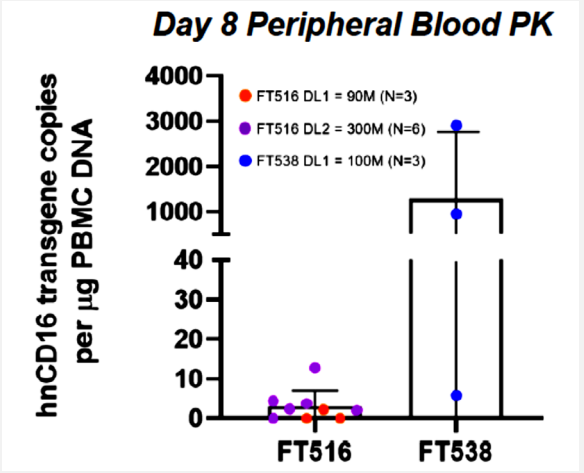


ALLOGENEIC CELL TECHNOLOGIES SHOW SHORT *IN VIVO* PERSISTENCE



Nkarta Therapeutics 25 April 2022

- **3 once weekly doses**
- **1 billion CAR-NK cells per dose**



Fate Therapeutics June 2021

- **3 once weekly doses per cycle**
- **Up to 300 million CAR-NK cells per dose**

A Single Infusion of PRGN-3006 Leads to Objective Responses in AML Patients

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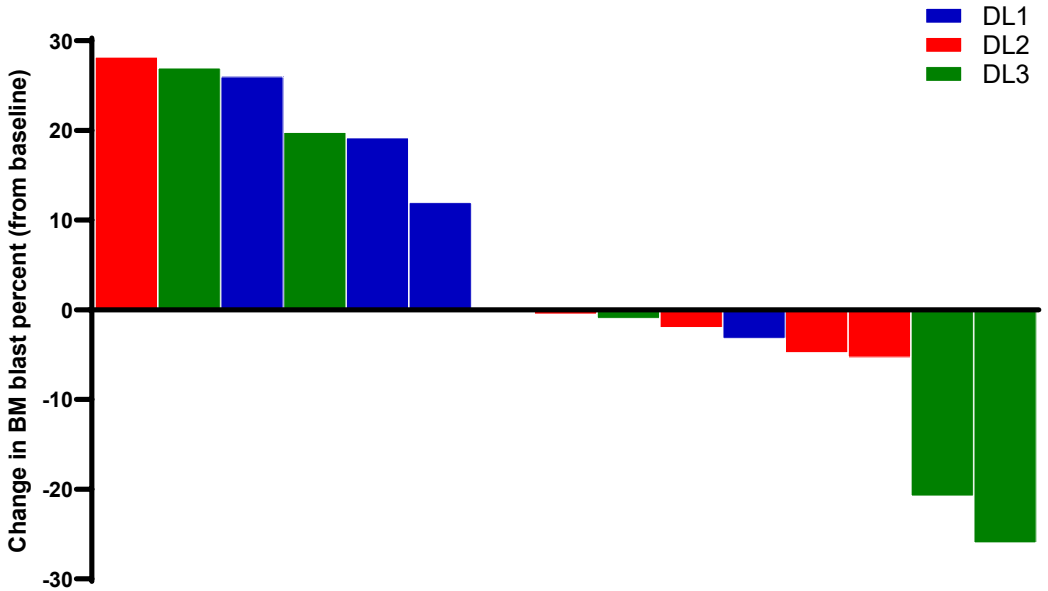
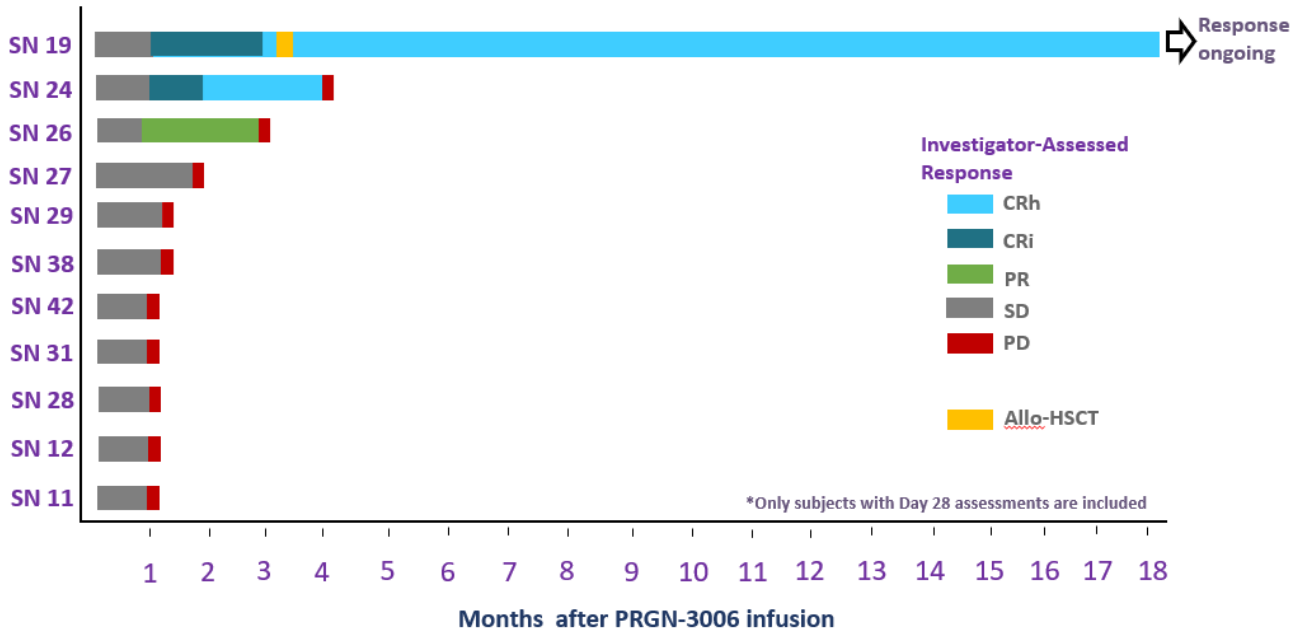
MEANINGFUL DECREASE BM BLASTS IN A HEAVILY PRETREATED PATIENT POPULATION (60%, 9/15)[1]



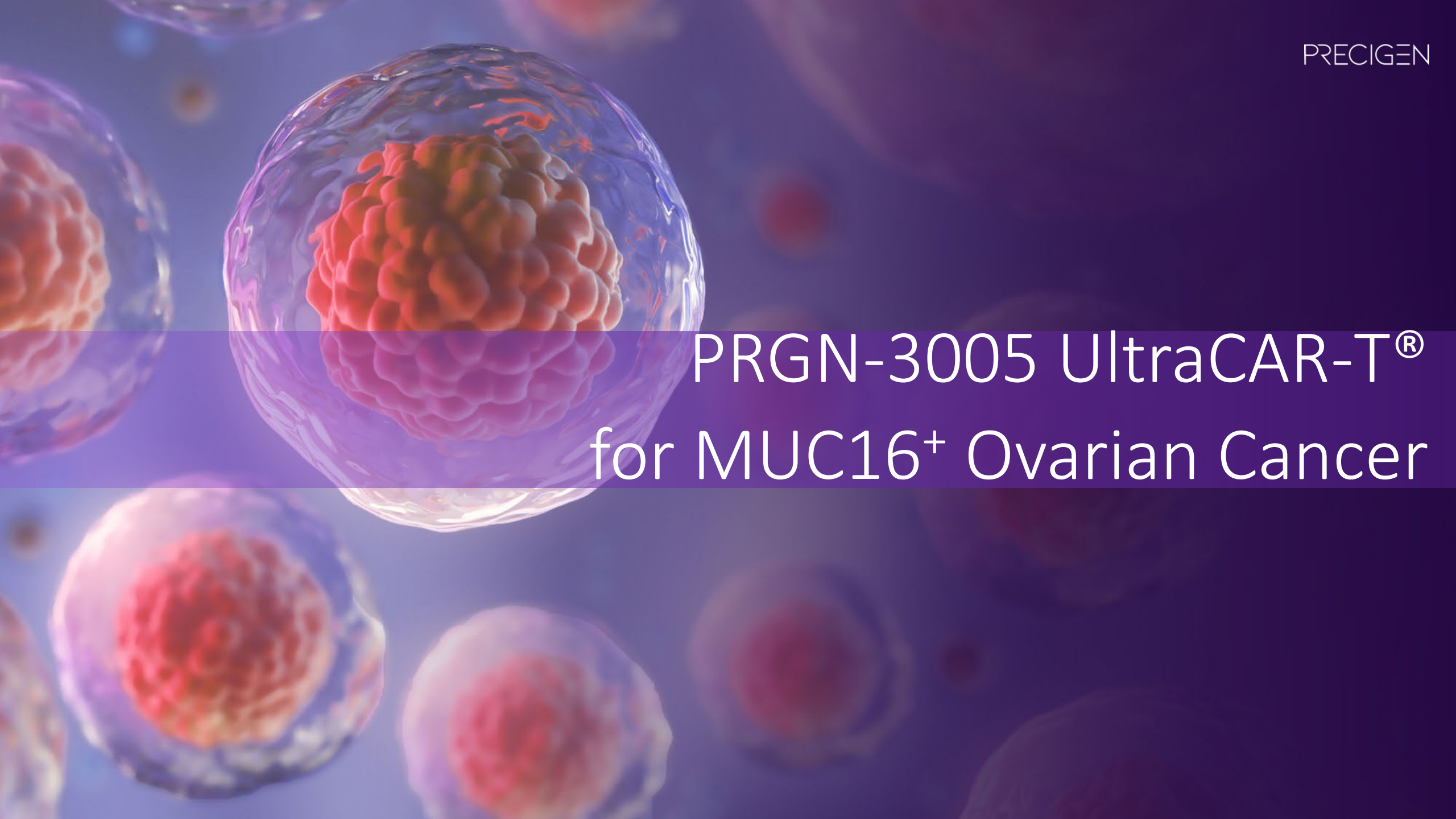
AML	+	+	+	+	+			+		+	+	+	+		+
MDS							+		+					+	
CMML						+									
BOR							SD	PR	SD	SD	CR		CR	SD	SD

*Data is from subjects with evaluable data post infusion (15/16)

PRGN-3006 INFUSION RESULTED IN OBJECTIVE RESPONSE RATE OF 27% IN AML PATIENTS[1]



	AML	MDS	CMML
Disease Control Rate (at D28)	45% (5/11)	3/3 (100%)	0/1
Objective Response Rate (ORR)	27% (3/11)	0/3	0/1



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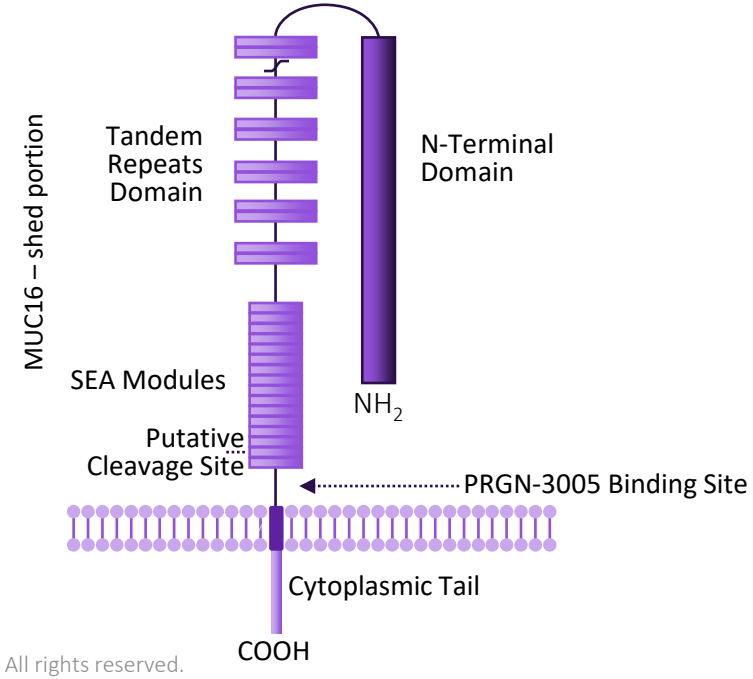
PRGN-3005 UltraCAR-T® for MUC16^{+} Ovarian Cancer

PRGN-3005 UltraCAR-T: First-in-class Investigational Therapy in Ovarian Cancer

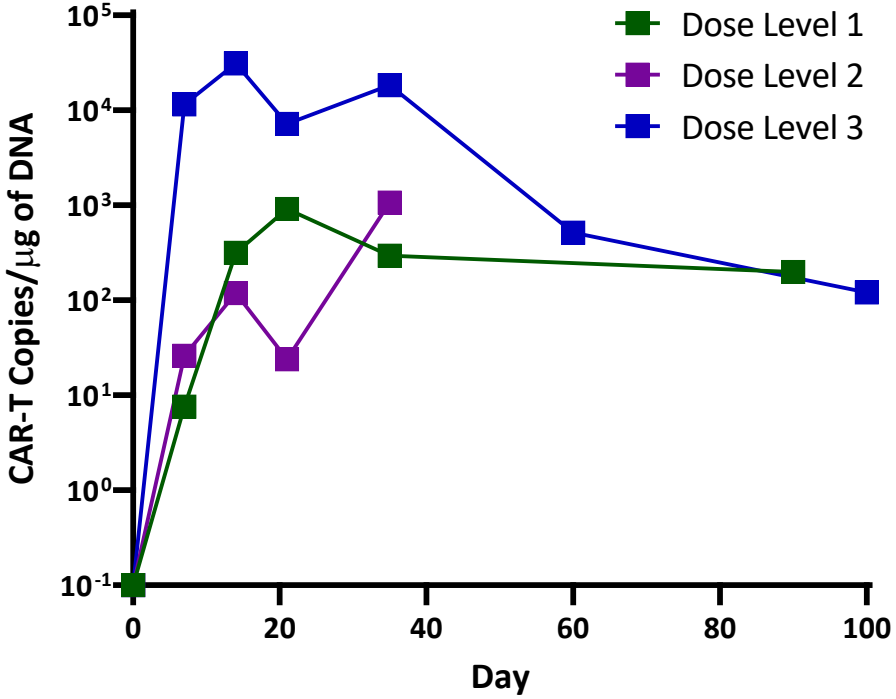
PRGN-3005 TARGETS UNSHED PORTION OF MUC16

- Non-viral system to simultaneously express MUC16 CAR, mbIL15 and kill switch
- Overnight, decentralized manufacturing process
- MUC16 is overexpressed on >80% of ovarian tumors[1]
- Limited expression found on healthy tissues
- Initial target is advanced stage platinum resistant ovarian cancer



PRGN-3005 EXPANSION & PERSISTENCE IN PERIPHERAL BLOOD

INTRAPERITONEAL (IP) ARM



Dose Level (DL)	Subjects	Dose Range (UltraCAR-T Cells/kg)	Total UltraCAR-T Dose Administered
DL1	N=3	$>3x10^4$ to $\leq 1x10^5$	6 – 7.6 $x10^6$ cells
DL2	N=3	$>1x10^5$ to $\leq 3x10^5$	12 – 21 $x10^6$ cells
DL3	N=4	$>3x10^5$ to $\leq 5x10^6$	33 – 321 $x10^6$ cells

PRGN-3005 Phase 1/1b Clinical Trial: Interim Data in the IP Arm Demonstrate Favorable Safety and Positive Clinical Activity in Ovarian Cancer Patients

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SAFETY SUMMARY

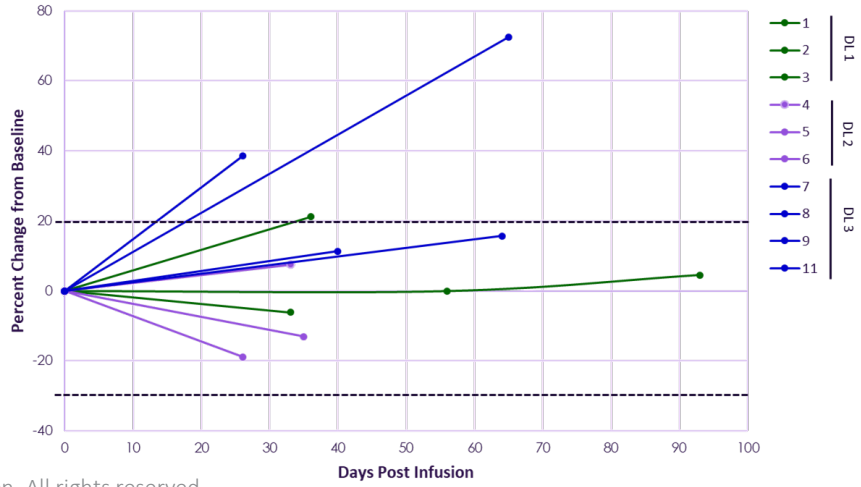
CAR-T Cell Toxicity (N=10)

CRS (ASTCT guidelines)	Neurotoxicity (CARTOX-10)
▪ CRS, any grade: **0%** (0/10) ▪ Use of tocilizumab: **0%** (0/10)	▪ Neurotoxicity, any grade: **0%** (0/10)

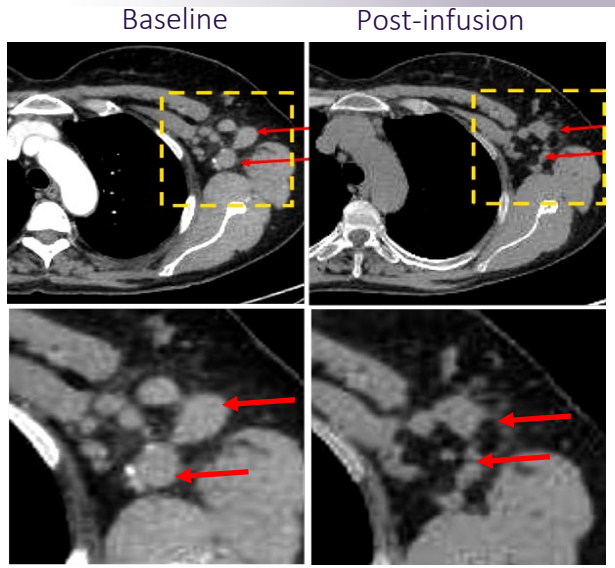
- Favorable safety profile across the Dose Levels tested in IP Arm
- No incidences of CRS
- No neurotoxicity

INTRAPERITONEAL (IP) ARM

CHANGE IN SUM OF DIAMETERS OF TARGET LESIONS

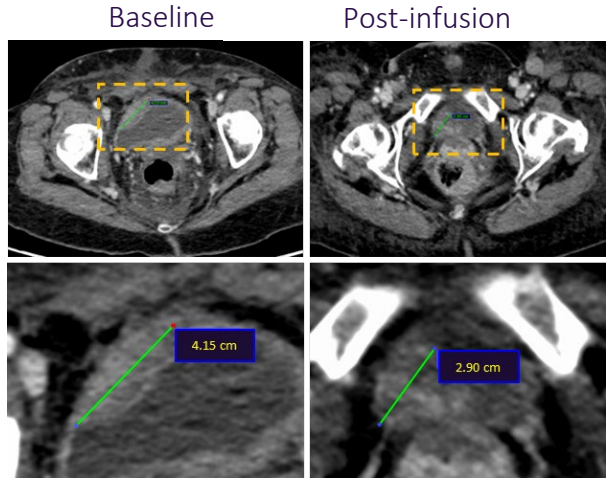


CASE STUDY 1



- Patient administered low dose (7.5 x 10^6 Total UltraCAR-T cells) PRGN-3005 via IP administration without lymphodepletion
- Complete response in axillary lymph node target lesion after 3 months

CASE STUDY 2



- Patient administered low dose (19 x 10^6 Total UltraCAR-T cells) PRGN-3005 via IP administration without lymphodepletion
- Example of observed decrease in size of target lesions, including solid lesions such as the bladder (above)

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AdenoVerse™ Immunotherapy Platform

Overview & Differentiation

AdenoVerse™ Platform: Potential for Broad Applications in Gene Therapy

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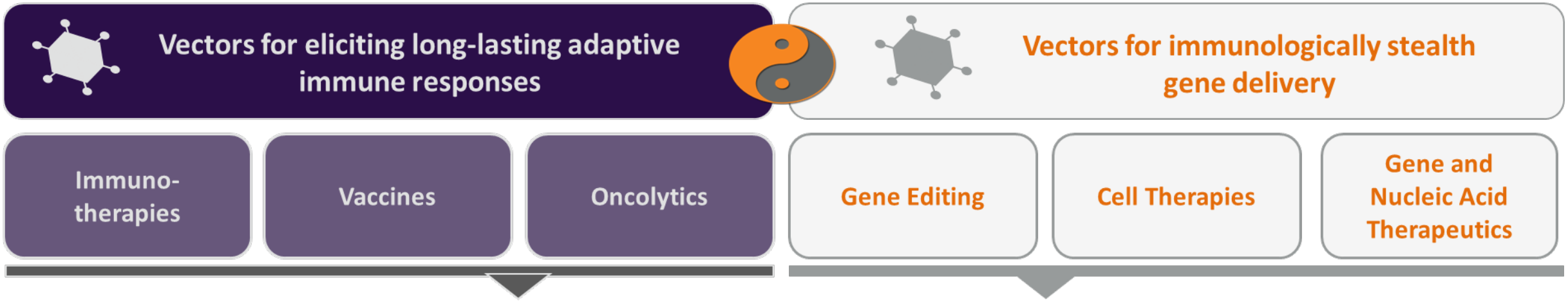
A library of adenoviral vectors with diverse and unique biological properties



Infectious Disease	
Oncology	
Otology	
Ophthalmology	
Cardiology	
Neurology	
Rheumatology	
Rare Diseases	

The AdenoVerse platform enables the full potential of new gene-based technologies

These powerful new genetic technologies have the potential to revolutionize medicine

AdenoVerse: Industry-leading Adenovector Platform

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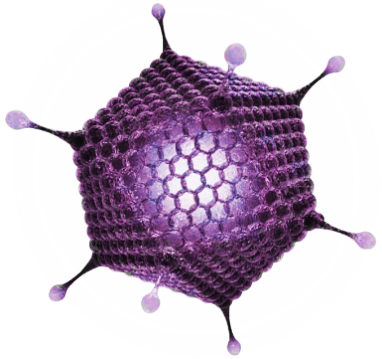
PRECIGEN'S GORILLA ADENOVECTORS SHOW SUPERIOR PERFORMANCE CHARACTERISTICS



- Large genetic payload capacity
- Off-the-shelf availability
- Ability for repeat administration
- Durable antigen-specific immune response
- Non-replicating adenoviruses
- Highly productive manufacturing process

LIMITATIONS OF COMPETING APPROACHES

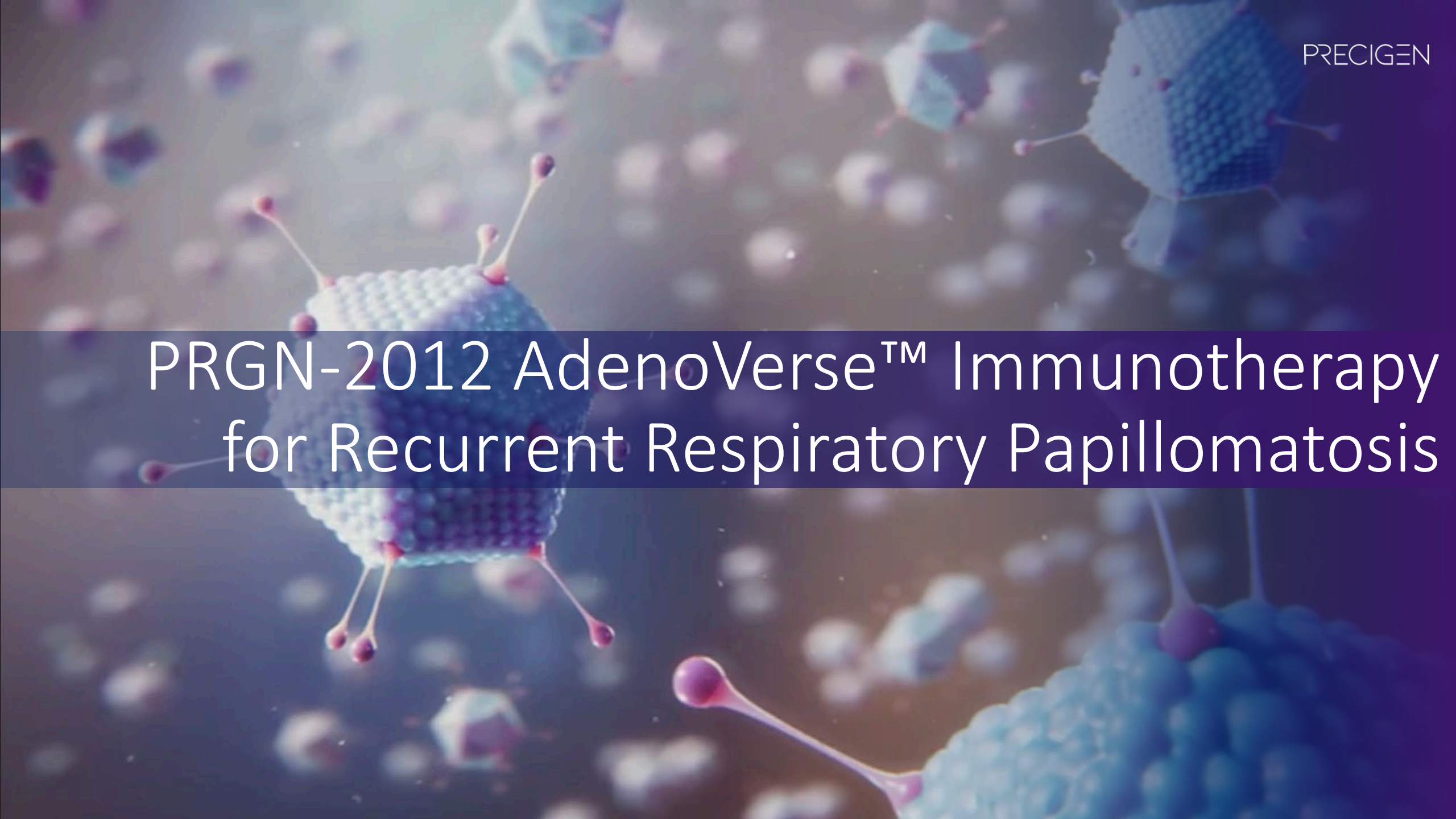
VACCINES

- Limited antigen coverage
- DNA vaccines may have relatively poor immunogenicity
- Pre-existing immunity to human Ad5 may limit efficacy[1]

TCR-T CELLS

- Applicable in only a small subset of patients due to HLA polymorphism
- Target only a single antigen epitope
- Long and expensive manufacturing process
- Potential for the mispairing of endogenous and exogenous TCR chains

AdenoVerse™ Immunotherapy Explained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PRGN-2012 AdenoVerse™ Immunotherapy for Recurrent Respiratory Papillomatosis

Precigen Virtual R&D Day

Tuesday, January 24, 2023
4:30 PM ET

R&D DAY PARTICIPANTS

Clint T. Allen, MD
Senior Investigator, Surgical Oncology Program
Center for Cancer Research National Cancer Institute (NCI)
Lead associate investigator for the PRGN-2012 clinical trial

Helen Sabzevari, PhD
President and CEO
Precigen

Recurrent Respiratory Papillomatosis (RRP): Need for Safe and Effective Treatment

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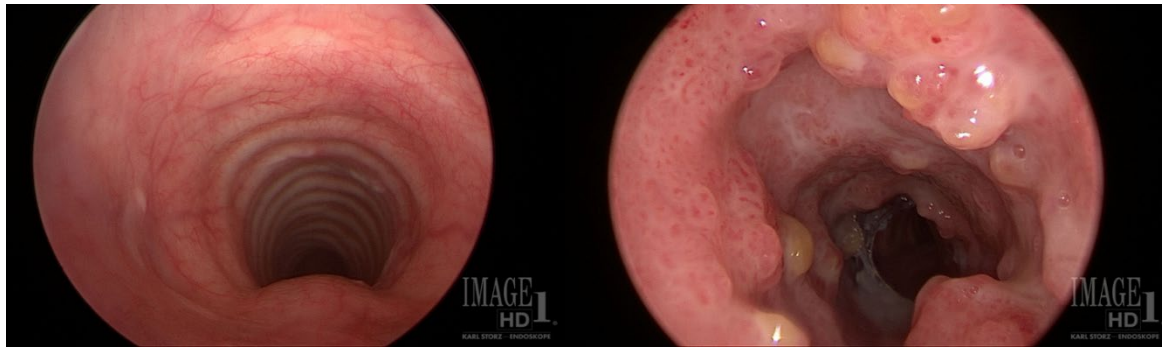
RRP IS CAUSED BY HPV6 OR HPV11 INFECTION[1-2]

- A rare disease in which benign tumors called papillomas grow in the respiratory tract
- Symptoms include hoarse voice, difficulty sleeping and swallowing, chronic coughing, or breathing problems
- Affects both children and adults
- Tracheal involvement and airway obstruction occurs in ~25% of cases



Normal trachea RRP Patient

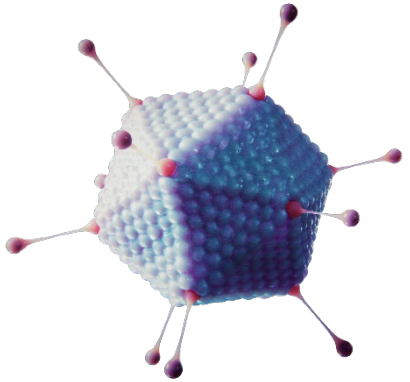
CURRENT TREATMENT PARADIGM

- Repeat surgery is the only standard-of-care treatment for RRP
- Patients can require hundreds of lifetime surgeries

RATIONALE FOR HPV6/11 THERAPEUTIC VACCINE FOR RRP

- Immune-mediated clearance of HPV is the only way to potentially cure RRP
- T cells are the only immune cell that can specifically detect and kill HPV infected cells
- Lack of HPV-specific T cells in RRP patients
- Prophylactic vaccines cannot generate HPV-specific T cell response

PRGN-2012 TARGETS HPV6/11 INFECTED CELLS



PRGN-2012

- Gorilla adenoviral vector, with the ability for repeat injections
- Designed to elicit T-cell mediated immune responses against papilloma cells infected with HPV6 or HPV11

Recurrent Respiratory Papillomatosis (RRP): Need for Safe and Effective Treatment

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RRP DISEASE PREVALENCE

Active Cases in US [1] :

~10,000 Adult Cases

~6,000 Juvenile Cases

Active Cases Ex-US[2]:

~60,000 Adult Cases

ESTIMATED MARKET OPPORTUNITY

>$1B

Peak annual market opportunity in US[4]

~$2B

Peak annual market opportunity including ex-US[5]

US ECONOMIC BURDEN ON RRP PATIENTS

~$100,000 + INDIRECT COSTS = $MILLIONS

ANNUAL DIRECT COSTS[3] | E.G., LOSS OF INCOME/WORK | IMPLIED LIFETIME COSTS

POTENTIAL FUTURE OPPORTUNITY

Other HPV6 and HPV11 US disease burden[6]
~ 350,000 cases of genital warts in sexually active adults

Preliminary Data Showed Encouraging Activity of PRGN-2012 in Severe, Aggressive RRP

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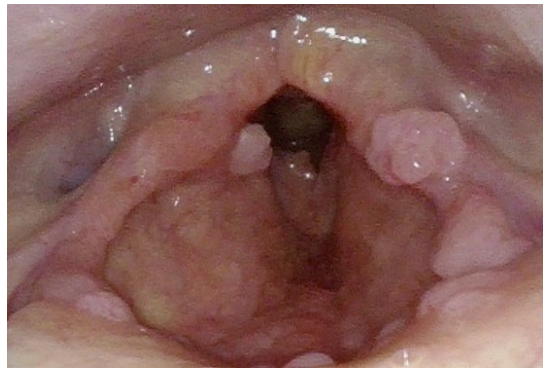
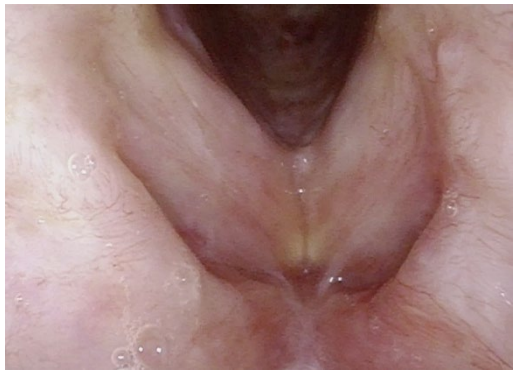
CASE STUDY

- **Patient required surgery once every 6 weeks for 2.5 years prior to enrollment**
  - **8 surgeries in 12 months prior to PRGN-2012 treatment start**
- Patient received 4 vaccinations of PRGN-2012 at $5x10^{11}$ vp/dose (Dose Level 2)
- **Patient did not require surgery at 6 weeks follow up after treatment completion**

Baseline



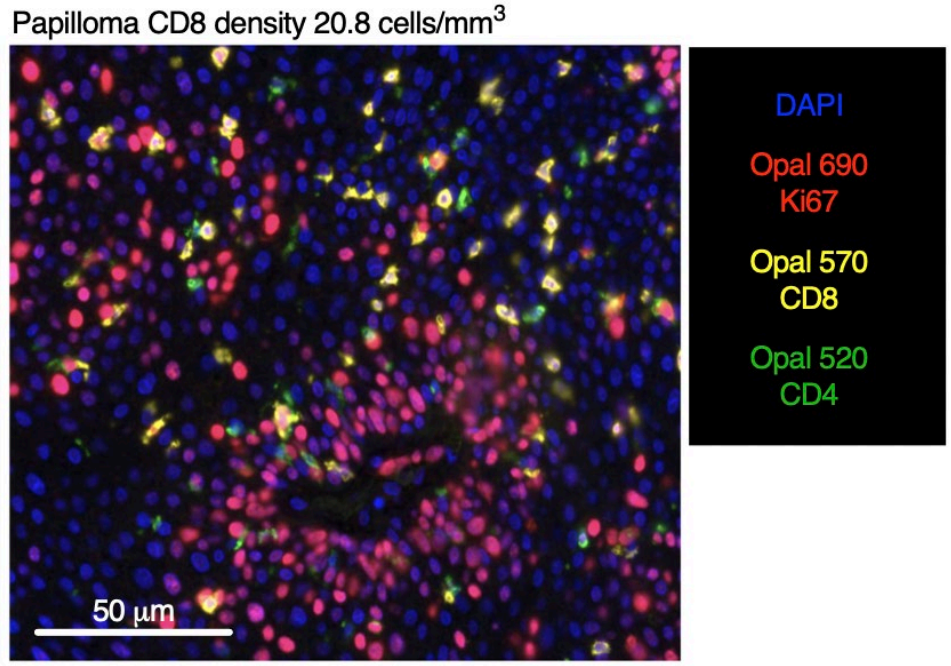
6 weeks post treatment completion



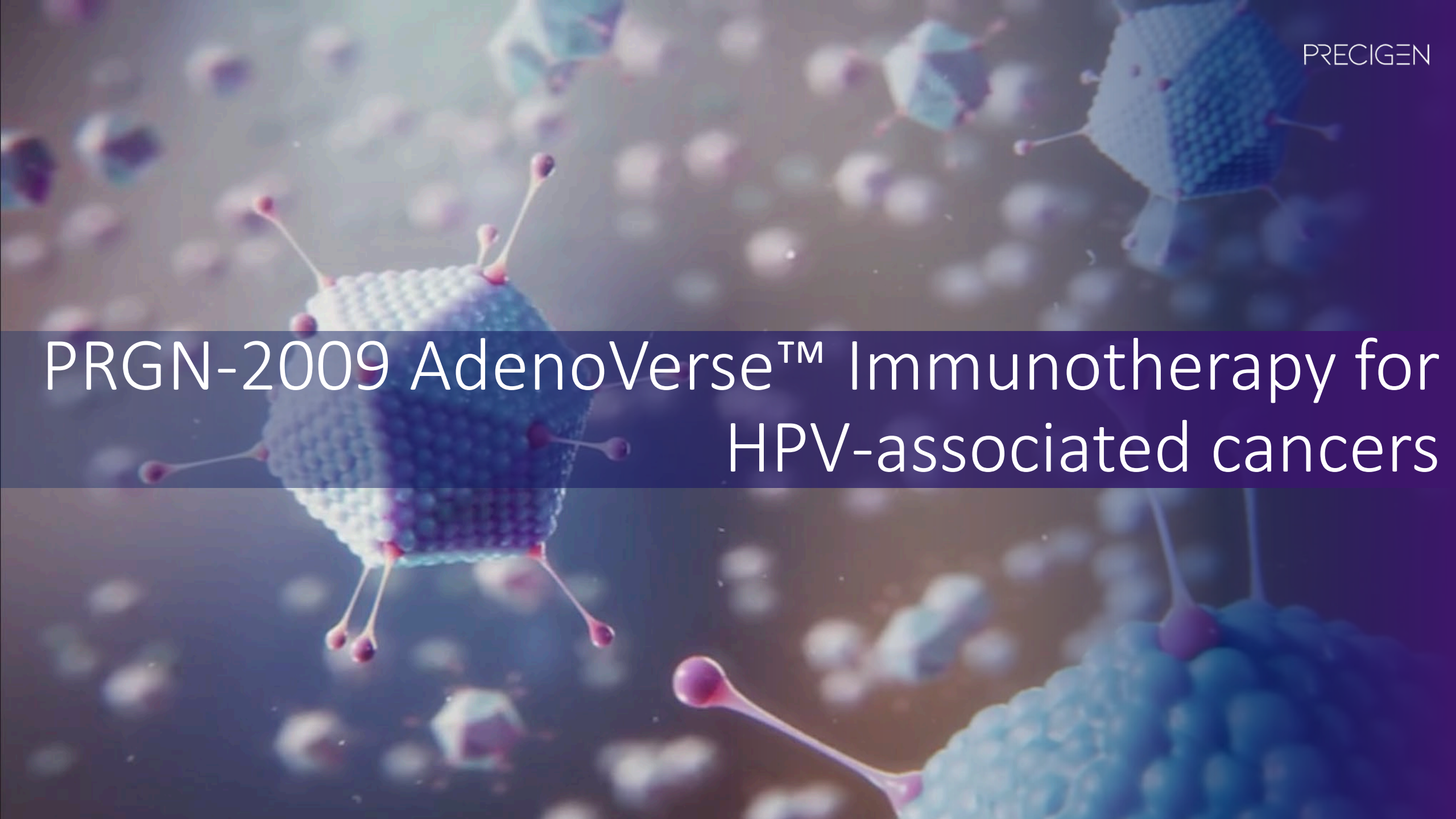
CASE STUDY: PRGN-2012 TREATMENT RESULTS IN INCREASE IN T-CELL INFILTRATION OF PAPILLOMA

- **Low levels of T cells at baseline consistent with lack of HPV-specific T cells in RRP patients**
- **Significant (>10X) increase in T cells infiltrating papilloma post PRGN-2012 treatment**

Post-treatment



Photomicrographs of multispectral immunofluorescence identifying T cells in papilloma sections from a patient



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PRGN-2009 AdenoVerse™ Immunotherapy for HPV-associated cancers

PRGN-2009: First-in-class Investigational Therapy for HPV-associated Cancers

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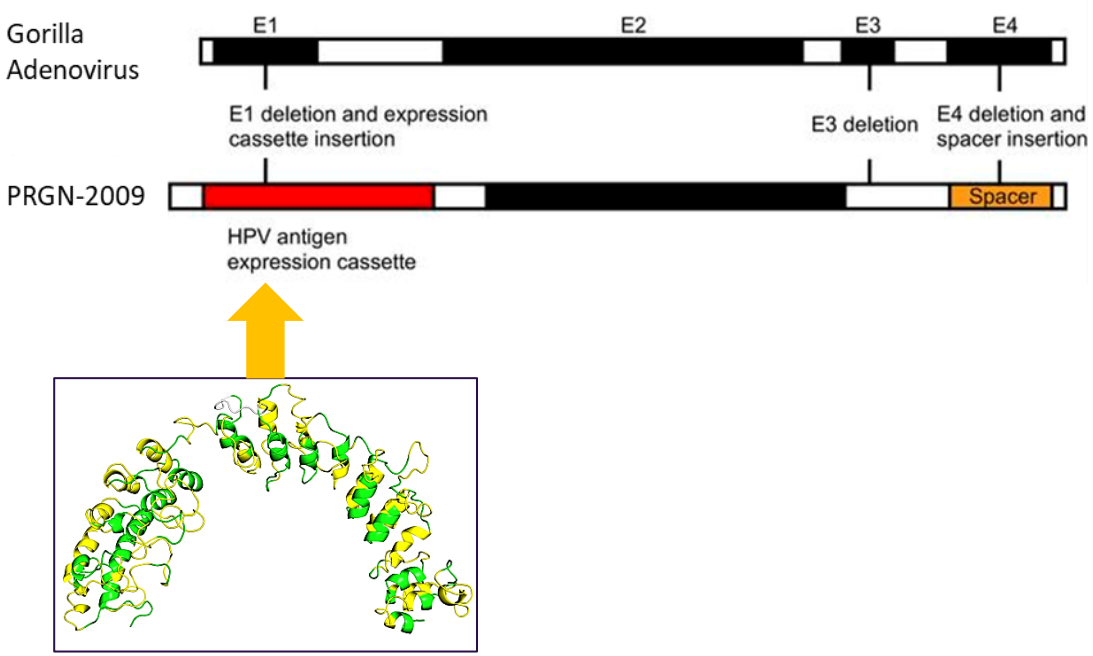
PRGN-2009: MULTI-EPITOPE ANTIGEN DESIGN TO TARGET HPV16/18

- Gorilla adenoviral vector with ability for repeat injections
- Multi-epitope antigen design to induce a robust immune response against HPV16/18



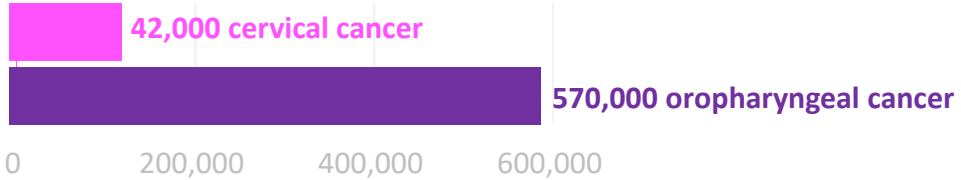
Multi-epitope antigen design

DISEASE SNAPSHOT

HPV infections account for 5% of all cancers[1]

690,000
New cancer cases in key markets attributable to HPV infections per year[2]

Global Addressable New Cases Per Year



- Significant unmet need with ~15% ORR with Keytruda®[6]

ESTIMATED MARKET OPPORTUNITY

> $1B
Peak Annual Market Opportunity[3]
Cervical Cancer + Head & Neck Cancer

> $10B
Global Market for Cervical Cancer + Head & Neck Cancer[4,5] therapies to grow from $6.7B in 2021 to >$10B in 2030

PRGN-2009 Phase I Study: Summary of Responses to PRGN-2009 + M7824

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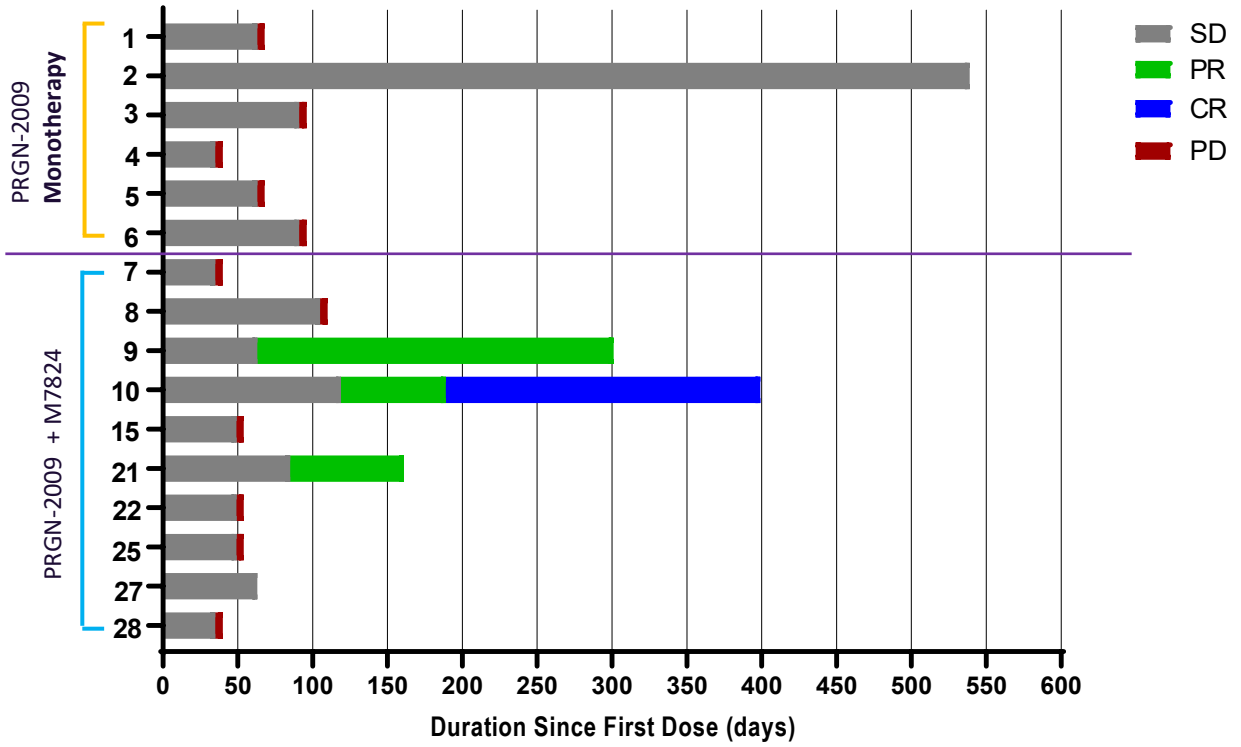
SUMMARY OF RESPONSES

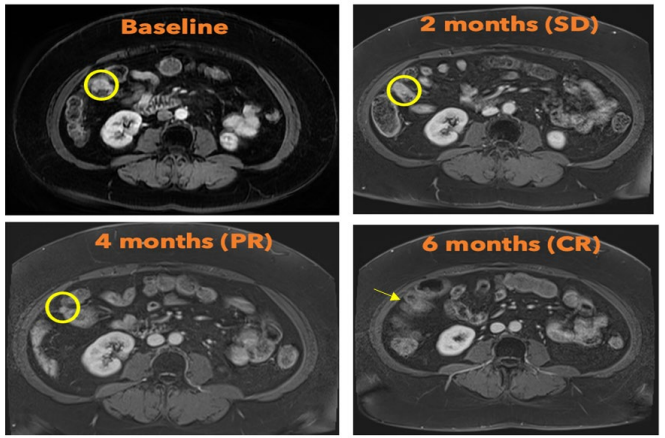


CR: Complete Response
PR: Partial Response
SD: Stable Disease
PD: Progressive Disease

BEST OVERALL RESPONSE

	PRGN-2009 + M7824		
	All (n=10)	Cervical (n=2)	Head and Neck (n=7)
Disease Control Rate (DCR) at first restaging	40% (4/10)	2/2 (100%)	2/7 (28%)
Objective Response Rate (ORR)	30% (3/10)	2/2 (100%)	1/7 (14%)

CASE STUDY



- Cervical cancer patient
- PRGN-2009 at $5x10^{11}$ vp/dose in combination with M7824
- CR from approx. 6 months

Summary

Precigen in 2023: Major Anticipated Clinical Milestones

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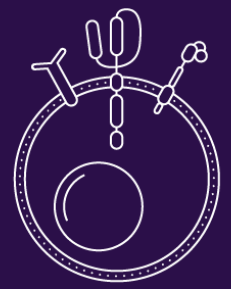
UltraCAR-T® 	▪ **Continue enrollment and add additional clinical sites to the Phase 1b expansion trial of PRGN-3006 in AML** ▪ **Phase 1b expansion clinical trial data presentation expected in 2024**
	▪ **Continue enrollment and add additional clinical sites to the Phase 1b expansion trial of PRGN-3005 in Ovarian Cancer** ▪ **Phase 1b expansion trial clinical data presentation expected in 2024**
	▪ **Initiate dosing in Phase 1 dose escalation study of PRGN-3007 in ROR1^{+} hematological and solid cancers** ▪ **Phase 1 clinical data presentation expected in 2024**
AdenoVerse™ 	▪ **Complete Phase 1 safety and efficacy data presentation of PRGN-2012 in RRP scheduled for January 24, 2023** ▪ **Outline regulatory strategy in RRP based on ongoing FDA discussions**
	▪ **Phase 1 monotherapy and combination therapy safety and efficacy data presentation of PRGN-2009 expected in 1H ’23** ▪ **Interim Phase 2 monotherapy data of PRGN-2009 in newly diagnosed OPSCC expected in 2H ‘23**

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