



Jefferies Virtual Global Healthcare Conference

June 3, 2020



Forward Looking Statements

Certain information set forth in this presentation and in statements made orally during this presentation contains “forward-looking statements”. Except for statements of historical fact, information contained herein constitutes forward-looking statements and includes, but is not limited to, the Company’s expectations regarding: (I) the safety and efficacy of its product candidates; (II) the expected development of the Company’s business and product candidates; (III) the timing of regulatory submissions for approval of its product candidates; (IV) the timing of interactions with regulators and regulatory submissions related to ongoing and new clinical trials for its product candidates; (V) the timing of announcement of clinical data for its product candidates and the likelihood that such data will be positive and support further clinical development and regulatory approval of these product candidates; (VI) the likelihood of approval of such product candidates by the applicable regulatory authorities; (VII) the adequacy of the Company’s manufacturing capacity and plans for future investment; (VIII) execution of the Company’s vision and growth strategy, including with respect to global growth; (IX) the size and value of potential markets for the Company’s product candidates; and (X) projected financial performance and financial condition, including the sufficiency of the Company’s cash, cash equivalents and investments to fund operations in future periods and future liquidity, working capital and capital requirements. The words “may,” “should,” “expects,” “intends,” “plans,” “anticipates,” “believes,” “estimates,” “predicts,” “potential,” “continue,” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Forward-looking statements are provided to allow investors the opportunity to understand management’s beliefs and opinions in respect of the future so that they may use such beliefs and opinions as one factor in evaluating an investment.

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**Global leader in
hematopoietic stem cell
gene therapy**

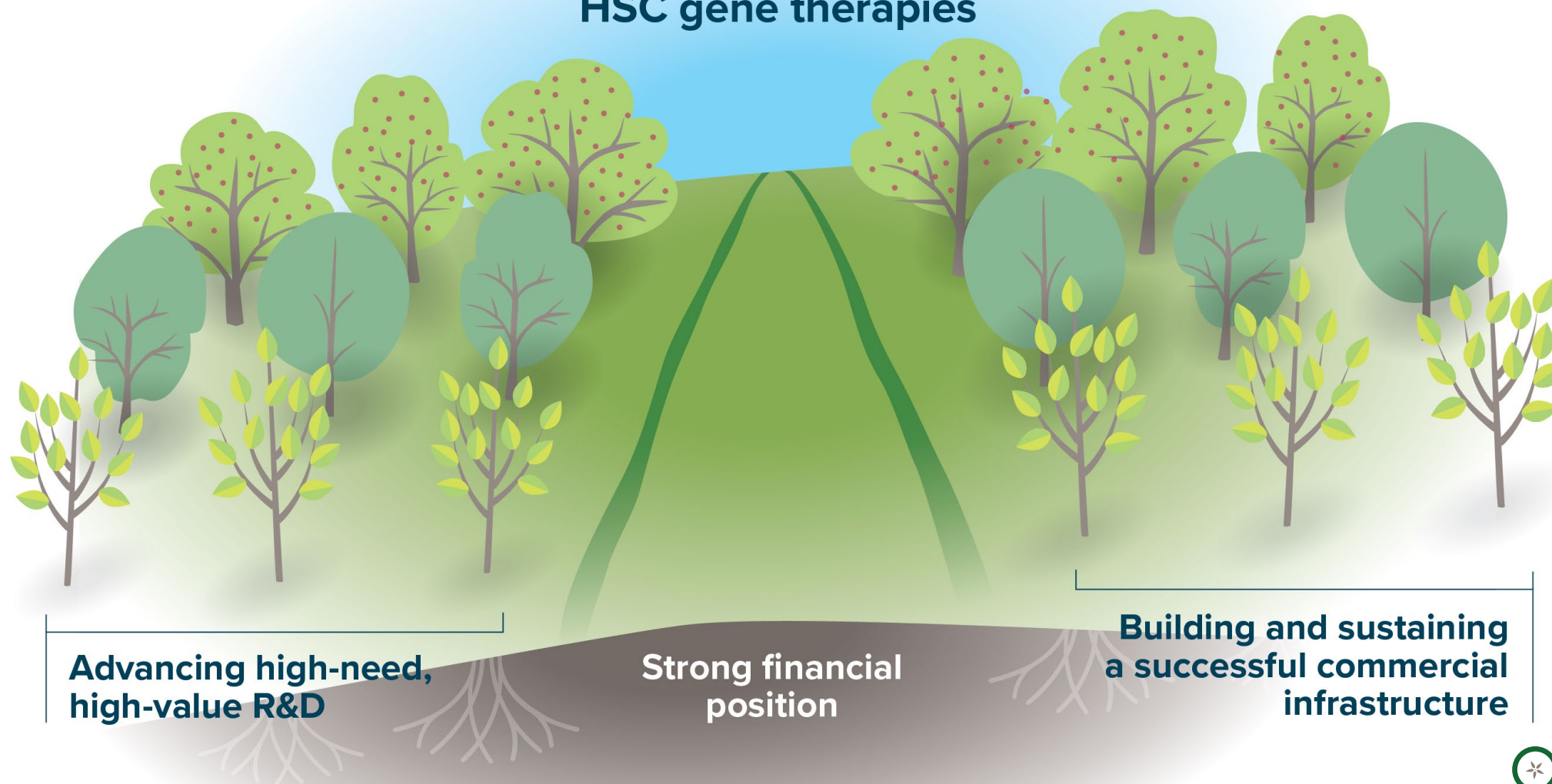
**Focused on rare inherited
conditions with no or few
treatments**

**Dedicated to transforming
the lives of patients with
rare diseases**

Orchard's Strategic Vision

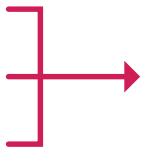
Driven by Science and Backed by Strong Fundamentals

**Realize the potential of
HSC gene therapies**



Realizing the potential of the HSC gene therapy approach

Core Elements of the New Strategic Plan



Prioritize portfolio investments

- Establish MLD, WAS and MPS programs as top near-term priorities
- Accelerate research in less rare indications, including two new programs in genetic subsets of FTD and Crohn's disease



Invest in next-generation manufacturing

- Prioritize investments in technology and process innovations and phase investment in future manufacturing capacity

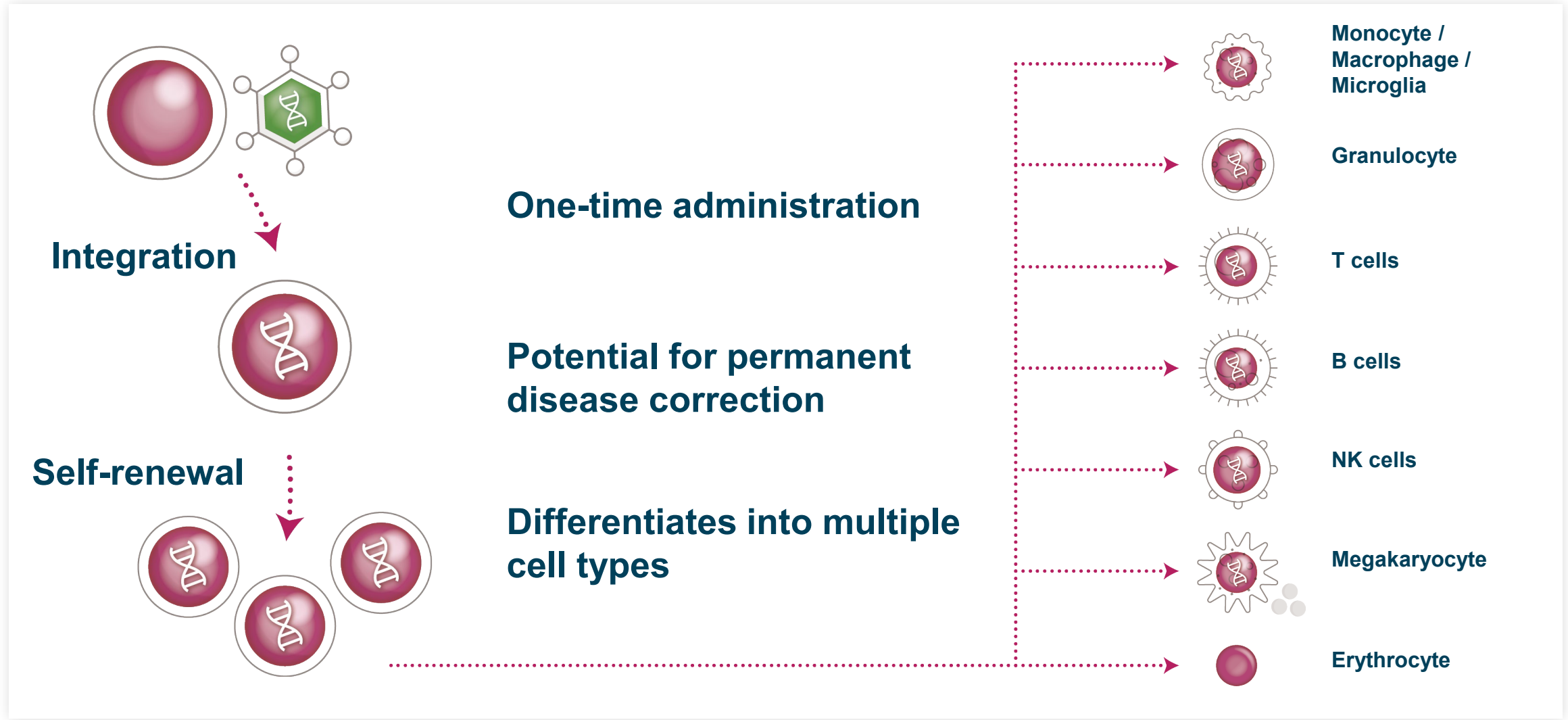


Establish focused commercial model

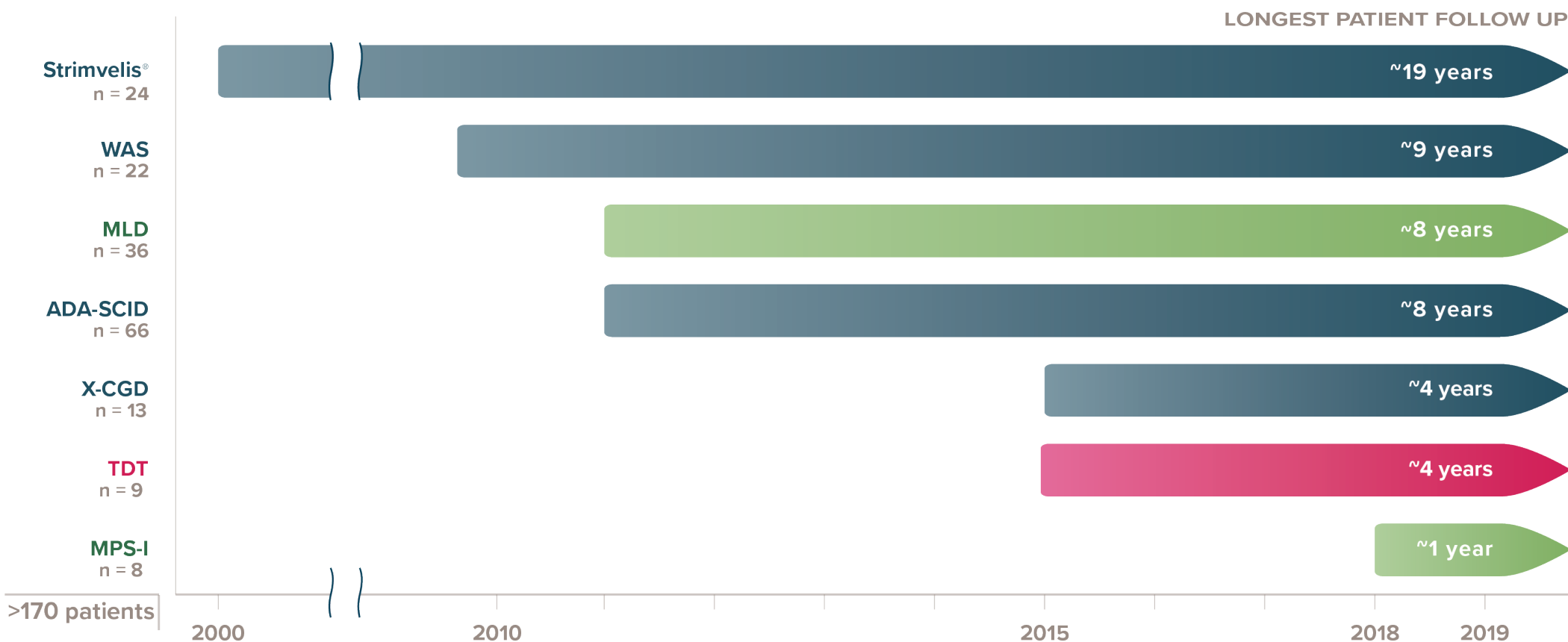
- Phase commercial build to align with expected launch trajectories for OTL-200 (incidence-based opportunity) and OTL-103 (prevalence-based opportunity)

HSC Platform Approach

HSC Gene Therapy Offers a Highly Differentiated Approach



Durability of Response Demonstrated via Longest Patient Follow-up



Patients treated in the development phase, including in clinical trials and under pre-approval access (defined as any form of pre-approval treatment outside of a company-sponsored clinical trial, including, but not limited to, compassionate use, early access, hospital exemption or special license).

Patient with longest Strimvelis® follow-up enrolled in registry study, with data available up to 19 years.

Strimvelis was approved by the EMA in 2016. It has not been approved by the FDA.

Data based on in-house data as of December 2019.

Data include all patients treated with CD34+ hematopoietic stem cells transduced ex vivo with vector of interest.

Our Work in Neurometabolic Disorders

Metachromatic Leukodystrophy (MLD) is a Devastating, Rapidly Progressive Disease

Disease Snapshot



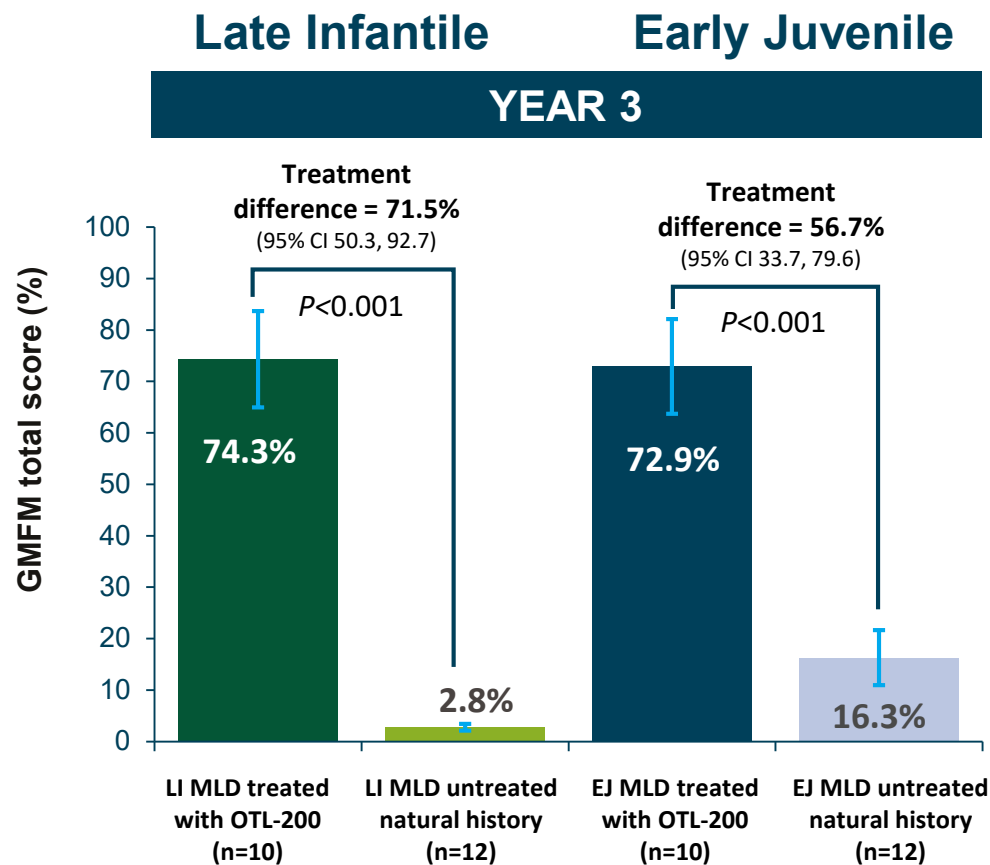
Age 5, pre-diagnosis



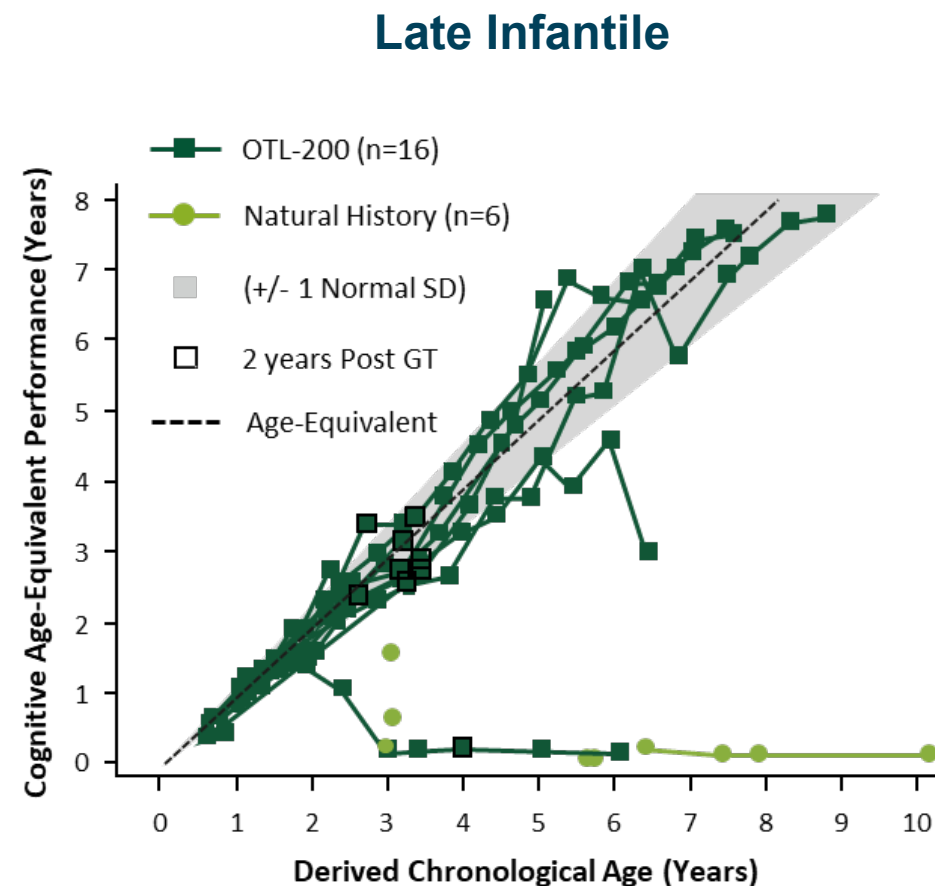
Age 9, advanced disease

- Fatal genetic CNS disorder
- Relentless loss of physical and cognitive function
- Presents on a spectrum with different ages of onset

OTL-200 for MLD: Significantly Superior Motor and Cognitive Function Demonstrated vs. Natural History



Both LI and EJ patients achieved a statistically significant difference on the co-primary endpoint of improvement of >10% of the total GMFM score in treated subjects when compared to the Natural History cohort at Year 2, and these were maintained through Year 3. Note: vertical error bars are SE of the adjusted mean; P-values are from a two-sided 5% hypothesis test with null hypothesis of $\leq 10\%$ difference; CI, confidence interval; EJ, early juvenile; GMFM, gross motor function measurement; LI, late infantile; MLD, metachromatic leukodystrophy.



Cognitive Age-Equivalent at each visit has been derived as follows: For WPPSI and WISC: (DQp x Chronological Age)/100. For Bayley III: Cognitive Raw Scores have been compared to the tabulated values in the Bayley III manual to calculate Cognitive Age-Equivalent. For Bayley II: Cognitive Age-Equivalent is based on Mental Development Age as reported on the CRF. The Psychological Corporation. 2006. Bayley N. Bayley scales of infant and Toddler Development. Third Edition. San Antonio.

MPS-I is a Highly Debilitating Condition Impacting Cognitive, Skeletal and Cardiorespiratory Function

Disease

- Deficiency of IDUA enzyme > accumulation of heparan and dermatan sulfate
- Severe cognitive defects as well as extensive somatic pathologies (skeletal dysplasia, cardiomyopathy, loss of vision and hearing)

Epidemiology

- Incidence estimated at ~1 in 100,000 live births
- Hurler syndrome (most severe phenotype) accounts for 60% of MPS-I

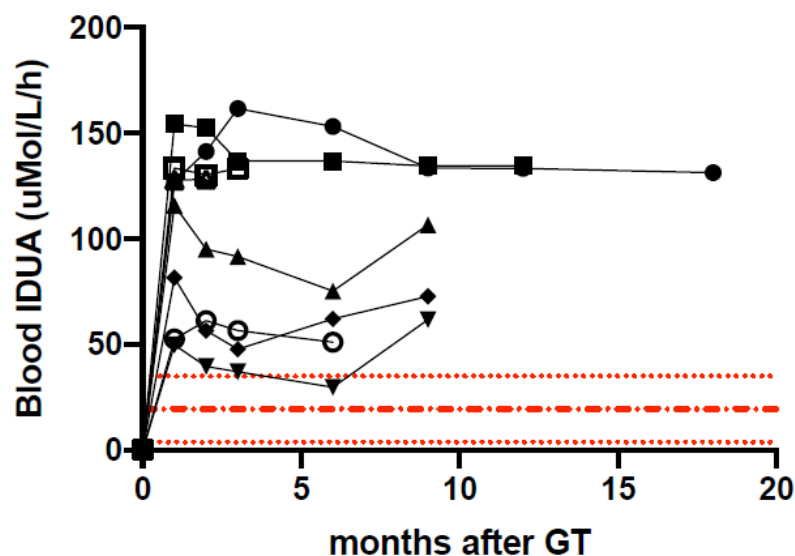
Current Treatment Options

- Hematopoietic stem cell transplantation (standard of care for <2.5 years)
 - Prolongs survival and partially stabilizes cognitive development if treated early
 - Residual disease burden (especially on the skeleton)
- Enzyme replacement therapy
 - Early use can improve some clinical features in non-Hurler patients
 - Limited efficacy on neurological and bone disease



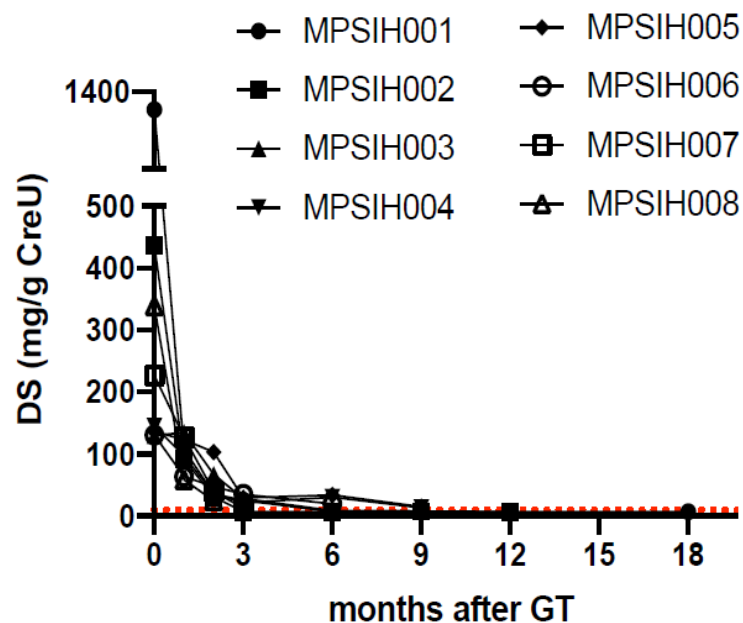
OTL-203 for MPS-I: Encouraging Preliminary Clinical Biomarker Data Across 8 Patient Cohort

IDUA Activity on DBS



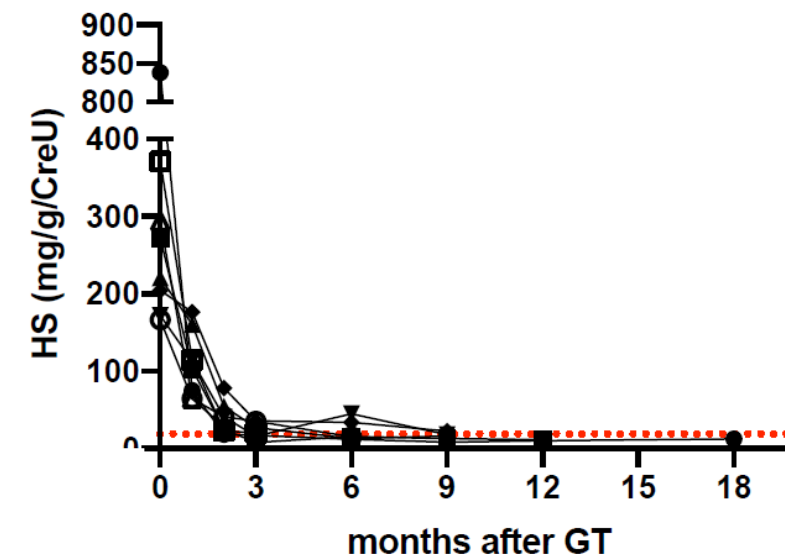
..... ULN
 - - - Normal (avg)
 LLN

DS in Urine



..... Normal values per age

HS in Urine

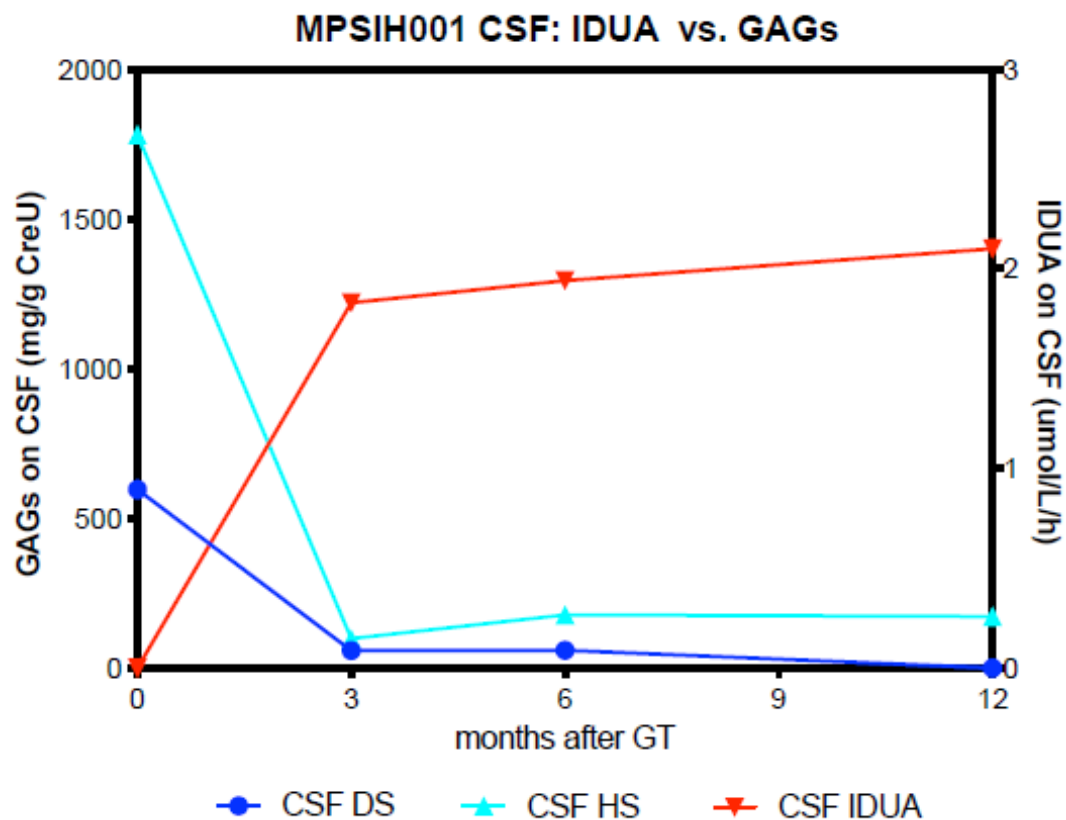


DBS = dried blood spot
 IDUA = Alpha-L-iduronidase
 ULN = Upper limit of normal
 LLN = Lower limit of normal
 HS = Heparan sulfate
 DS = Dermatan sulfate

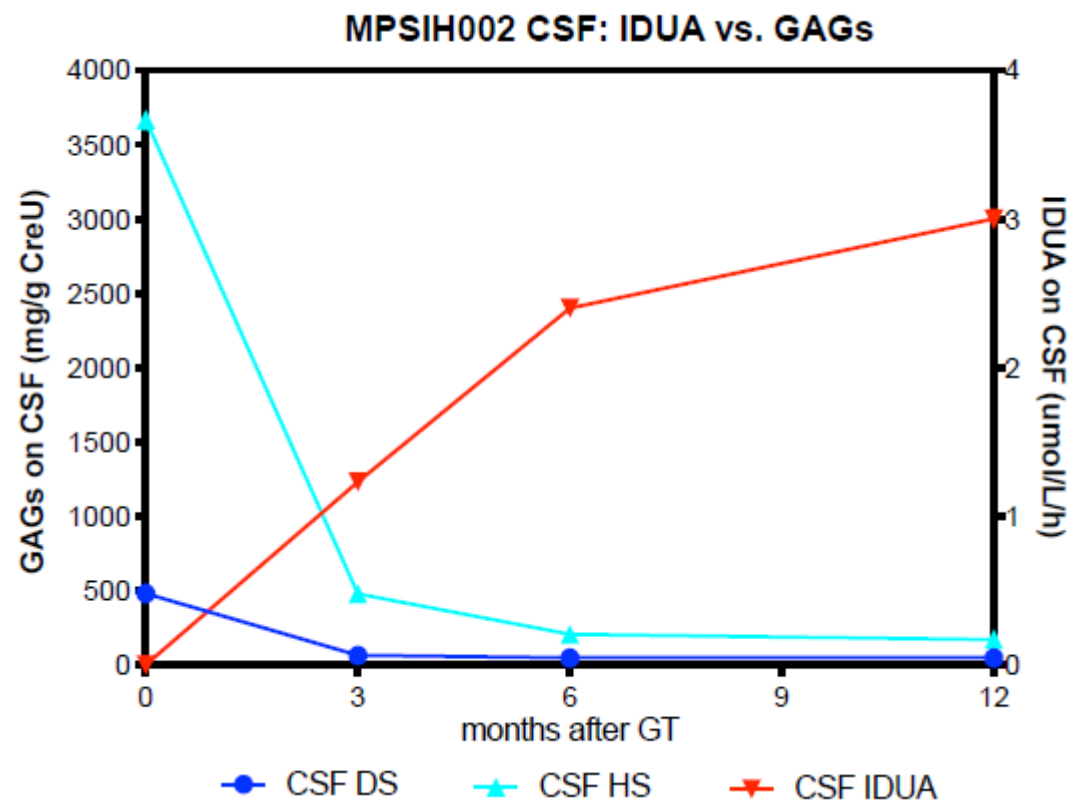
Data presented May 15, 2020 at ASGCT annual meeting

Reconstitution of IDUA Activity in CSF Paralleled by GAG Decrease in First Two Patients

IDUA Activity on CSF vs GAGs
on CSF-MPSIH001



IDUA Activity on CSF vs GAGs
on CSF-MPSIH002



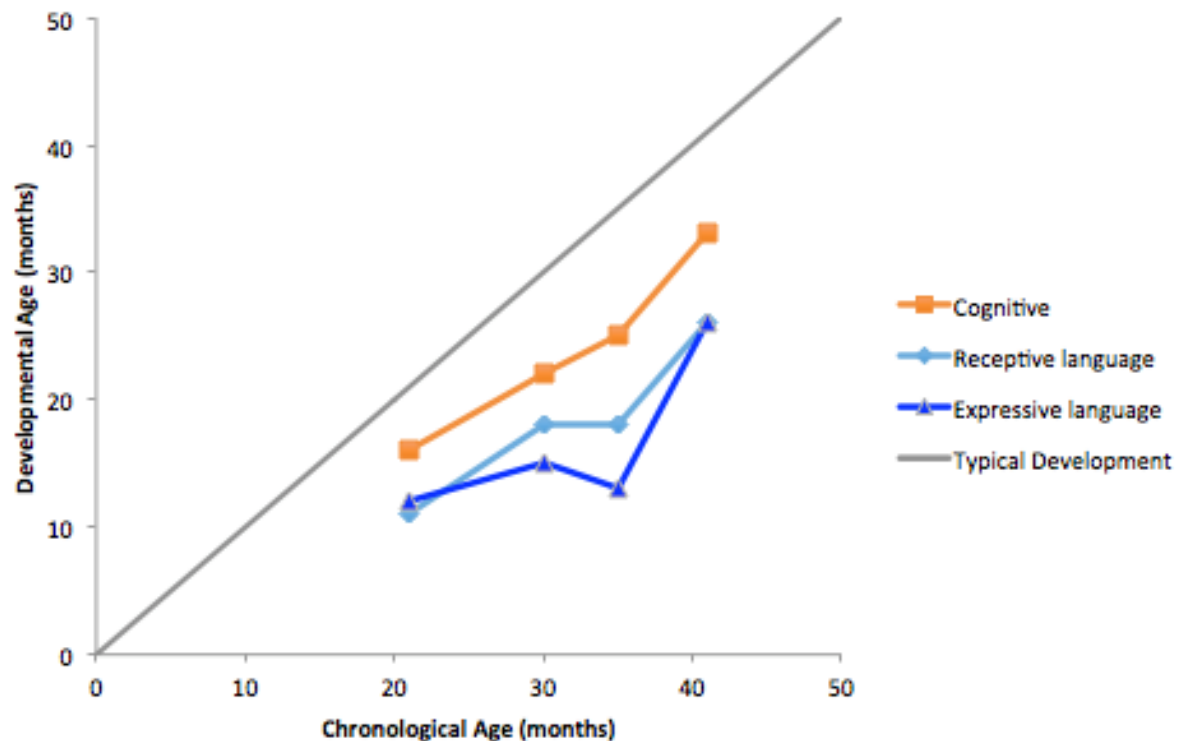
Data presented May 15, 2020 at ASGCT annual meeting

IDUA = Alpha-L-iduronidase
CFS = cerebrospinal fluid
GAGs = glycosaminoglycans

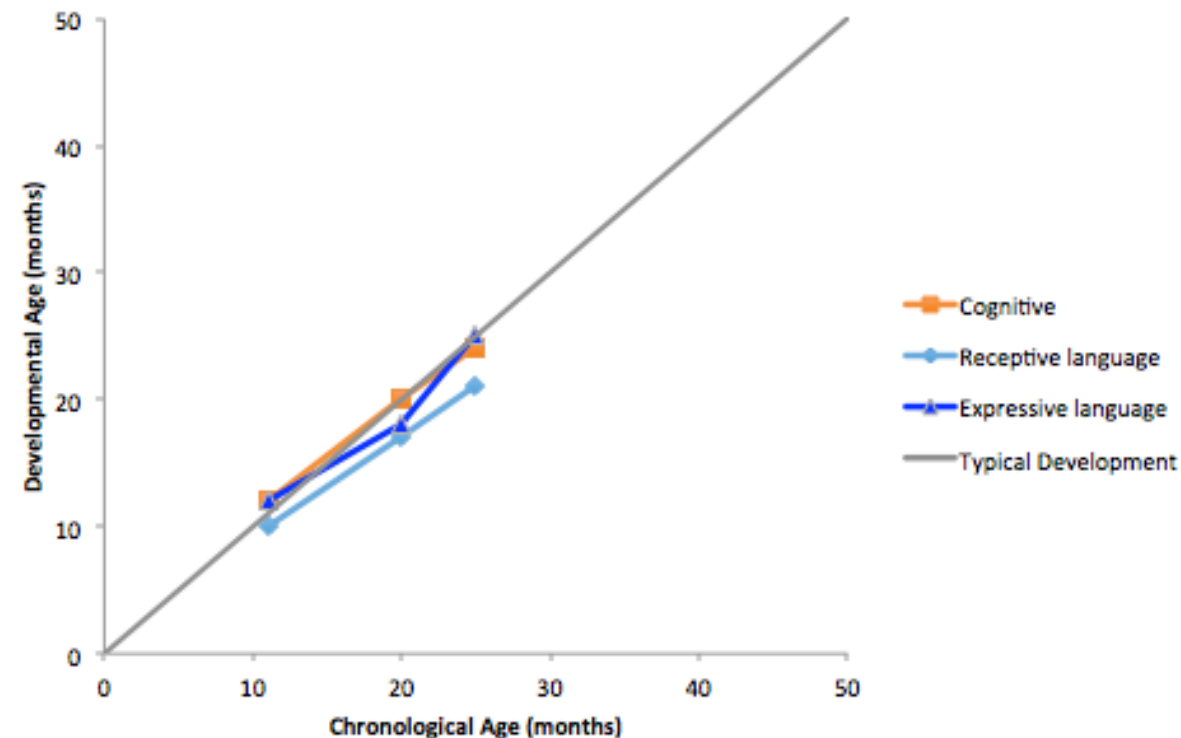
Preliminary Evidence of Clinical Efficacy

Stable Cognitive and Language Performances in First Two Patients Treated

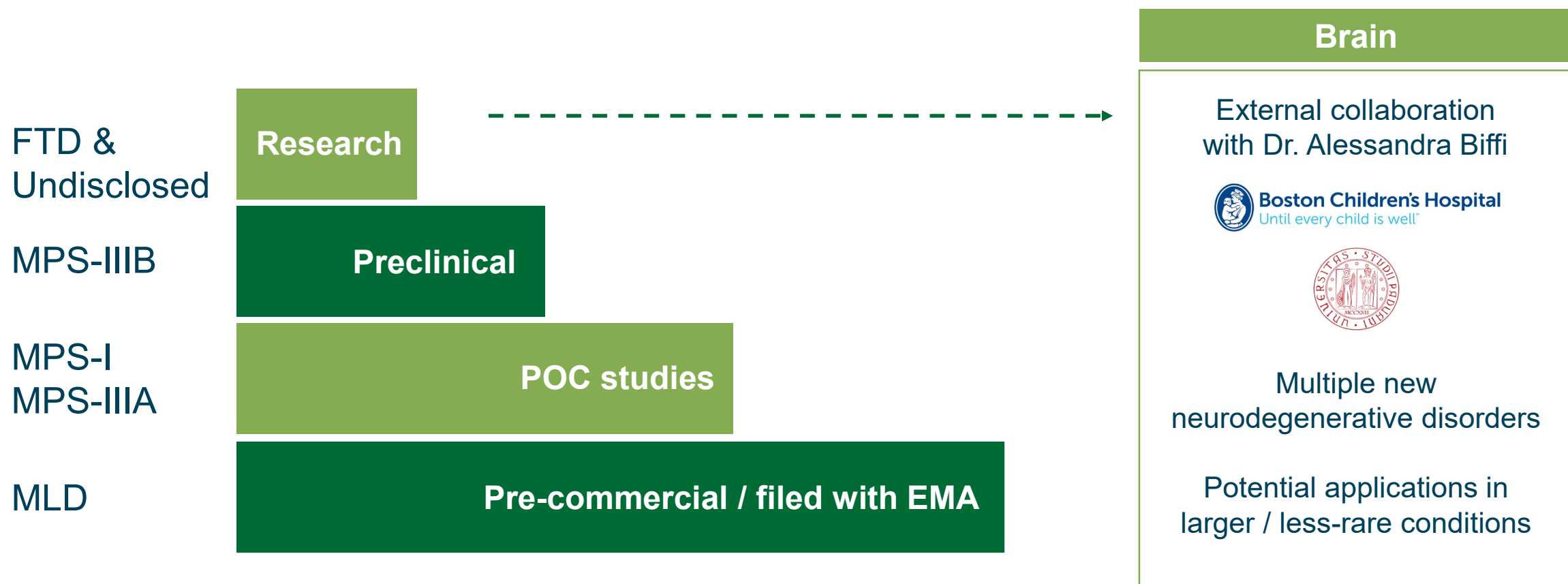
MPSIH001



MPSIH002



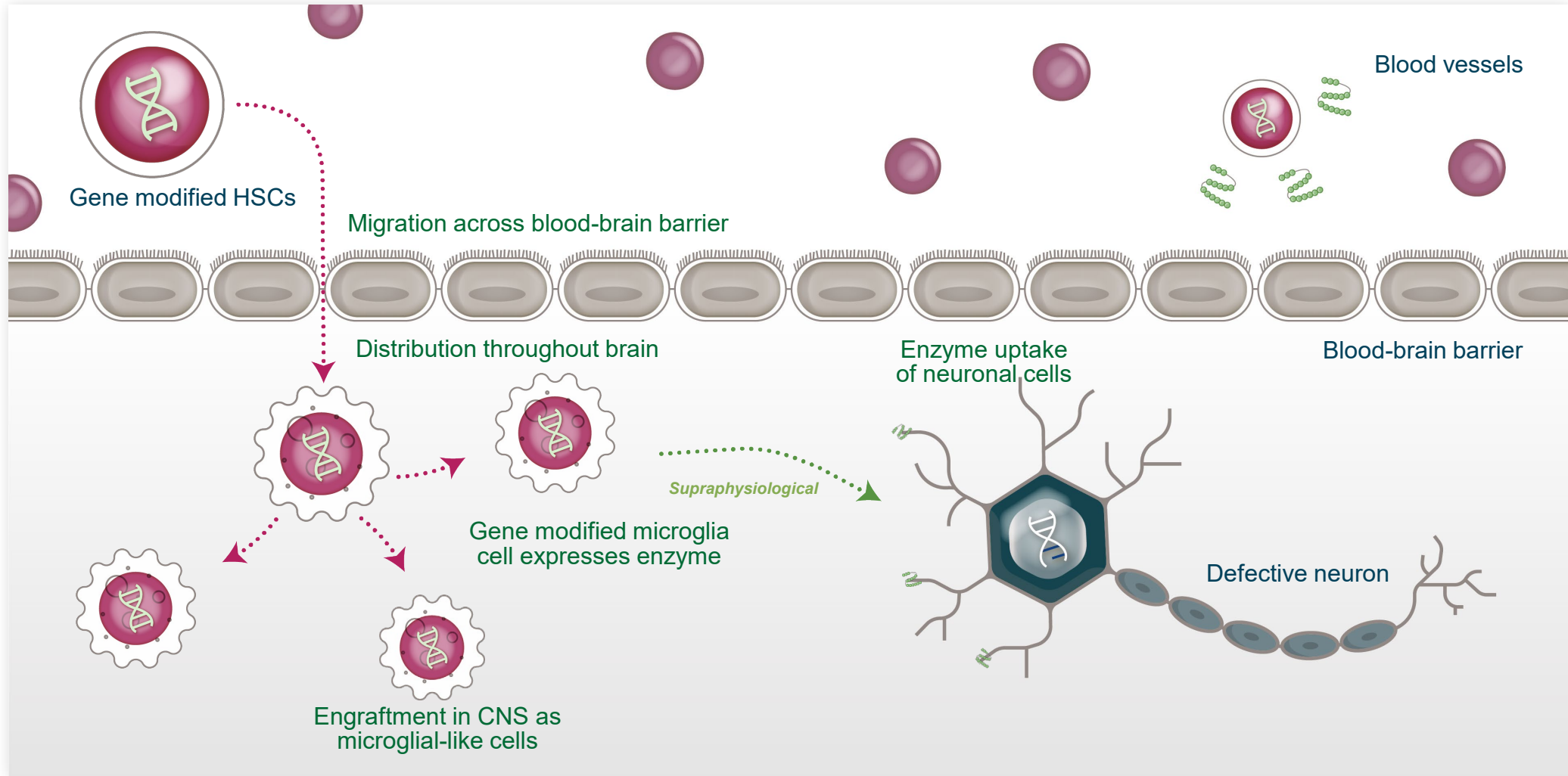
Building on our Strength in Neurometabolic Disorders



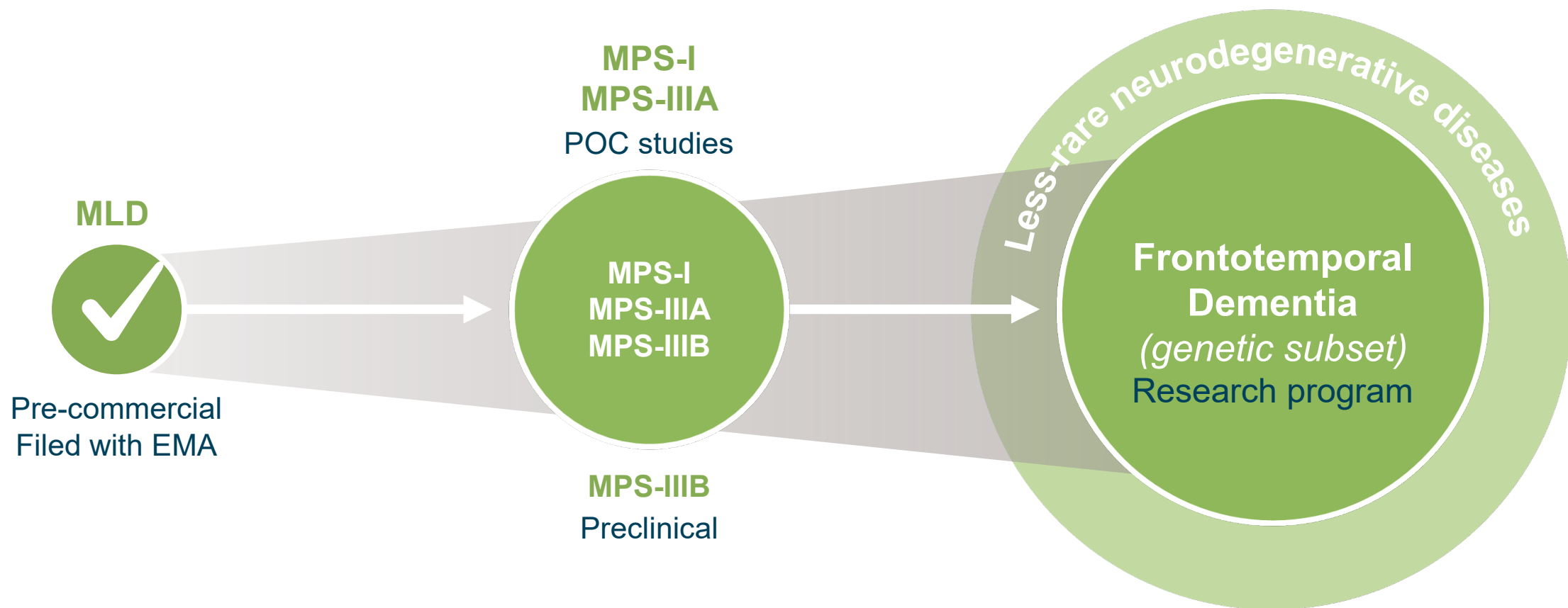
Platform Extension into Less Rare Diseases

Delivering Proteins to Brain

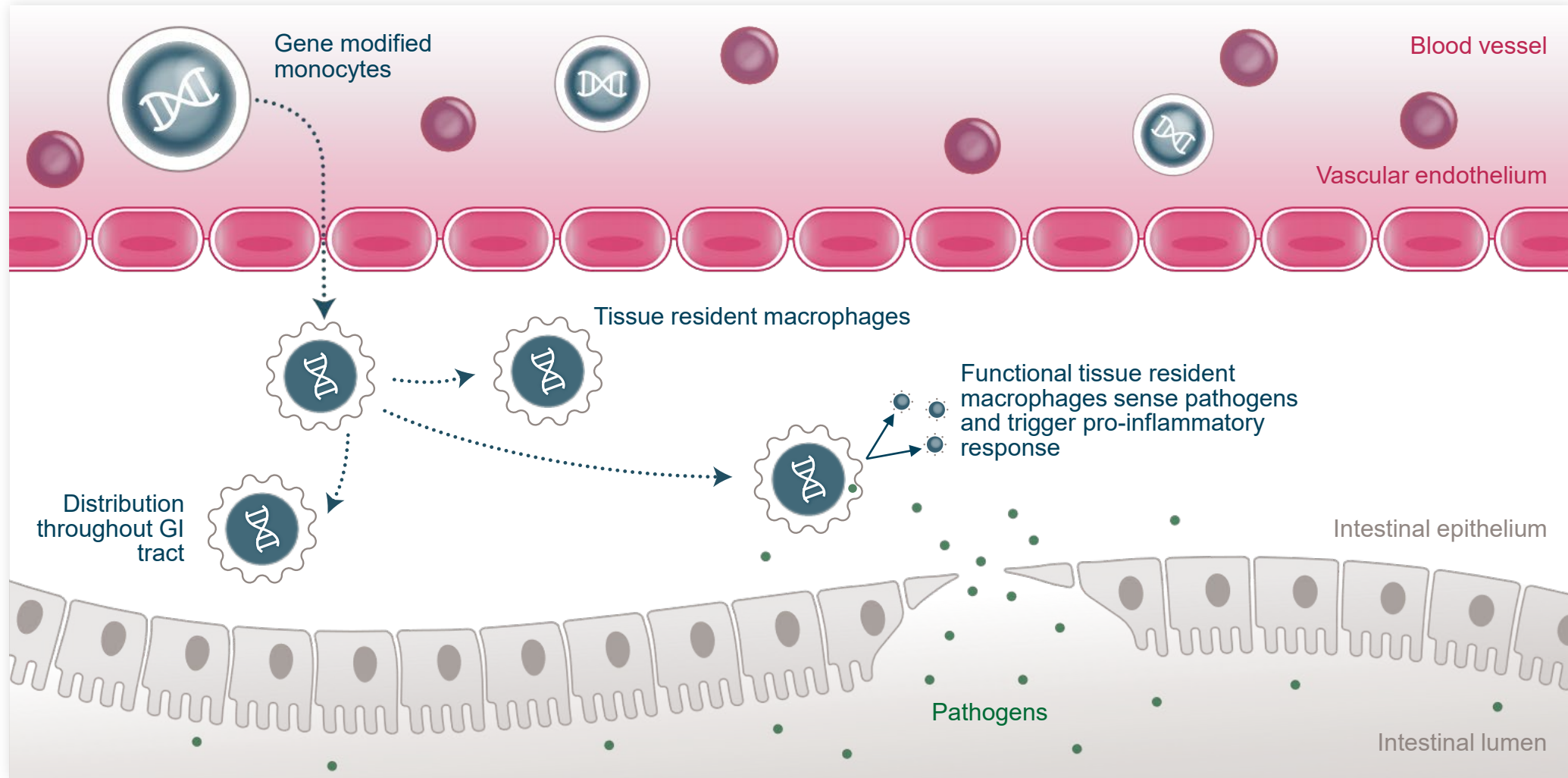
Potential to Treat Multi-System Neurometabolic Diseases via Cross-Correction



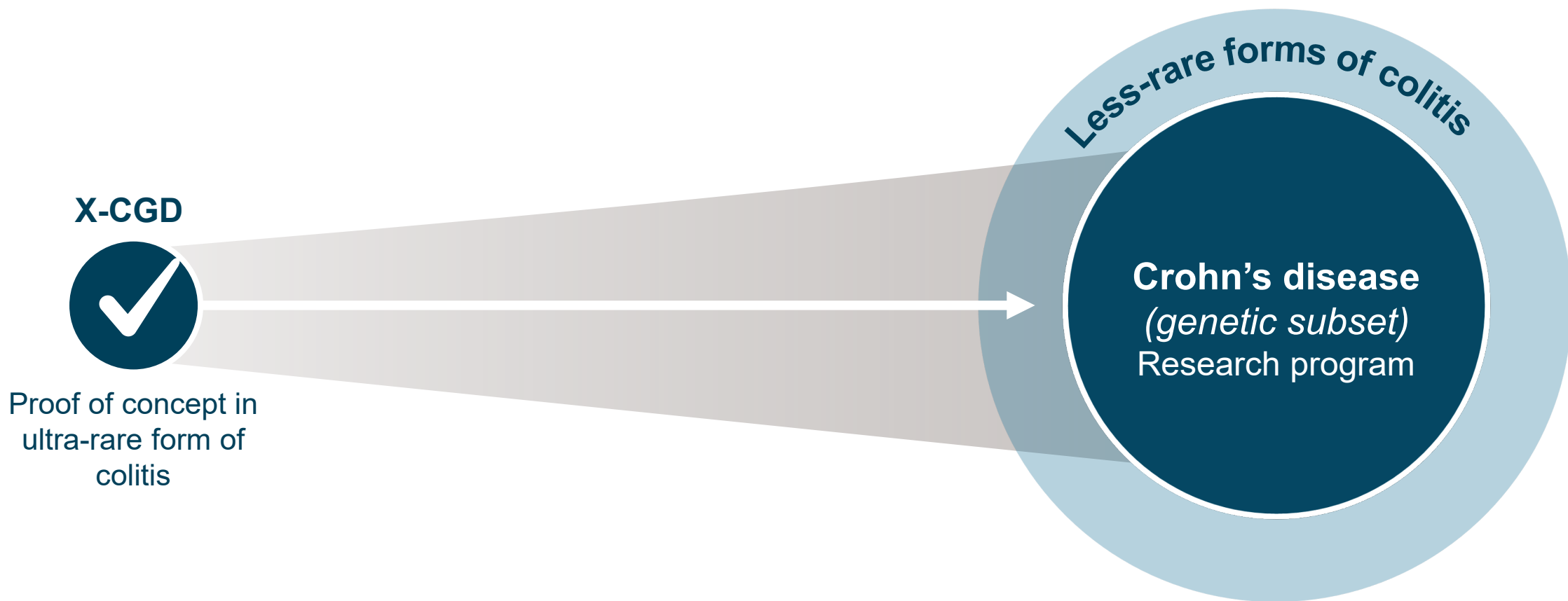
Clinical Validation in MLD Supports Application in Less Rare Populations such as Frontotemporal Dementia (FTD)



HSC-Derived Monocytes Can Repopulate Tissue Resident Macrophages



Clinical Validation in X-CGD Supports Application in Less Rare Populations such as Crohn's Disease

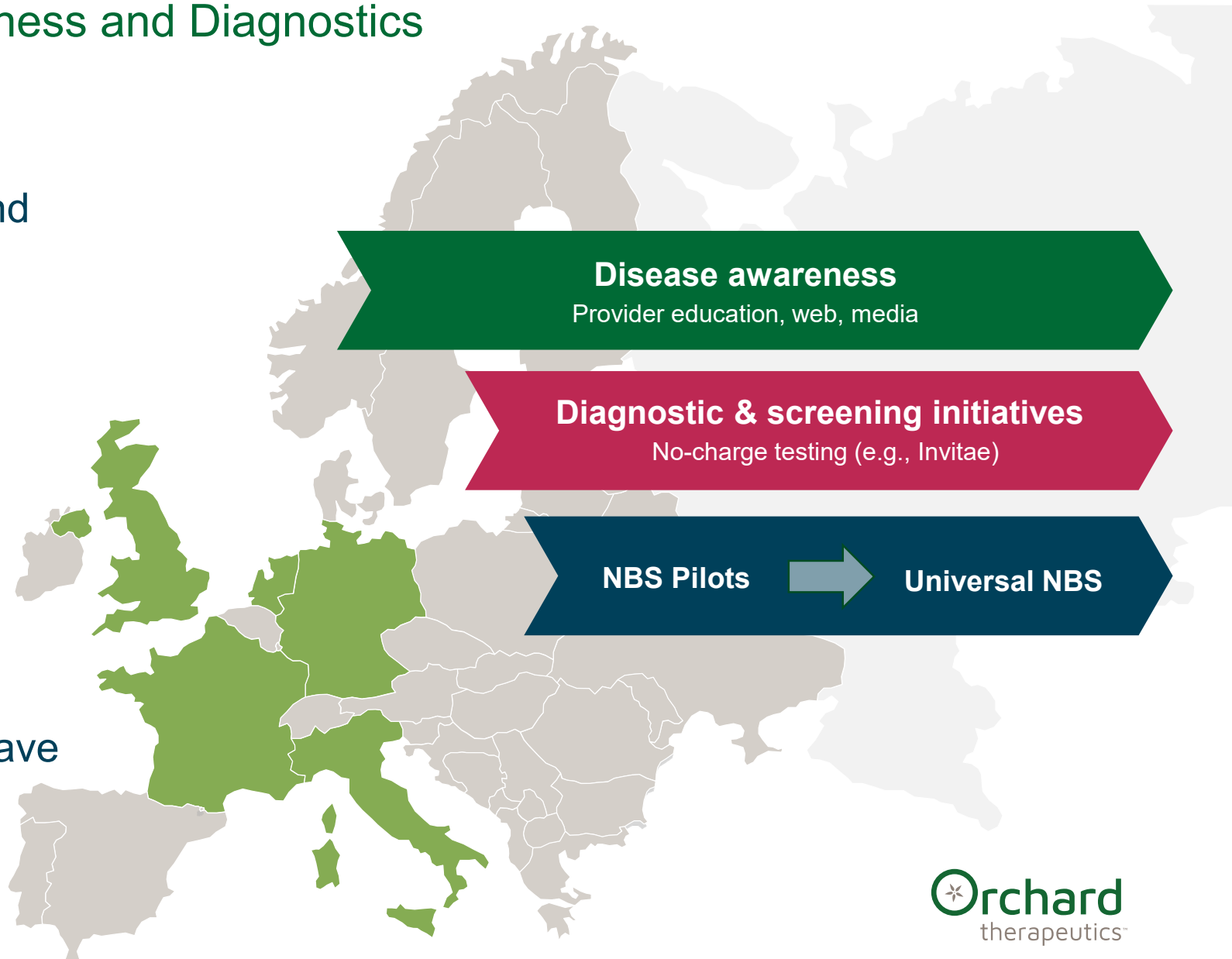


Commercial Readiness and Manufacturing

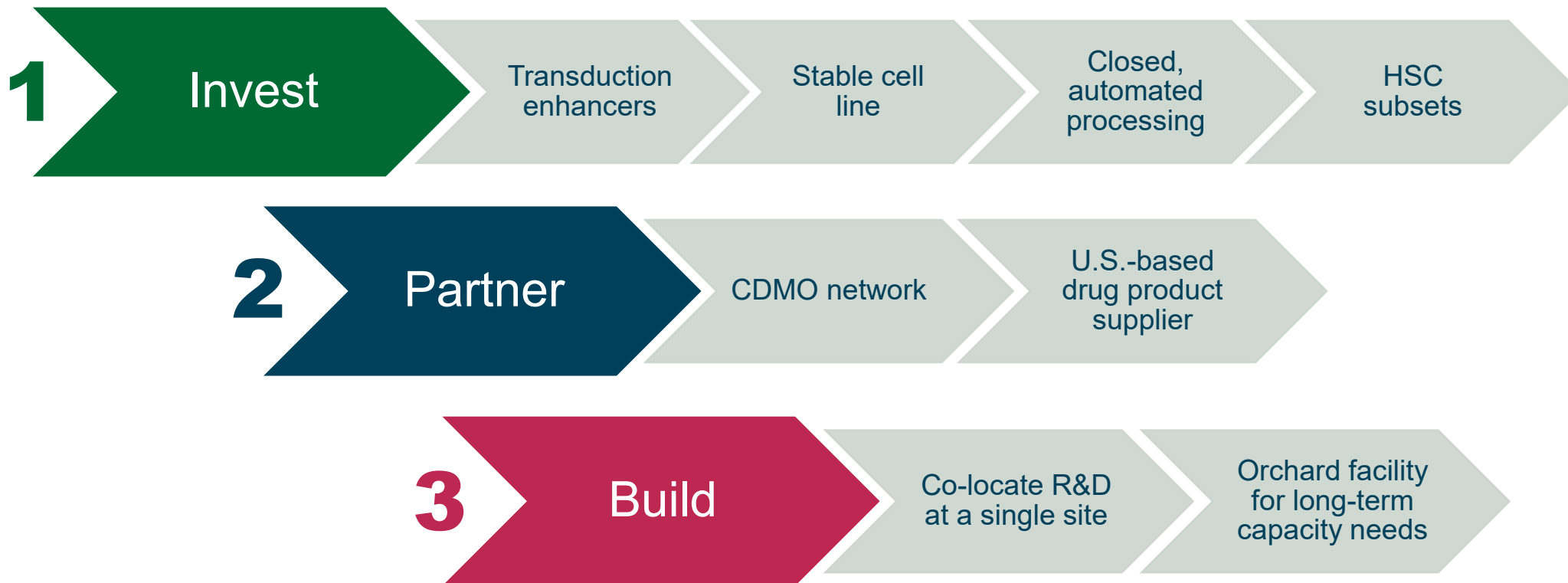
Preparing to Launch OTL-200 (MLD) in EU in 2021

Key Centers, Disease Awareness and Diagnostics

- Key centers of excellence for lysosomal storage disorders and transplant identified; site qualification ongoing
 - Germany
 - France
 - Italy
 - UK
 - The Netherlands
- Serve as foundation for next wave of neurometabolic programs (MPS-I, MPS-IIIA)

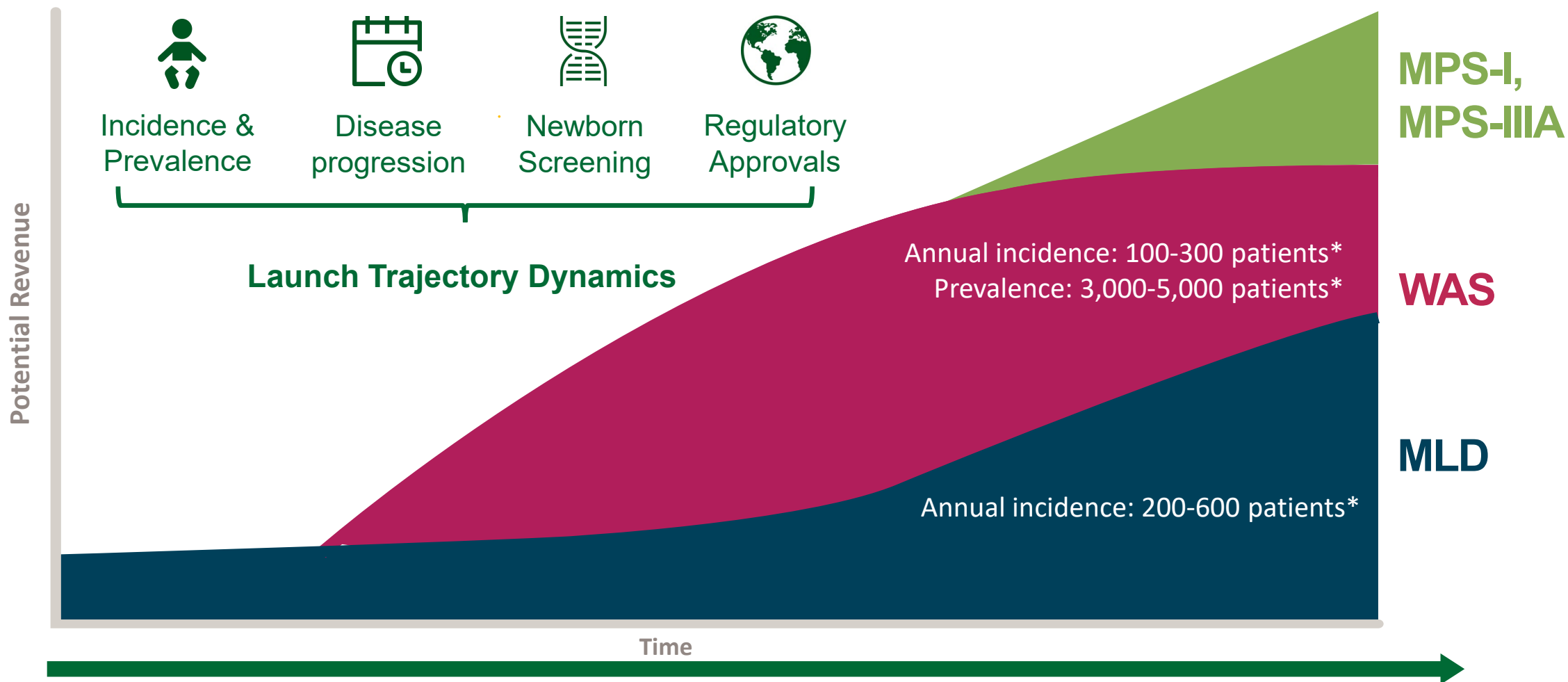


Three-Pronged Manufacturing Strategy Aligns Needs and Investments



Phased approach to investment in manufacturing designed to support needs of business and lower cost of capital

Significant Revenue Opportunity Across High-Value Programs



Commercial Build Ramps As Revenue Opportunity Grows Over Time - Launch curves are illustrative and may vary

Multiple Expected Milestones Over the Next 12-18 Months

MLD	Obtain approval for OTL-200 in EU in 2H 2020; launch in 1H 2021 Seek RMAT designation and file IND in U.S. in 2H 2020
WAS	Submit BLA and MAA filings for OTL-103 in 2021
MPS-I	Release OTL-203 interim POC data at ASGCT and in 2H 2020; Report one-year follow-up results and initiate registrational study in 2021
MPS-IIIA	Enroll 5 patients in OTL-201 POC study and release interim data in 2021
Research	Provide detail on pre-clinical development in FTD and Crohn's programs in 2020