



We aspire to end the devastation caused by genetic and other severe diseases through the curative potential of HSC gene therapy.

Forward-looking Statements

This presentation and statements made in this presentation contain forward-looking statements, which are made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. All statements that are not statements of historical facts are, or may be deemed to be, forward-looking statements. Such forward-looking statements may also be identified by words such as “anticipates,” “potential,” “expects” and other similar expressions. Forward-looking statements include express or implied statements relating to, among other things: Orchard’s estimates and expectations with respect to its financial performance, including revenue, expenses, trend of cash-burn rates and cash-runway; the incidence rate of diseases that our products and product candidates are intended to treat, including the incidence of MLD; the therapeutic potential of Orchard’s products and product candidates, including the ability of HSC gene therapy to address larger indications; Orchard’s expectations regarding the timing of regulatory submissions and approvals of its product candidates, including the timeline for acceptance of Orchard’s BLA submission for OTL-200; Orchard’s expectations regarding the timing of U.S. approval for OTL-200; the additional proceeds receivable by Orchard upon exercise of the warrants issued pursuant to its previously announced strategic financing; the number of newborns expected to be screened for MLD, and the timing and likelihood of additional newborn screening studies; and Orchard’s ability and expectations to meet its anticipated 2023 milestones, as further described in this release.

These statements are neither promises nor guarantees and are subject to a variety of risks and uncertainties, many of which are beyond Orchard’s control, which could cause actual results to differ materially from those contemplated in these forward-looking statements. In particular, these risks and uncertainties include, without limitation: Orchard’s anticipated cash runway assumes U.S. FDA approval of OTL-200 in the first half of 2024, which may be delayed or not occur, and achievement of net sales in the U.S. and Europe in line with management’s forecasts, which may not happen; the risk that Orchard’s OTL-200 BLA submission is not accepted on the timeline we expect or at all; the risk that our revenues will be less than we anticipate; the risk that our expenses will be greater than we anticipate; the risk that Orchard is unable to set up additional qualified treatment centers and newborn screening or is delayed in doing so; the risk that Orchard will not maintain marketing approval; the risk that long-term adverse safety findings may be discovered; the risk that the warrants issued pursuant to Orchard’s previously announced strategic financing are not exercised, that only a subset of the warrants are exercised, or that the exercise price of the warrants is lower than anticipated due to a delay in OTL-200’s U.S. approval. Given these uncertainties, the reader is advised not to place any undue reliance on such forward-looking statements. Other risks and uncertainties faced by Orchard include those identified under the heading “Risk Factors” in Orchard’s most recent annual or quarterly report filed with the SEC, as well as subsequent filings and reports filed with the SEC. The forward-looking statements contained in this press release reflect Orchard’s views as of the date hereof, and Orchard does not assume and specifically disclaims any obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as may be required by law.

Strong Operational Execution in 1H of 2023

Growing Libmeldy Revenue

Q2'23: Highest quarterly sales to date; Cumulative net sales of \$25.9M

Progressing Universal Newborn Screening

Four cases of MLD identified following ~150k newborns screened

Moving OTL-200 Toward U.S. Approval

BLA submission completed; potential approval in 1H'24

Initiating Pivotal Study for OTL-203 in MPS-IH

Global RCT in 40 patients following IND clearance by FDA

Expanding into Larger Indications

Preclinical PoC data in GRN-FTD and NOD2-Crohn's presented at ASGCT

Strategic financing resulted in \$68M of new capital, extending cash runway into mid-2025

Potential for up to an additional \$120M in proceeds could further offset financing needs for foreseeable future

Orchard's HSC Gene Therapy Offers a Highly Differentiated, Validated Approach with Opportunities for Expansion

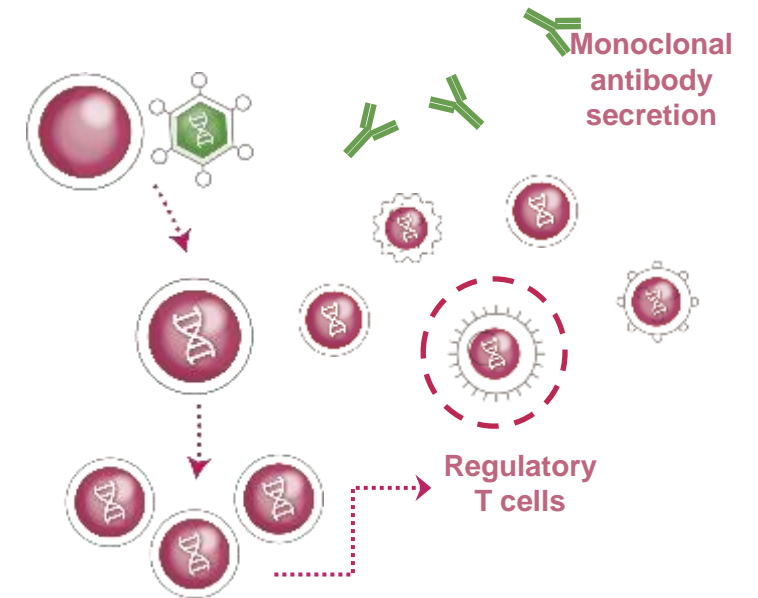
Validation in Rare Diseases


 (atidarsagene autotemcel)
 OTL-200
 MLD (US)
 OTL-203
 MPS-I
 OTL-201
 MPS-III A
 Other undisclosed programs

Larger Indications

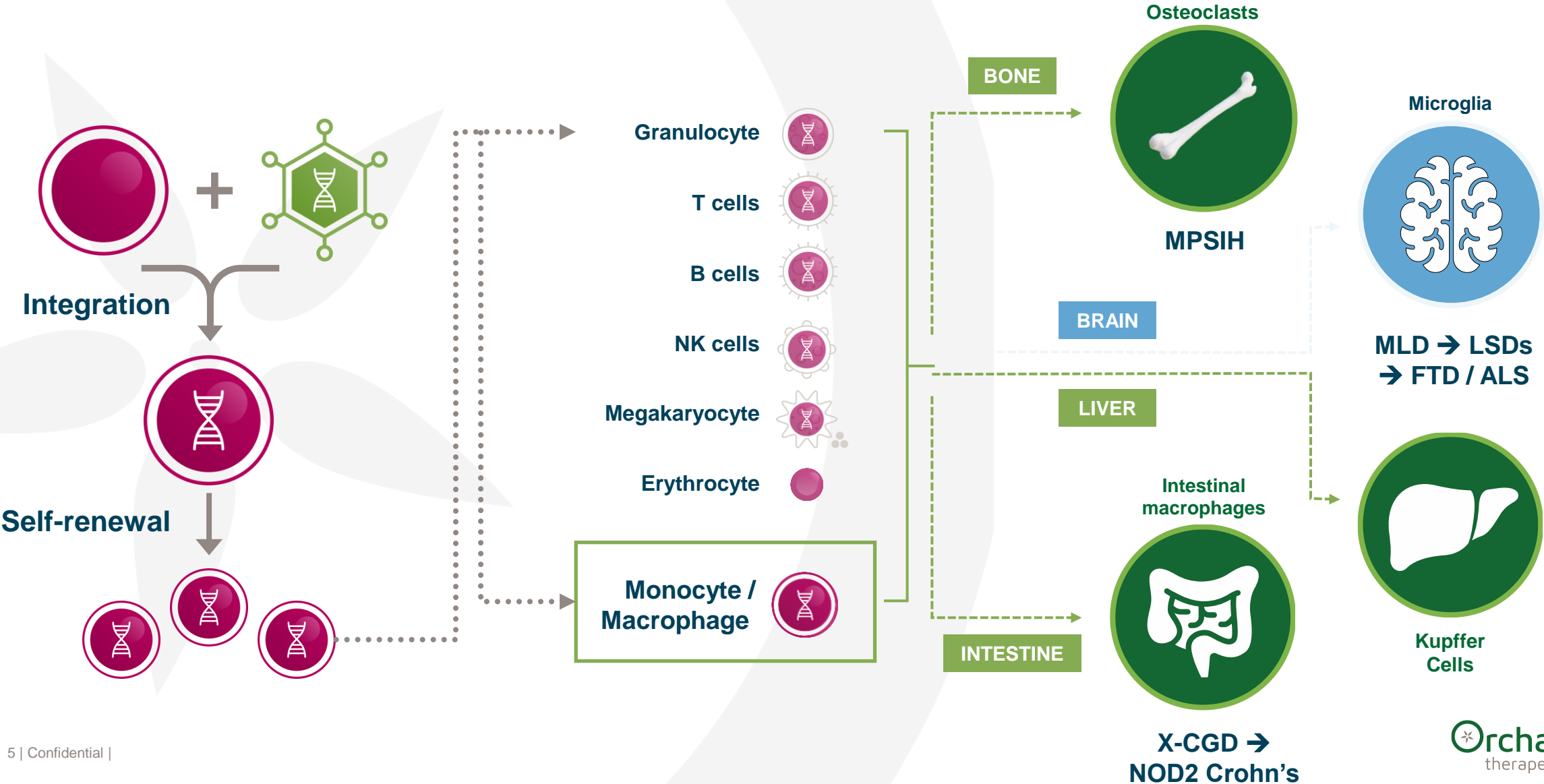
- OTL-104
NOD2-Crohn's
- OTL-204
FTD
- OTL-105
HAE

Future Applications

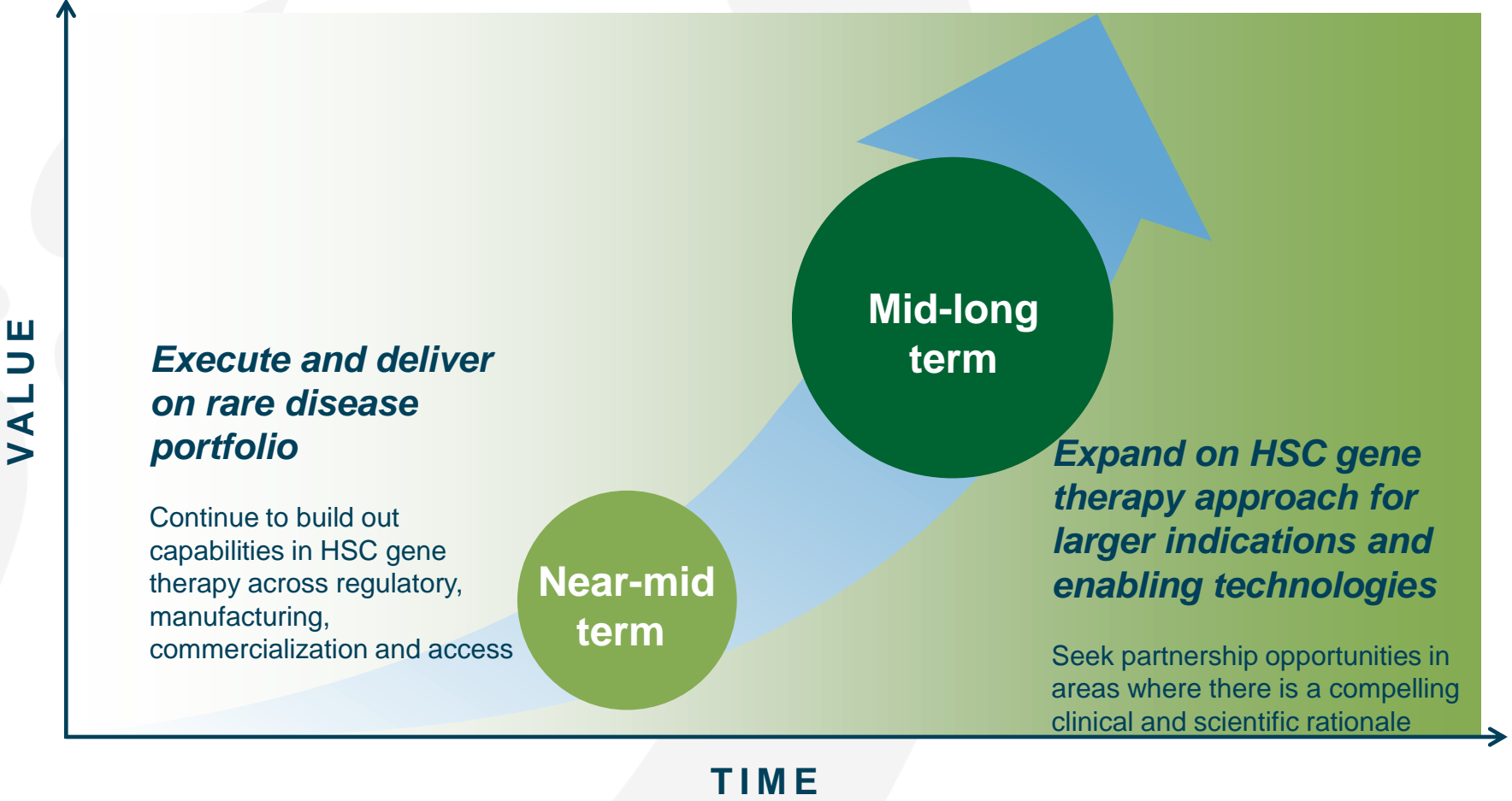


Multiple opportunities for near-term data and inflection points through internal investment and business development

HSC Gene Therapy Allows Delivery of Gene-corrected Cells to Multiple Organ Systems



Strategic Long-term Growth and Value Creation with Expansion into Larger Indications



OTL-200 (MLD): Potential Significant Clinical Benefit for a Devastating Genetic Disease



Age 5, pre-diagnosis

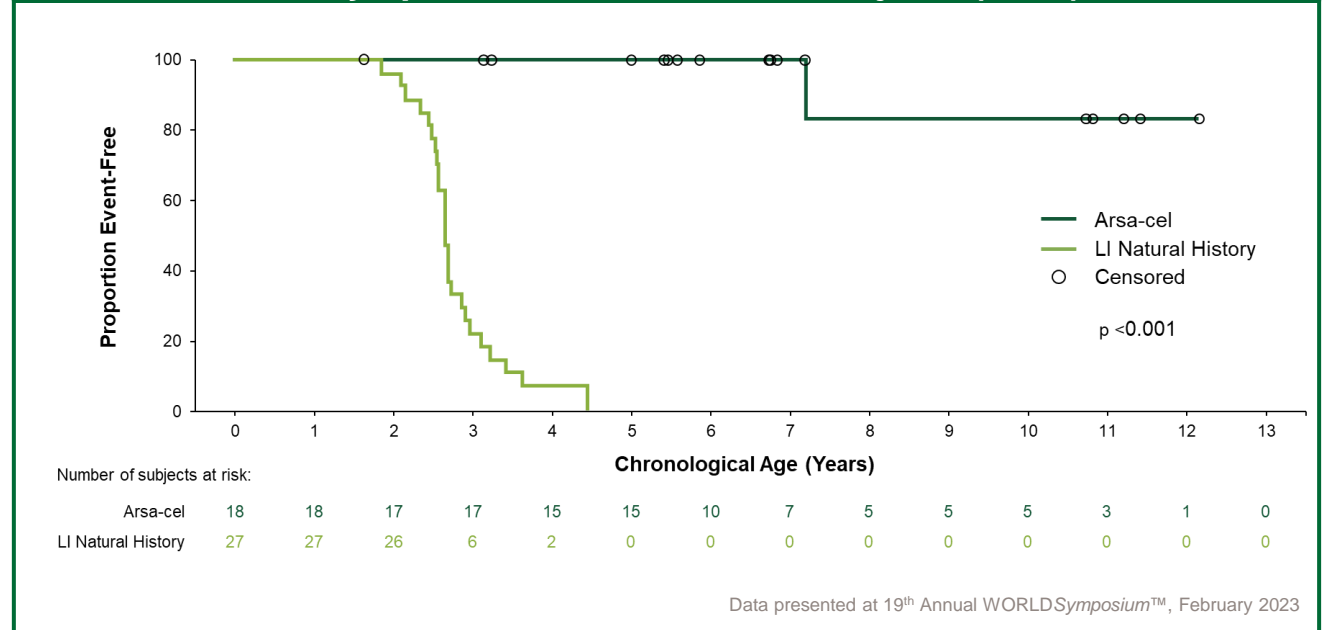


Age 9, advanced disease

Disease Snapshot

- Fatal genetic CNS disorder
- Rapid and irreversible loss of motor and cognitive function
- In its most severe form, most children pass away within five years of symptom onset¹

Kaplan-Meier Plot of Severe Motor Impairment-Free Survival Pre-Symptomatic Late Infantile Subjects (n=18)

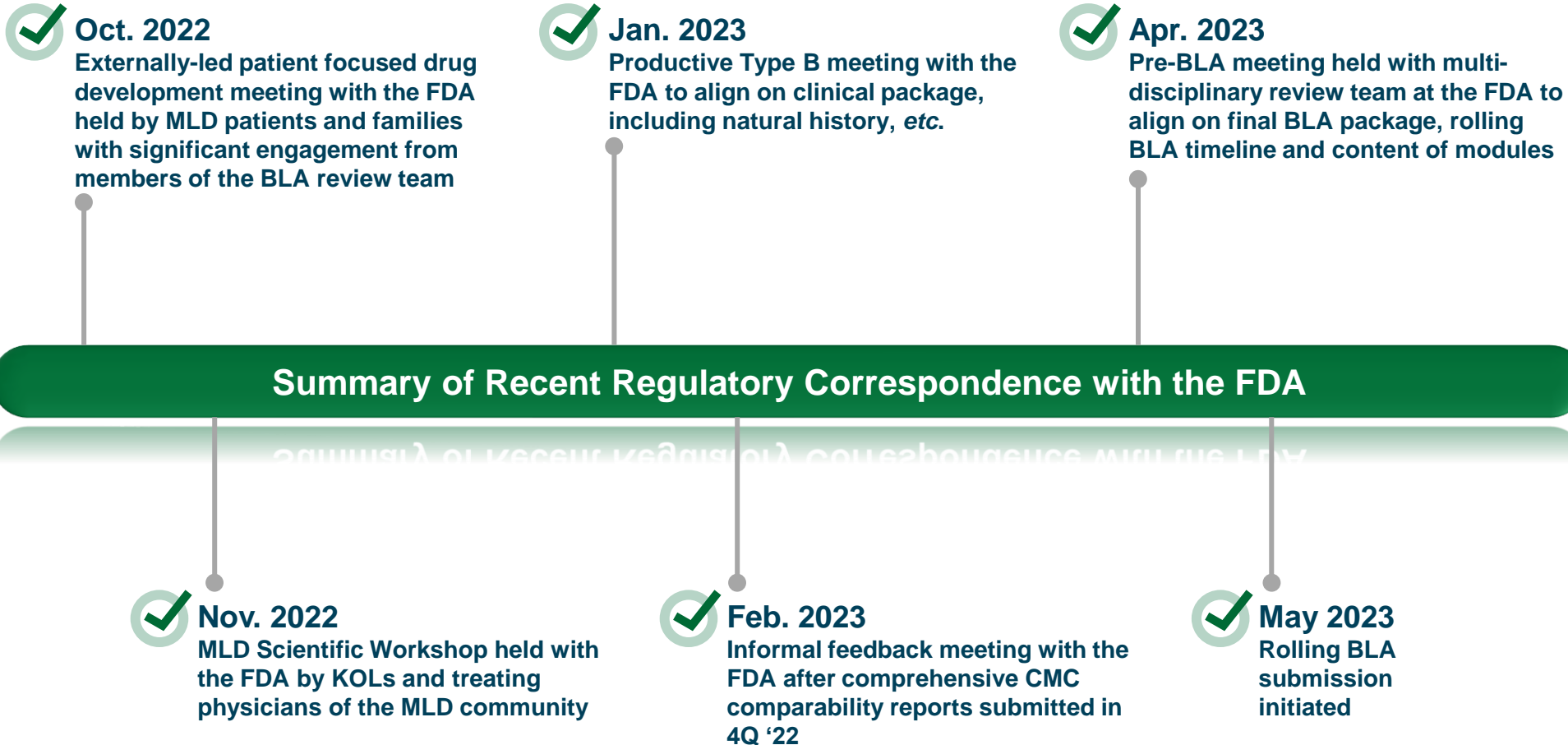


GMFC-MLD=Gross Motor Function Classification-Metachromatic Leukodystrophy.

Note: Severe motor impairment-free survival is defined as the interval from birth to the earlier of loss of locomotion and sitting without support (GMFC-MLD level 5 or higher) or death from any cause; otherwise, subject is censored at the last GMFC-MLD assessment date.

OTL-200 (MLD): BLA Submission Completed; Moving Toward Potential Approval in 1H'24

BLA Submission and Approval Timeline



Rolling BLA Submission Completed

- *BLA acceptance anticipated in Q3' 23*
- *Potential approval in 1H' 24 assuming priority review*

Building Global Momentum for Libmeldy Commercial Potential

Commercial Activities

- 1) Newborn screening and disease awareness to drive patient ID
- 2) Broad access through qualified treatment center (QTC) network
- 3) Reimbursement through various pathways

Staged Areas of Focus

EU Revenue Growth

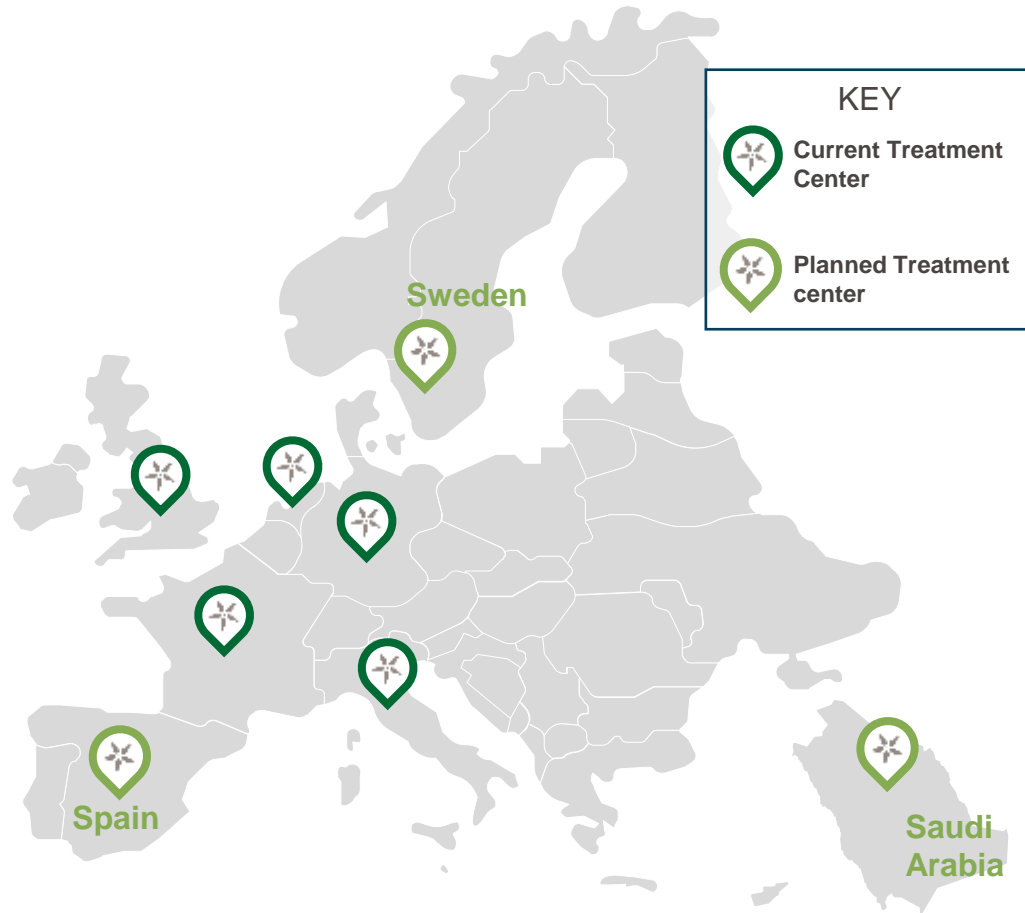
U.S. Launch Prep

ROW Expansion Opportunities

Expanding Reimbursed Access Throughout Europe

Access

Reimbursement



Secured for all eligible MLD children

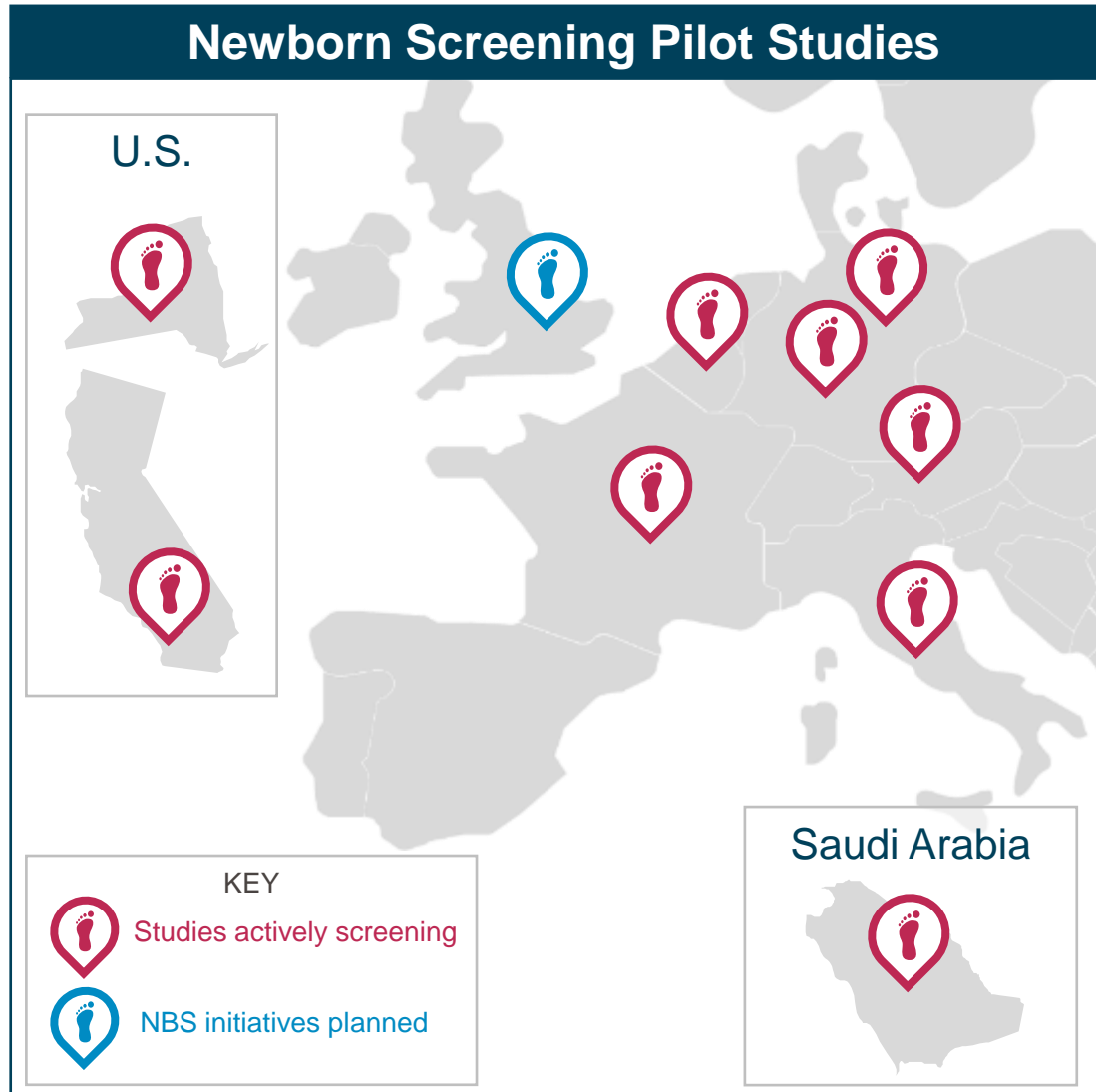


Reimbursed early access (e.g., France)

Cross border (S2) pathway: (e.g., Central & Eastern Europe)

Treatment abroad: (e.g., Middle East)

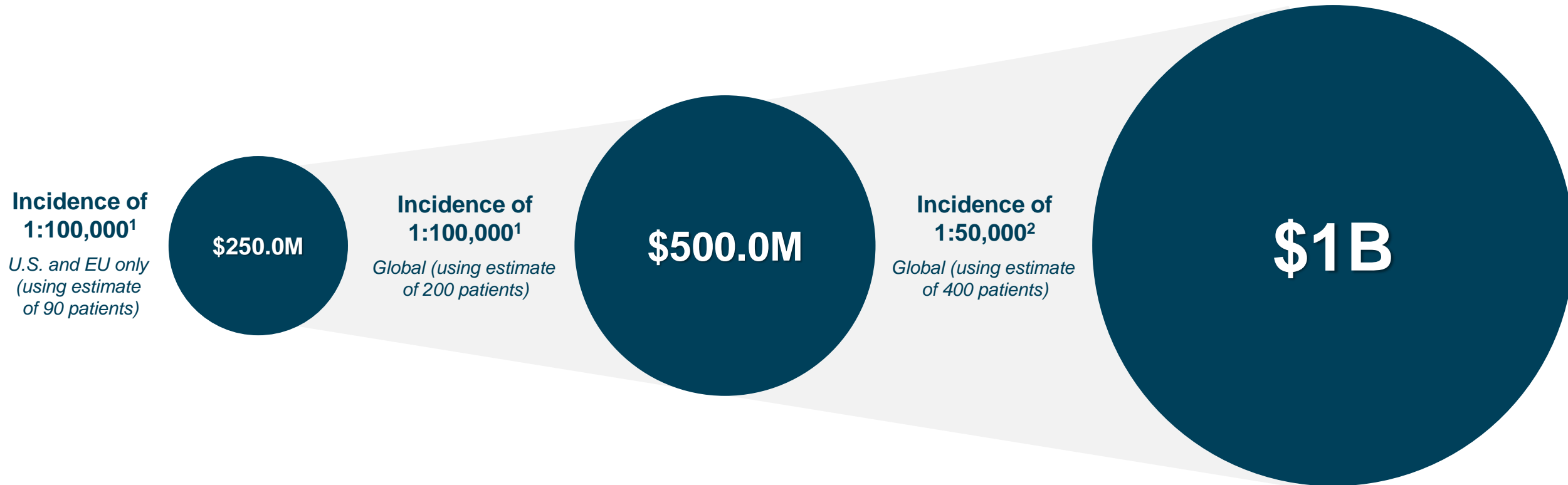
Implementing Newborn Screening to Identify MLD Patients



4 Confirmed cases of MLD following screening of **~150k** newborns

- ✓ Advancing universal newborn screening for MLD
 - Newborn Metabolic Screening Act (SB67) enacted in Illinois, MLD being added to statewide panel
 - Following study data, application for nationwide screening progressing in Germany
- ✓ Continuing to expand NBS initiatives in Europe, the U.S. and the Middle East

MLD Represents a Significant Annual Global Market Opportunity



Potential annual market opportunity for Libmeldy across all patient segments assuming an average per patient net price of \$2.5M and universal newborn screening³

1. von Figura K, Jaeken J. Metachromatic leukodystrophy. In: Scriver CR, Valle D, WS S, eds. *The metabolic and molecular bases of inherited diseases*. Mac Graw-Hill; 2001:3695-3724, chap. 148.
2. Based on four MLD cases identified following ~150,000 newborns screened through ongoing research studies as of June 30, 2023.
3. The sale price of Libmeldy will vary from jurisdiction to jurisdiction and could vary for a variety of reasons, some of which are outside of the company's control. The net price utilized on this slide is for illustrative purposes only and is not an estimate or prediction of the average net price of Libmeldy globally.

Steady Libmeldy Revenue Growth Since Launch



Patients from 6 different countries treated commercially at 4 of 5 qualified centers



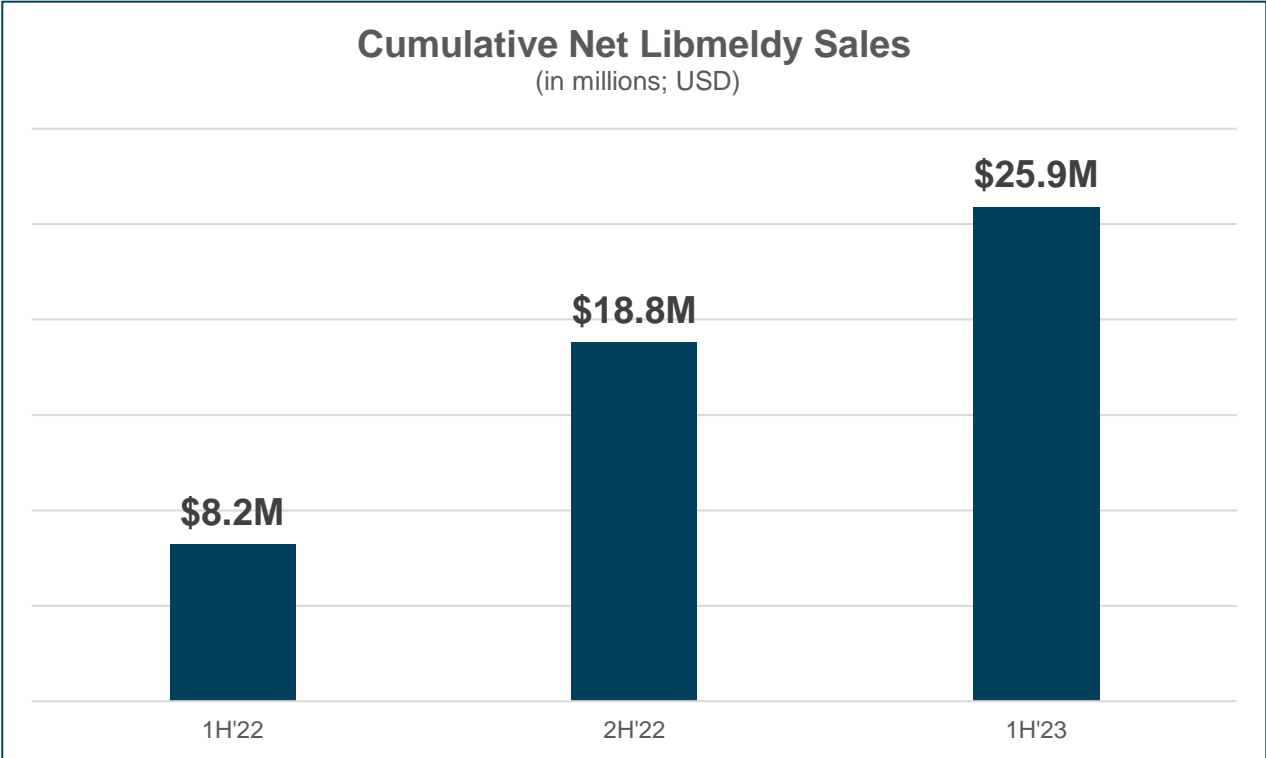
Reimbursement via access agreements, cross-border and named patient pathways



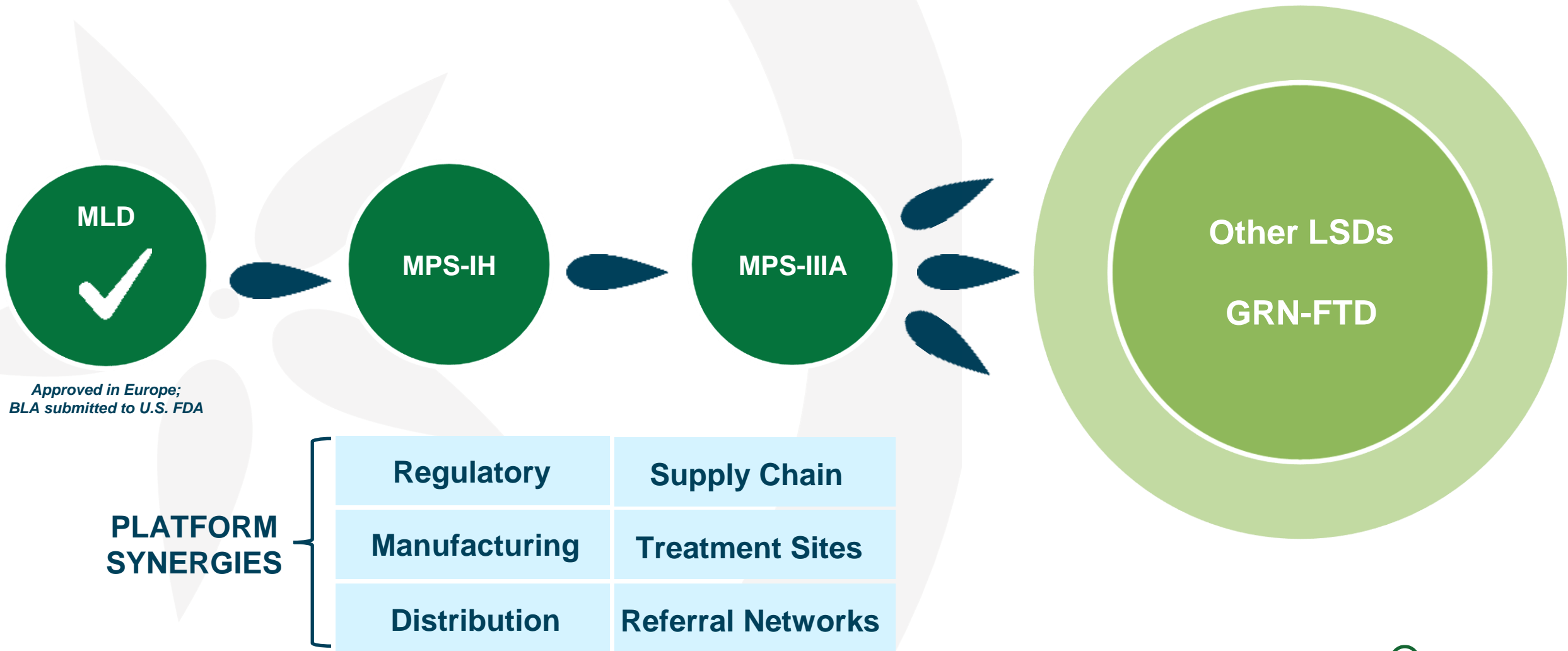
Average vein-to-vein time of 55 days with 100% success in production



Company on track for year-over-year revenue growth



Success in MLD Provides Roadmap, Common Infrastructure for Next-in-line Neurometabolic and CNS Programs



OTL-203 (MPS-IH): Disease Background & NEJM Interim PoC Results

MPS-IH

- Multisystemic neurometabolic condition affecting cognition, growth and skeletal function
- Current standard of care: HSCT and/or ERT as a bridging or chronic therapy
- ~1:100,000 live births; NBS established in some geographies, incl. U.S.

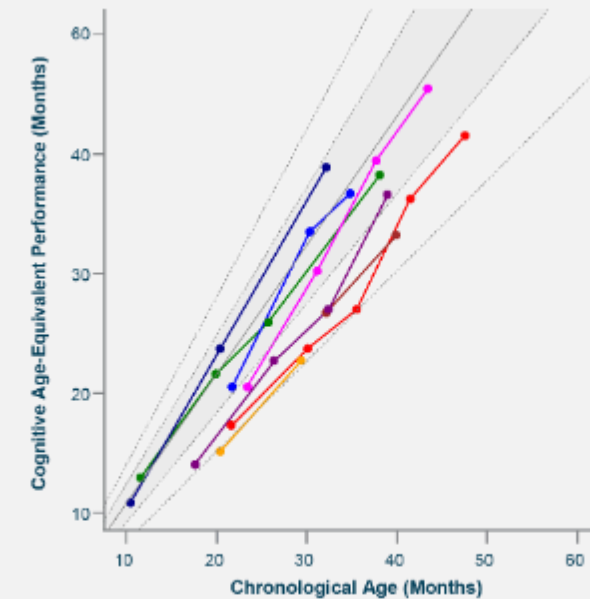
Before Gene Therapy



1.5Y after Gene Therapy



Neuropsychological Tests over Time Cognitive Age-Equivalent Score (Overall)



Interim Proof-of-Concept (PoC) Study
Results Published in NEJM



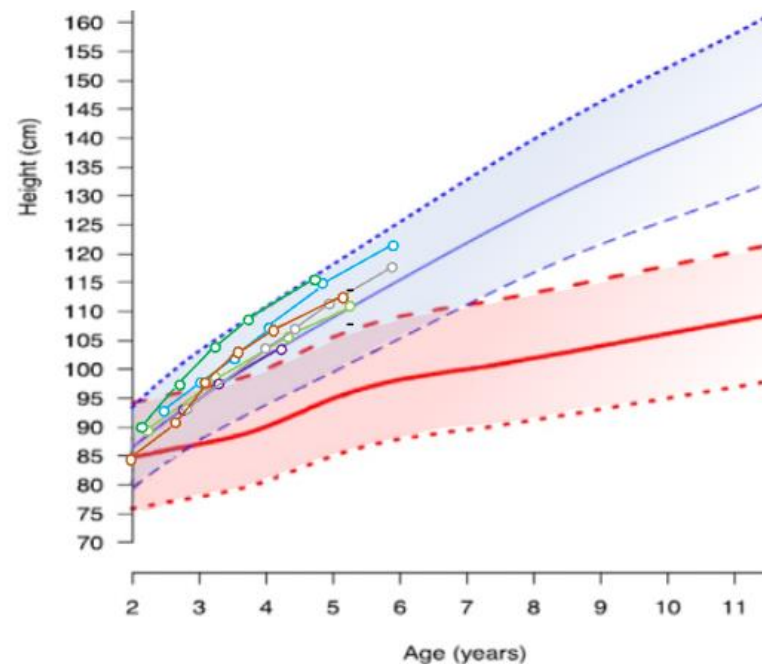
OTL-203 (MPS-IH): Early Clinical Skeletal Outcomes Presented at ASGCT

All GT pts. exhibit longitudinal growth within expected reference ranges according to age and gender, with a median height gain greater than the one observed in an external cohort of HSCT patients following a 3-year follow-up. [Short stature defined as height -2 SDS]

Percentiles:

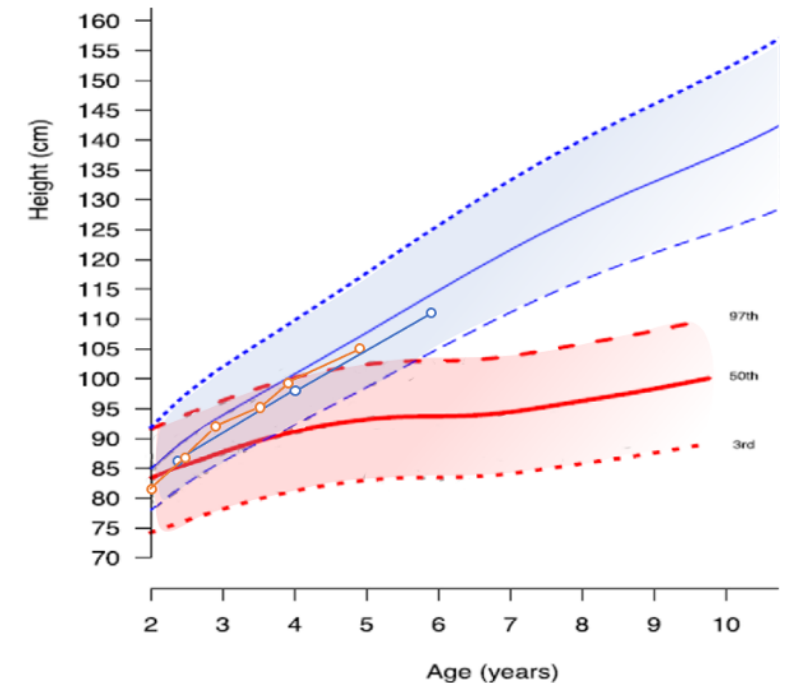
WHO growth charts in blue-shadowed
MPSIH growth charts in red-shadowed

Growth charts males



○ MPSIH001 ○ MPSIH002 ○ MPSIH004
○ MPSIH005 ○ MPSIH006 ○ MPSIH007

Growth charts females

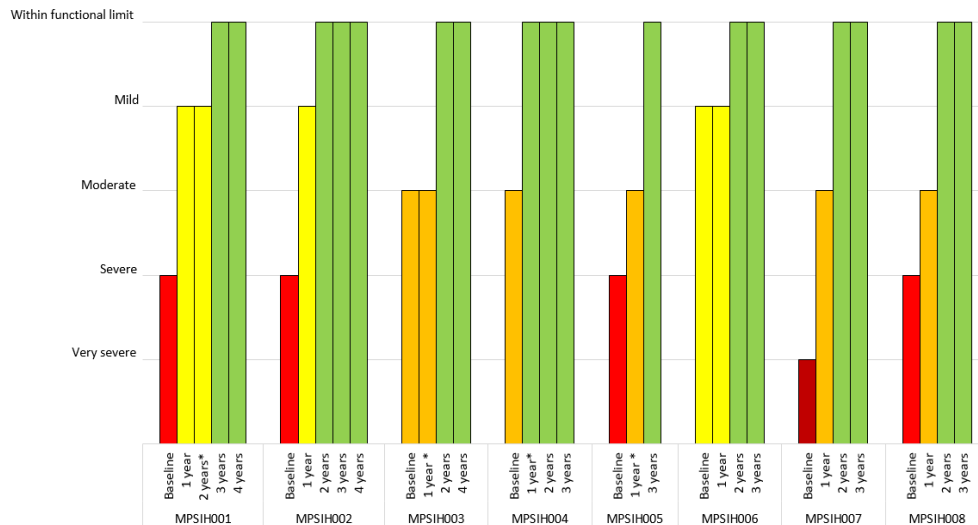


○ MPSIH003
○ MPSIH008

OTL-203 (MPS-IH): Patient Videos from ASGCT

Complete and earlier normalization of joint mobility (shoulder abduction and flexion, hip and knee extension ROM) as compared with an external cohort of HSCT pts.

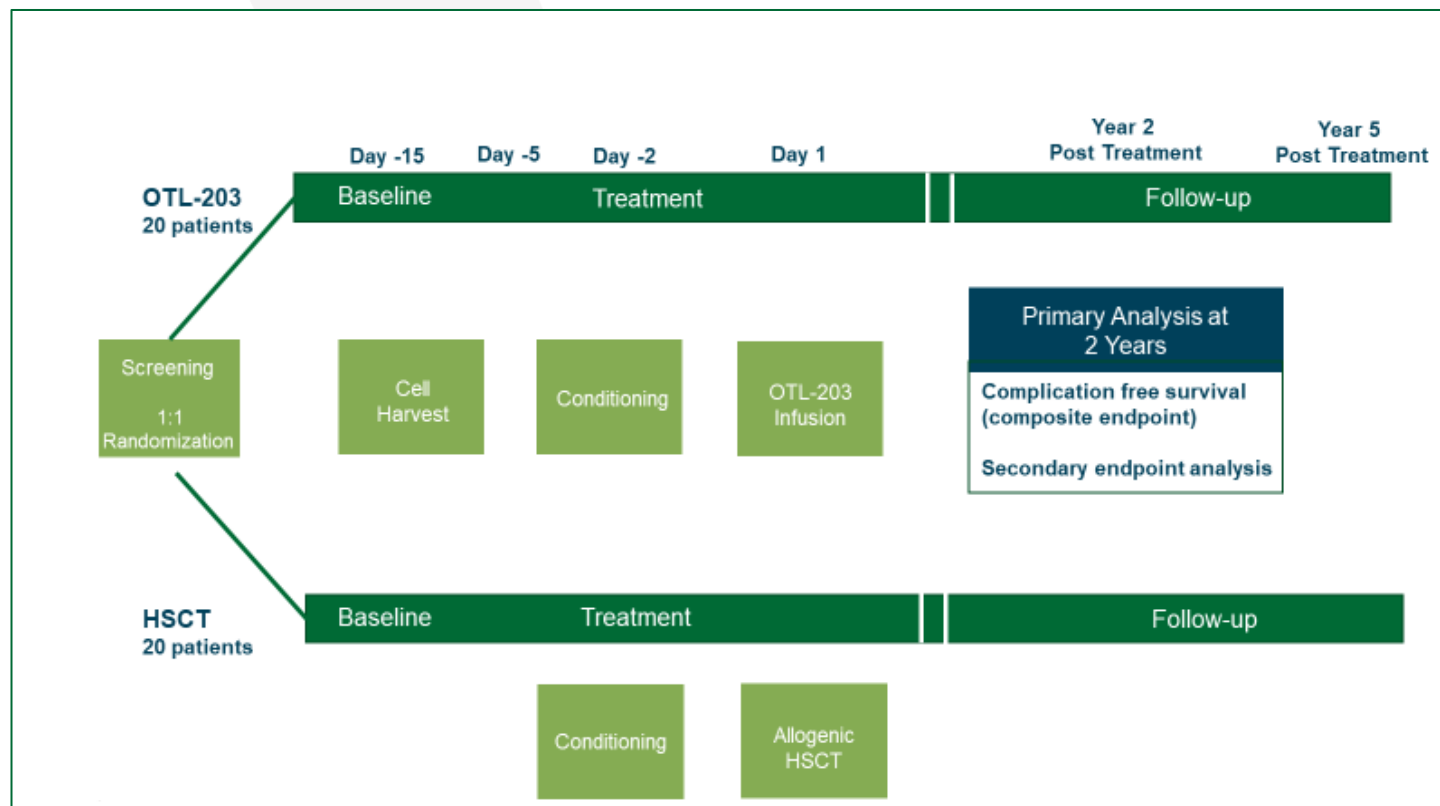
TMQ by Peabody scale



**MPSIH004,
36 months post GT**

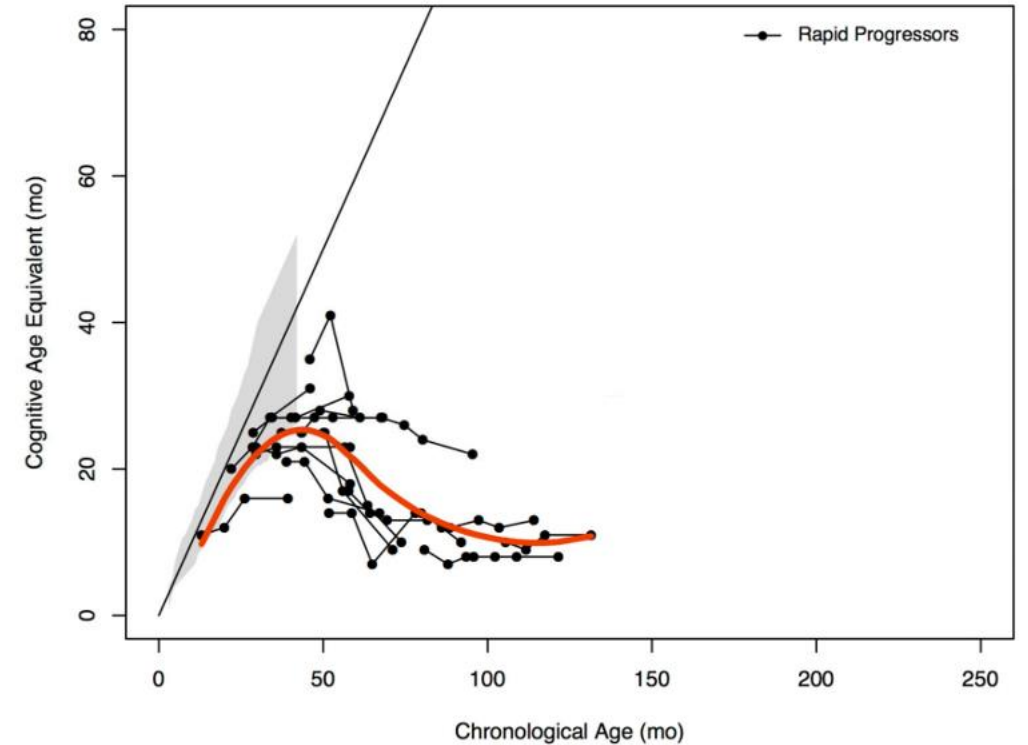
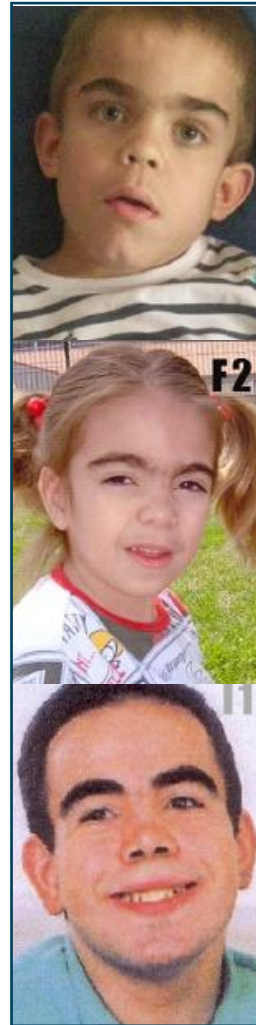
OTL-203 (MPS-IH): Moving into a Pivotal Trial in 2H 2023

- Randomized controlled trial vs. HSCT (standard of care)
- 40 patients
- 2-year primary analysis
- Composite endpoint
- Up to 6 U.S. / EU sites



MPS-III A is a Progressive and Devastating Disease

- **Sanfilippo Syndrome type A**; pathogenic variants in **SGSH** gene
- Accumulation of **substrate heparan sulfate** leading to **severe CNS degeneration** w/ somatic manifestations
- **Severe phenotype** – development slows from 3 years of age, followed by cognitive decline, behavioural disturbances, loss of skills and eventual death
- **No successful treatment options**
 - Allogeneic HSCT shows *no modification* of disease phenotype despite wild type donor, full engraftment and early treatment
 - Robust correction of neurocognitive decline and durability of effect *not established* for AAV approaches
- **Incidence: ~1 in 100,000 live births**

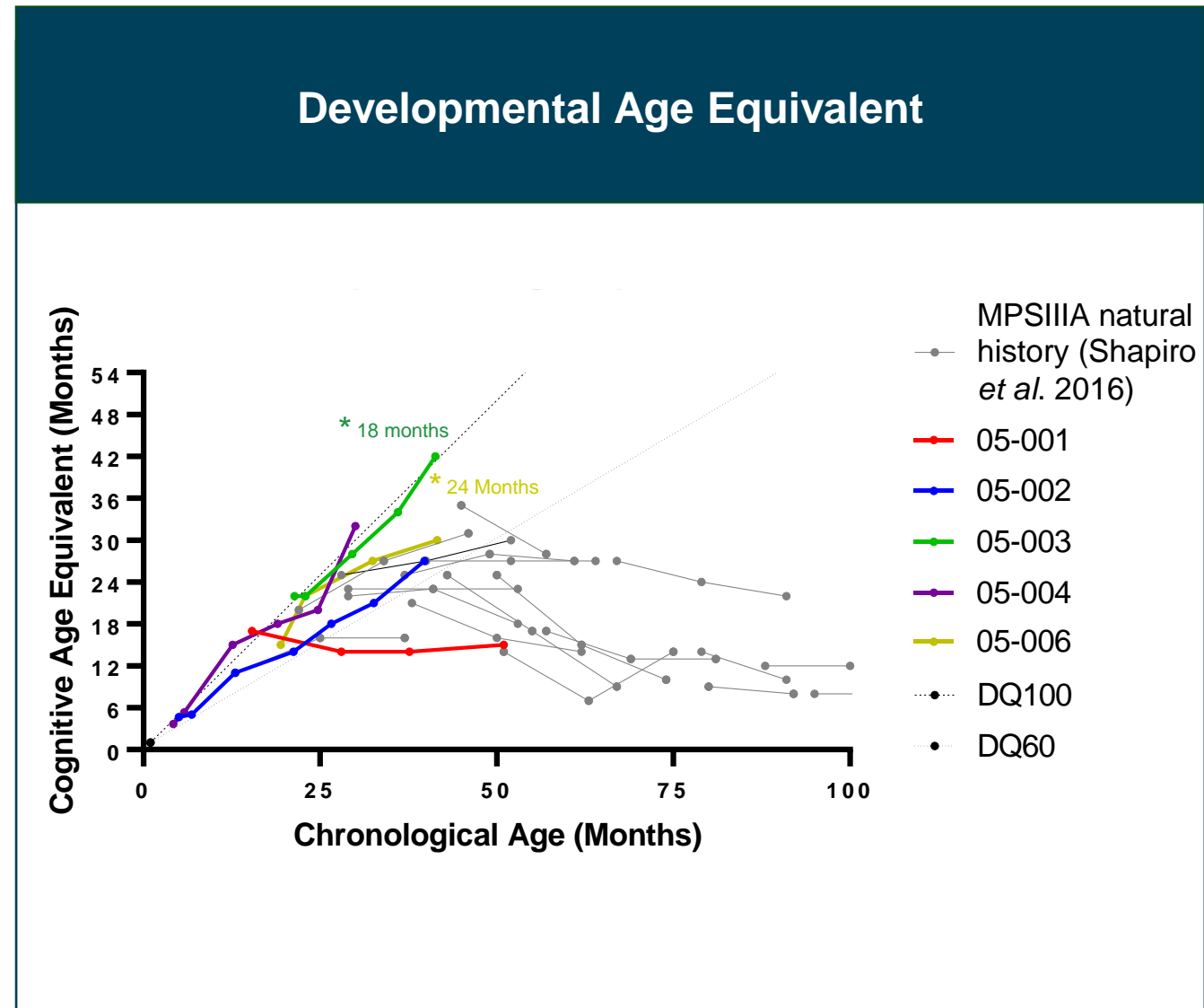


SGSH = N-Sulfoglucosamine Sulfohydrolase
Shapiro EG, et al. J Pediatr 2016;170:278-87.

Photos adapted from Natural History of Sanfilippo Syndrome in Spain; Orphanet Journal of Rare Diseases · December 2013

Neurocognitive Outcomes

- Patient 05-003 and 05-006 reached the ceiling of the Bayley scale (BSID-III) at 18/24 months and progressed onto the Kaufmann assessment (KABC-II) at 24/30 months
- Patient 05-003 is the first MPSIIIA patient with rapidly progressive phenotype at Manchester able to complete the Kaufman assessment
- Patient 05-003 is within normal range on Kaufmann scale at both 24- and 30-months post-transplant with gain in skills between assessments



Neurocognitive Outcomes

Change in **cognitive function (age equivalent scores)** against natural history of MPSIIIA

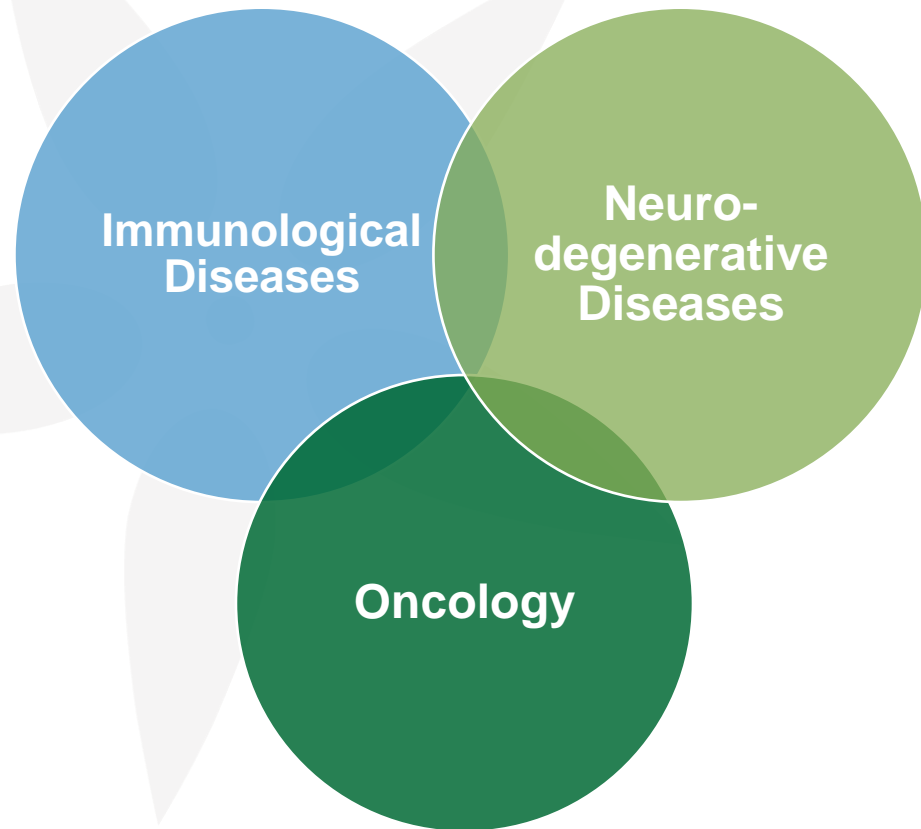
Change in patient behavior, patient QoL and daily living

Early follow-up in trial patients

- **Gain of skills in line with development of normal children in 4 out of 5 patients**
- Developmental gains not seen in untreated MPSIIIA, e.g. acquisition of speech, continence and complex play
- Longer follow up needed to assess safety and efficacy outcomes



Our Platform Provides Multiple Opportunities for Business Development



Partnerships in specific diseases

- **OTL-105** for HAE partnered with Pharming
- Ongoing programs in CNS (**FTD**) and colitis (**NOD2-Crohn's**)

Partnerships built on specific technologies

- **Antigen-specific Tregs** for autoimmune diseases
- **mAb vectorization technology** to target specific tumors or other targets

Executing on Key Corporate Milestones

Approximately \$155.0M in Cash and Investments as of Q2'23 Supports Runway to mid-2025

Libmeldy - Commercial

- ✓ Secured reimbursed access in four additional European markets
- Add to qualified treatment center network
- Expand newborn screening activities to screen 200,000 babies by year-end
- Grow Libmeldy revenue year-over-year

Regulatory

- ✓ **OTL-200:** Completed rolling BLA submission to U.S. FDA in MLD
- **OTL-200:** BLA acceptance expected in Q3 w/ potential approval in 1H'24 assuming priority review

Development

- ✓ **OTL-201:** Report biochemical / clinical data from ongoing MPS-III A PoC study in 2023
- **OTL-203:** Initiate global registrational trial for MPS-IH in 2H 2023

Preclinical

- ✓ **OTL-204:** Report preliminary preclinical PoC data for GRN-FTD
- ✓ **OTL-104:** Report preclinical PoC data for NOD2-CD (1H 2023)
- **OTL-104:** Initiate IND-enabling activities ahead of 2025 planned IND submission

Advance other preclinical pipeline programs (e.g., OTL-105) and enabling technologies (e.g., HSC Tregs)

Strategic Anchors Represent Breakout Opportunities for Orchard



All based on a HSC GT scientific and clinical platform