Our Mission is to

Develop **Gene Therapies** to Cure Blindness Diseases

and

Develop a **Vaccine** to Save Lives from COVID-19

NASDAQ: OCGN
Corporate Deck: July 2021
Forward Looking Statement

This presentation contains forward-looking statements that involve substantial risks and uncertainties. All statements, other than statements of historical facts, contained in this presentation, including statements regarding our business strategy, future results of operations and financial position, prospective products, product approvals, research and development costs, timing and likelihood of success, estimated market size or growth, and plans and objectives of management for future operations, are forward-looking statements. When used in this presentation, the words “anticipate,” “believe,” “contemplate,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “plan,” “potential,” “predict,” “project,” “should,” “target,” “would,” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

Forward-looking statements involve known and unknown risks, uncertainties and other factors, including those risks set forth in the Company’s filings with the Securities and Exchange Commission, which are available at www.sec.gov, that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Forward-looking statements are based on our management’s beliefs and assumptions and on information available to management as of the date of this presentation. Our actual future results may be materially different from what we expect. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.

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## Ocugen Overview

### VACCINE
- **COVAXIN™**: Whole-virion inactivated COVID-19 vaccine candidate (with adjuvant). Licensed rights from Bharat Biotech for the US and Canadian markets (currently received EUA in India). Standard vaccine storage condition (2-8°C)
- Demonstrated 77.8% overall efficacy, 93.4% in severe COVID-19 disease (including hospitalization) and 65.2% efficacy against Delta variant in Phase 3 trial by Bharat Biotech
- Phase 3 clinical trial enrolled 25,800 participants between 18-98 years of age, including 2,760 over the age of 60 and 7,058 with at least one pre-existing condition. Phase 1/2 enrolled 755 participants
- Potential coverage against multiple protein antigens of the virus and potentially applicable to broader population, including 12–17-year-olds (as seen in Phase 2 study)
- Effectively neutralizes additional Kappa, Zeta, and Alpha variants of SARS-Cov-2, reducing the possibility of mutant virus escape

### MODIFIER GENE THERAPY PLATFORM
- Potential for one product to treat many diseases & multi-factor approach (POC study results published in Nature)
- **OCU400 (AAV-hNR2E3)**: Orphan medicinal product designation for the treatment of both retinitis pigmentosa (RP) and Leber Congenital amaurosis (LCA) covering diseases caused by mutations in over 175 genes. Initiation of Phase 1/2a this year
- **OCU410 (AAV-hRORA)**: Potential to treat dry age-related macular degeneration (Dry AMD) through multi-factor treatment approach – initiation of Phase 1/2 in 2022
- Strategic manufacturing partnership with CanSinoBio (~$13B market cap) – sets clear path for critical manufacturing

### NOVEL BIOLOGIC
- **OCU200**: Targeting major retinal diseases: Diabetic Macular Edema (DME), Diabetic Retinopathy (DR), and Wet Age-Related Macular Degeneration (Wet AMD) (estimated global market size over $10B) – initiation of Phase 1/2 in 2022
- Novel MoA: Potential to initially treat non-responders to anti-VEGF/ therapies (~50% of patients)
Leadership Team

Shankar Musunuri, PhD, MBA
Chairman, CEO and Co-Founder

Sanjay Subramanian, MBA
CFO and Head of Corporate Development

Bruce D. Forrest, MB, BS, MD, MBA
Acting CMO

J.P. Gabriel
SVP, Manufacturing & Supply Chain

Vijay Tammara, PhD
SVP, Regulatory & Quality

Michael Shine, MBA
SVP, Commercial

Arun Upadhyay, PhD
VP, Head of Research & Development

Jessica Crespo, CPA
Corporate Controller and Treasurer

Zara Gaudioso, SHRM-CP
Head of Human Resources
Scientific Advisory Boards

Retina Scientific Advisory Board

- David Boyer, MD
- Carl D. Regillo, MD, FACS
- Mark Pennesi, MD, PhD
- Geeta Lalwani, MD

Vaccine Scientific Advisory Board

- Satish Chandran, PhD
- David Fajgenbaum, MD, MBA, MSc, FCPP
- Bruce D. Forrest, MB, BS, MD, MBA
- Catherine Pachuk, PhD
- Harvey Rubin, MD, PhD
- Susan Weiss, PhD

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## Pipeline and Regulatory overview

### Asset/Program

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>MODIFIER</th>
<th>NOVEL BIOLOGIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVAXIN™</td>
<td>OCU400</td>
<td>OCU200</td>
</tr>
<tr>
<td>Whole-Virion Inactivated Vaccine</td>
<td>AAV-hNR2E3</td>
<td>Transferrin – Tumstatin</td>
</tr>
<tr>
<td>OCU410</td>
<td>AAV-hRORA</td>
<td></td>
</tr>
</tbody>
</table>

### Indication

- **COVID-19**
- **NR2E3 Mutation** – Associated Retinal Degeneration**
- **RHO Mutation** – Associated Retinal Degeneration**
- **CEP290 Mutation** – Associated Retinal Degeneration**
- **PDE6B Mutation** – Associated Retinal Degeneration**
- **Dry Age-Related Macular Degeneration (Dry AMD)**
- **Diabetic Macular Edema**
- **Diabetic Retinopathy**
- **Wet Age-Related Macular Degeneration (Wet AMD)**

### Phase

- **Phase 3**
- IND-Enabling
- IND-Enabling
- IND-Enabling
- Preclinical
- Preclinical
- Preclinical

### Notes

- Discussions with FDA and Health Canada ongoing
- Orphan designation US & EU†

**No approved therapies exist**


† EU orphan medicinal product designation for the treatment of both retinitis pigmentosa (RP) and Leber Congenital amaurosis (LCA)
COVAXIN™
Whole-Virion Inactivated COVID-19 Vaccine
Licensed from Bharat Biotech (BBIL) for the US and Canadian Markets
**COVAXIN™ - Product Profile**

**Whole virion inactivated SARS-CoV-2 (NIV-2020-770)**
Antigen concentration & Adjuvant: 6μg + Algel–IMDG(TLR7/8)

**PROPOSED INDICATION**
Active Immunization to Prevent COVID-19 caused by SARS-CoV-2

**TARGET POPULATION**
12 years of age and older

**DOSE LEVEL and REGIMEN**
0.5mL per dose suspension
2 Doses: Day 0 & Day 28

**PRESENTATION**
10 doses per vial

**STORAGE**
2°- 8°C (Expected shelf-life ~2 Yrs.)
Room temp (25ºC): 3 Months
**Why COVAXIN™**

**Designed to fill a significant unmet need in our North American arsenal of vaccines against COVID-19**

**Broad Spectrum Immune Response**
Both humoral & cellular responses generated against multiple viral proteins
Induces a Th1 response (cell-mediated immunity)

**Efficacy → 77.8% Efficacy Demonstrated in Phase 3 Trial (93.4% against severe)**
Effective in neutralizing multiple variants, including rapidly-spreading Delta variant (65.2% efficacy)
Potentially serve as a universal booster to minimize/eliminate viral escape and control the Pandemic

**Safe in 12+ (Demonstrated in Phase 2 clinical trial)**
Proven technology platform and supply chain currently used for several licensed vaccines (Influenza, Polio, Rabies, JEV etc.).
Historically demonstrated acceptable safety, tolerability and efficacy consistent with adults

**Transportation and Storage Ease**
Stable for 3 months at room temperature
Can be stored in standard conditions (2°C - 8°C) for several years. Can be stockpiled.

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COVAXIN™ Presents Multiple Protein Targets to the Immune System Resulting in Broad Spectrum Response

COVAXIN™, an adjuvanted inactivated virus vaccine candidate, elicited strong IgG responses against spike (S1) protein, receptor-binding domain (RBD), and the nucleocapsid (N) protein of SARS-CoV-2 along with strong cellular responses.

COVAXIN™

mRNA and Adenovirus-Based Vaccines
Ocugen licensed COVAXIN™ on the back of Bharat’s strong track record of developing & commercializing vaccines globally.

Inactivated Vero cell derived vaccines are proven, time-tested and long-lasting. A few include:

- ROTAVAC® Oral Rotavirus Vaccine (Live, Live Attenuated)
- JENVAC® Purified, Inactivated Japanese Encephalitis Vaccine
- INDIRAB® Purified, Inactivated Rabies Vaccine
- Ongoing vaccine candidate using vero cell platform
  - Chikungunya
  - ZIKA
  - sIPV
  - BBV152* (COVAXIN)

- ~25 Clinical Studies
- ~300,000 Subjects
- 15 Years Excellent Clinical Trial Safety
- ~300 Million Doses Supplied from Vero Manufacturing Platform
- Excellent Post Marketing Safety Record
COVAXIN™ is Distinct Amongst Leading COVID-19 Vaccines and Select Vaccine Candidates in the United States and Canada

<table>
<thead>
<tr>
<th>Company</th>
<th>Technology</th>
<th>Antigen</th>
<th>Status in US &amp; Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVAXIN™</td>
<td>Inactivated SARS CoV-2 Virus, Aluminum hydroxide, TLR agonist</td>
<td>Whole virus (Including S &amp; N Proteins)</td>
<td>BLA submission to be pursued in US; regulatory pathway in process in Canada</td>
</tr>
<tr>
<td>Pfizer/ BioNTech</td>
<td>Lipoplex of SARS CoV-2 S protein mRNA</td>
<td>S protein</td>
<td>EUA in US; Authorized by Interim Order in Canada</td>
</tr>
<tr>
<td>Moderna</td>
<td>Lipoplex of SARS CoV-2 S protein mRNA</td>
<td>S protein</td>
<td>EUA in US; Authorized by Interim Order in Canada</td>
</tr>
<tr>
<td>AstraZeneca</td>
<td>Non-replicating infectious Adenovirus</td>
<td>S protein</td>
<td>Authorized by Interim Order in Canada</td>
</tr>
<tr>
<td>Johnson &amp; Johnson</td>
<td>Non-replicating infectious Adenovirus</td>
<td>S protein</td>
<td>EUA in US; Authorized by Interim Order in Canada</td>
</tr>
</tbody>
</table>
## Technology Comparisons: Target Product Profile

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>mRNA</th>
<th>Adeno- Based</th>
<th>COVAXIN™</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable Safety</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Neutralizing antibody response</td>
<td>✓</td>
<td>✓</td>
<td>✓+</td>
</tr>
<tr>
<td>Cellular responses against multiple viral antigens</td>
<td>✓</td>
<td>✓</td>
<td>✓+</td>
</tr>
<tr>
<td>Efficacy</td>
<td>✓</td>
<td>✓</td>
<td>✓+</td>
</tr>
<tr>
<td>Stability at 2-8°C</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Multiple Viral Antigens</td>
<td>X</td>
<td>X</td>
<td>✓</td>
</tr>
</tbody>
</table>

“+” : B and T cell immune responses to multiple proteins, Safety and Efficacy in Phase 3 clinical trial by Bharat Biotech
**COVAXIN™ Progress and Planned Milestones for U.S. Dev.**

- Phase 3 data analysis now completed
- BLA submission to be pursued in US; discussions ongoing to determine filing pathway
- Initial US Supply from Partner, BBIL
- Execute Tech Transfer to US Sites
- Target 100M Doses/Year Starting 2021
FINAL Phase 3 Clinical Trial Results Demonstrate Protective Effect of COVAXIN™

Fast facts of a double-blind, randomized, multicenter, Phase 3 clinical trial

- Participants recruited between November 2020 and January 2021 across 25 sites
- 1:1 randomization among healthy adults (age 18-98 years)
- n = 25,798
- Primary endpoint: Preventing symptomatic COVID-19 occurring at least 14 days after second dose
- Secondary endpoint: Efficacy in subgroups based on age (18 – 59 years; ≥60 years)
- Evaluated safety, reactogenicity and consistency of immune responses

✓ Overall vaccine efficacy: 77.8% (95% CI: 65.2 – 86.4)
✓ Efficacy against severe disease: 93.4% (95% CI: 57.1 – 99.8)
✓ Efficacy against asymptomatic disease: 63.6% (95% CI: 29.0 – 82.4)
✓ Safety outcomes: 12.4% reported adverse events (AE) in both vaccine and placebo arms (p<0.05)
  - Most frequently reported systemic AEs included headache, followed by pyrexia, fatigue and myalgia
  - Serious AEs were reported by <0.5% of clinical trial participants

✓ Demonstrated efficacy against B.1.617.2 (Delta): 65.2% (95% CI: 33.1 – 83.0)
  - First Phase 3 clinical trial to include Delta variant data

Source: Efficacy, safety, and lot to lot immunogenicity of an inactivated SARS-CoV-2 vaccine (BBV152): a, double-blind, randomised, controlled phase 3 trial; Ella, Reddy, Blackwelder, Potdar, et al.; medRxiv 2021.06.30.21259439; accessed July 7, 2021
Phase 3: Study Outline

Visit 1

COLLECT INFORMED CONSENT SCREEN AND ENROLL 25,800 PARTICIPANTS

1st Dose of Vaccine
n = (12,900)

1st Dose of Placebo
n = (12,900)

Visit 2

2nd Dose of Vaccine

2nd Dose of Placebo

Visit 3-4

Periodic Monitoring for symptoms of COVID

Periodic Monitoring for symptoms of COVID
Phase 2: Study Results

- **6µg +Algel-IMDG** demonstrated high neutralizing Abs responses **compared to 3µg + Algel-IMDG group**
- Mean GMT (95% CI) **higher than human convalescent serum (HCS)**
- **6µg +Algel-IMDG (Covaxin™)** selected for Phase 3 study
Phase 2: Study Results

- High Seroconversion rates (>96%) in both MNT50 and PRNT50 measured up to day 56
- Induction of Th1 cell mediated immunity as measured by IFN-γ, IL-2, TNF-α

Safety

<table>
<thead>
<tr>
<th>Events</th>
<th>Rate (%)</th>
<th>CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>4.2% (1.8, 8.1)</td>
<td>95%</td>
</tr>
<tr>
<td>Systemic</td>
<td>7.4% (4.1, 12.1)</td>
<td>95%</td>
</tr>
<tr>
<td>Serious</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Combined</td>
<td>10.3% (7.4, 13.8)</td>
<td>95%</td>
</tr>
</tbody>
</table>
Additional Research Demonstrating Effect Against Multiple Variants

- COVAXIN-vaccinated sera effectively neutralized several SARS-CoV-2 variants in an in-vitro plaque reduction neutralization assay

- **B.1.617 (India - Kappa)**
- **B.1.1.7 (United Kingdom - Alpha)**
- **B.1.1.28 (Brazil P2 - Zeta)**

- The study was conducted by Indian Council of Medical Research (ICMR)-National Institute of Virology
- These studies suggest that COVAXIN vaccination may be effective against multiple SARS-CoV-2 variants.
Ocugen’s Modifier Gene Therapy Platform

Breakthrough Technology Designed to

Address Multiple Diseases with One Product

Approach Complex Diseases Through Multiple Factors
**Gene Augmentation:** Transfer functional version of a non-functional gene into the target cells.

**Traditional Gene Therapy:**
- Traditional approach that targets one individual gene mutation at a time
- Regulatory pathway focused on specific product for one disease
- Longer time to recoup development costs

**Modifier Gene Therapy:** Introduce a functional gene to modify the expression of many genes, gene-networks and regulate basic biological processes in retina.

- We can address a number of diseases using the same Modifier Gene product.

**Traditional Approach vs. Ocugen’s Novel Platform**

**Gene X**

- Cell with mutated/nonfunctioning gene X

**Modifier gene M**

- Cell with mutated/nonfunctioning gene(s) other than modifier gene

**Gene X**

- Cell with normal function

**OCU400**

- Novel approach that targets nuclear hormone genes (NHRs), which regulate multiple functions within the retina
- Smoother regulatory pathway due to ability to target multiple diseases with one product
- Ability to recoup development costs over multiple therapeutic indications

**Broad Spectrum Therapy for RP**

- NR2E3 Mutation-Associated Retinal Disease
- Rhodopsin Mutation-Associated Retinal Disease
- CEP290 Mutation-Associated Retinal Disease
- PDE6B Mutation-Associated Retinal Disease
Why Target Nuclear Hormone Receptor Genes (NHRs)?

- Modulators of retinal development & function
- Act as “master genes” in the retina
- Molecular reset of key transcription factors and associated gene networks – retinal homeostasis
- Gene modifier concept including impact on clinical phenotypes is well known in other disease areas, CF and SMA *

* References:  
  - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5409218/  
  - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4339951/  
  - https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0183526
Efficacy results shown in 5 unique mouse models of RP
Technology developed at Harvard Medical School, Dr. Neena Haider’s Lab
Study demonstrates potency of modifier gene therapy to elicit broad-spectrum therapeutic benefits in early and advanced stages of RP
Results show evidence of vision rescue in Early & Advanced Stages of disease

Important milestone for development of therapy; demonstrated proof of principle
Protection elicited in multiple animal models of degeneration caused by different mutations
Potential to represent first broad-spectrum therapy and to provide rescue even after disease onset
OCU400 – Rescue in Early & Advanced Stage of Disease

**Early Stage Rescue**

- P0 single subretinal injection, evaluation 3-4 months post injection
- *rd1* evaluated one-month post injection

**Advanced Stage Rescue**

- P21 subretinal injection, evaluation 2-3 months post injection
- Restored ONL photoreceptors morphology in *rd7*
- ONL cell layer change in *rd7* model doesn’t progress until 4-5 mos. of age

**Human Diseases:**

<table>
<thead>
<tr>
<th>Control</th>
<th>PDE6β associated RP</th>
<th>Rhodopsin associated adRP</th>
<th>Leber Congenital Amaurosis</th>
<th>Enhanced S-cone Syndrome</th>
</tr>
</thead>
<tbody>
<tr>
<td>B6</td>
<td><em>rd1</em></td>
<td><em>Rho&lt;sup&gt;-&lt;/sup&gt;</em></td>
<td><em>rd16</em></td>
<td><em>rd7</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Rho&lt;sup&gt;P23H&lt;/sup&gt;</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Fundus images and ONL count show how single product rescues vision in multiple mutations**

https://www.nature.com/articles/s41434-020-0134-z
Human vision is enabled by three primary modes:

- **Photopic vision**: Vision under well-lit conditions, which provides for color perception and functions primarily due to cone cells in the eye
- **Mesopic vision**: A combination of photopic vision and scotopic vision in low lighting, which functions due to a combination of rod and cone cells in the eye
- **Scotopic vision**: Monochromatic vision in very low light, which functions primarily due to rod cells in the eye

**ERG response**: P0 single subretinal injection, evaluation 3-4 months post injection

**OCU400 – Demonstrates Improved Vision Signals in Retina**

Electroretinogram (ERG) Response Reveals Rescue under Both Scotopic (dim-lit) as well as Photopic (well-lit) Conditions

https://www.nature.com/articles/s41434-020-0134-z
Study Results Confirm Overexpression of *Nr2e3* by subretinal AAV8-*Nr2e3* Injection Is Not Detrimental to Retina – No Off-Target Effects

OCU400 – Demonstrated Safety in Mouse Model
OCU400 – Clinical and Regulatory Strategy

Planned Timeline

2021 - 2022
Phase 1/2a
NR2E3
RHO

2023 - 2025
Phase 2b/3
NR2E3
RHO

2025/26
Potential Approval

Proposed Broad RP Indication

Phase 4 Commitments

OCU400

NR2E3 Mutation-Enhanced S-cone Syndrome
Rhodopsin Mutation-Associated Retinal Disease
CEP290 Mutation-Leber Congenital Amaurosis

Broad Spectrum Therapy for RP

Successfully completed manufacturing at commercial scale (200L) at CanSinoBio to support clinical studies
Preclinical tox studies in-progress
On target to file IND in 2H21
# OCU400 – Competitive Overview

<table>
<thead>
<tr>
<th>Features</th>
<th>OCU400</th>
<th>Traditional Gene Therapy</th>
<th>Cell Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>One product for many IRDs (including broad RP indication)</td>
<td>✓</td>
<td>✗</td>
<td>Limited ✓</td>
</tr>
<tr>
<td>Technology established in the ocular disease space</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>POC data in RP models with different genetic mutations</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Expected long-term outcome</td>
<td>Potentially longer benefit due to promotion of homeostasis</td>
<td>Potentially limited due to loss of retinal cells over time</td>
<td>Not established</td>
</tr>
<tr>
<td>Target Patient Population</td>
<td>Large</td>
<td>Small (specific to mutation)</td>
<td>Variable</td>
</tr>
<tr>
<td>Developmental cost</td>
<td>Low (economies of scale)</td>
<td>High (No economies of scale)</td>
<td>High</td>
</tr>
</tbody>
</table>
Dry AMD
- Leads to irreversible blindness due to degeneration of the retina
- ~9-10M patients in the U.S.
- Currently no approved treatment for Dry AMD

Contributing Factors
- Aging
- Genetics
- Environmental Factors

References:
- https://www.brightfocus.org/macular/article/age-related-macular-facts-figures
- https://www.uniprot.org/uniprot/P35398#function
OCU200:

Diabetic Macular Edema (DME)
Diabetic Retinopathy (DR)
Wet Age-Related Macular Degeneration (Wet AMD)

*Novel Biologic Offering Benefits Beyond Anti-VEGF*
OCU200 – Potential to Treat DME, DR & Wet AMD

**OCU200 Provides Hope to All patients with DME, DR or Wet AMD**

- **DME** → ~0.7M patients in the US*
- **DR** → ~7.7M patients in the US*
- **Wet AMD** → ~1.1M patients in the US*

- **OCU200 is a Transferrin-Tumstatin Fusion Protein**
  - Tumstatin: Multiple MOAs for treatment and prevention of macular degeneration and neovascularization
  - Transferrin: Targets the site of action and improves uptake (better target engagement)

- Integrin Targeting provides hope to these patients who are non-responders to current therapies

- Distinct MOA through targeting Integrin pathways can potentially also help reduce number of injections for patients who do respond to Anti-VEGF & corticosteroids therapies

- Significant global market potential

OCU200 Demonstrated Superior Efficacy Compared to Existing Anti-VEGF Therapies

- Inhibits new blood vessel formation
- Anti-inflammatory
- Anti-oxidative

**OCU200 – Transferrin-Tumstatin Fusion Protein**

**DME/DR**

*Oxygen-Induced Retinopathy (OIR) Mouse Model*

Effect of OCU200 intravitreal treatments on Neovascularization (NV). Data are presented as mean ± SD. Filled circles represent data points from individual eyes.

- *P < 0.05, **P < 0.01 (n = 9-10 eyes per group)*

**Wet AMD**

*In-Vivo Laser-Induced Rat CNV Model*

- * indicates p<0.05 when compared to PBS and/or tumstatin treatment
- † indicates p<0.05 when compared to Avastin; CNV lesions measured on day 14 after treatment

**Wet AMD**

*In-Vivo Laser-Induced Mouse CNV Model*

Data expressed as percentage of CNV lesions on Day 10 after treatment. Laser induction & treatment start on Day 0
### OCU200 – Distinct Mechanism of Action

We believe OCU200 has the potential to become a disease modifying therapeutic for broader patient population

<table>
<thead>
<tr>
<th>Features</th>
<th>OCU200</th>
<th>Anti-VEGF</th>
<th>Anti-Integrin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduces VEGF level/Fluid</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Selectively works on active endothelial cells (Neovascular)</td>
<td>✔️</td>
<td>❌</td>
<td>✔️</td>
</tr>
<tr>
<td>Activates native anti-angiogenic response</td>
<td>✔️</td>
<td>❌</td>
<td>✔️</td>
</tr>
<tr>
<td>Enhanced effective delivery through Transferrin</td>
<td>✔️</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>Pro-apoptotic and anti-oxidative</td>
<td>✔️</td>
<td>❌</td>
<td>✔️</td>
</tr>
<tr>
<td>Dosing Frequency</td>
<td>Expected once in 3 months</td>
<td>1-3 months</td>
<td>1-3 months</td>
</tr>
</tbody>
</table>

Potential Competitors pursuing treatment using Anti-VEGF approach

Potential Competitors pursuing treatment using Anti-Integrin approach

(1) Approved
Key Inflection Points

- COVAXIN™ - Vaccine candidate for the US and Canadian markets with potential for revenues this year

- Ophthalmology
  - Modifier Gene Therapy Platform has the potential for one product to treat many diseases
  - Novel biologic has the potential to treat anti-VEGF/corticosteroids non-responders (~50% of the patients)
  - Multiple near and mid-term milestones with plan to initiate four Phase 1/2 trials over next 18 months
A Bold Vision to Cure Blindness Diseases and Offer a Differentiated Vaccine to Save Lives from COVID-19

For more information, contact: IR@ocugen.com