The **Power** of Predictability

November 2026

NASDAQ: BEAM

Beam THERAPEUTICS

Cautionary note regarding forward-looking statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Such forward-looking statements include statements regarding: the therapeutic applications and potential of our technology, including with respect to SCD, AATD, GSDIa, PKU and beta-thalassemia; our plans, and anticipated timing, to advance our programs, including the clinical trial designs and expectations for risto-cel, BEAM-103, BEAM-301, BEAM-304 and BEAM-302; our plans and anticipated timing to present data from ongoing clinical trials; our anticipated regulatory interactions and filings; our current expectations and anticipated results of operations, including our expected use of capital; our expectations regarding the anticipated launch of risto-cel; the potential for an accelerated approval path for BEAM-302; our expectations regarding the funds that will be available to draw under our credit facility; the sufficiency of our capital resources to fund operating expenses and capital expenditure requirements and the period in which such resources are expected to be available; and the therapeutic applications and potential of our technology, including our potential to develop lifelong, curative, precision genetic medicines for patients through base editing, including potential safety advantages, all of which are subject to known and unknown important risks, uncertainties and other factors that may cause our actual results, performance or achievements, market trends, or industry results to differ materially from those expressed or implied by such forward-looking statements. Therefore, any statements contained herein that are not statements of historical fact may be forward-looking statements and should be evaluated as such. Without limiting the foregoing, the words "anticipate," "expect," "suggest," "plan," "vision," “strategy,” “possibility,” “promise,” "believe," "intend," "project," "forecast," "estimates," "targets," "projections," "potential," "should," "could," "would," "may," "might," "will," and the negative thereof and similar words and expressions are intended to identify forward-looking statements.

Each forward-looking statement is subject to important risks and uncertainties that could cause actual results to differ materially from those expressed or implied in such statement, including, without limitation, risks and uncertainties related to: our ability to develop, obtain regulatory approval for, and commercialize our product candidates, which may take longer or cost more than planned; our ability to raise additional funding, which may not be available; our ability to obtain, maintain and enforce patent and other intellectual property protection for our product candidates; that preclinical testing of our product candidates and preliminary or interim data from preclinical studies and clinical trials may not be predictive of the results or success of ongoing or later clinical trials; that initiation and enrollment of our clinical trials may take longer than expected; that our product candidates or the delivery modalities we rely on to administer them may cause serious adverse events; the uncertainty that our product candidates will receive regulatory approval necessary to initiate or continue human clinical trials, that our product candidates may experience manufacturing or supply interruptions or failures; risks related to competitive products; that we may not achieve the funding milestones under our credit facility; and the other risks and uncertainties identified under the headings "Risk Factors Summary" and "Risk Factors" and elsewhere in our annual report on Form 10-K for the year ended December 31, 2025, our quarterly reports on Form 10-Q, and in any subsequent filings with the Securities and Exchange Commission (the "SEC") which are available on the SEC's website at www.sec.gov. Additional information will be made available by our annual and quarterly reports and other filings that we make from time to time with the SEC. These forward-looking statements speak only as of the date of this presentation. Factors or events that could cause our actual results to differ may emerge from time to time, and it is not possible for us to predict all of them. We undertake no obligation to update any forward-looking statement, whether as a result of new information, future developments or otherwise, except as may be required by applicable law.

Leading a new era of medicine

At Beam, we aim to:

Address the root cause of serious genetic diseases

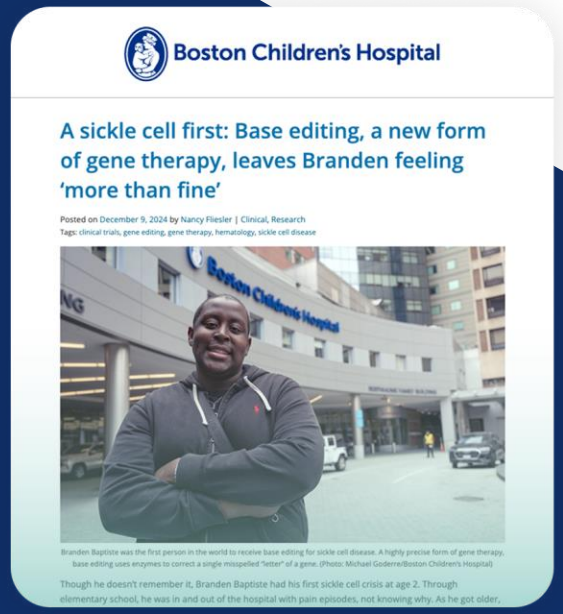
With one-time therapies that prevent a lifetime of disease progression

Ending chronic treatment for patients

Lowering lifetime costs for the healthcare system

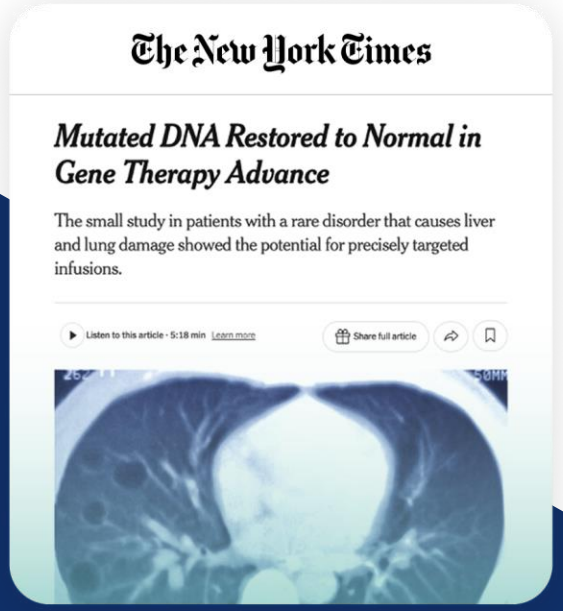
Our vision for base editing is becoming a reality for patients

2024



Sickle cell disease (SCD)

2025



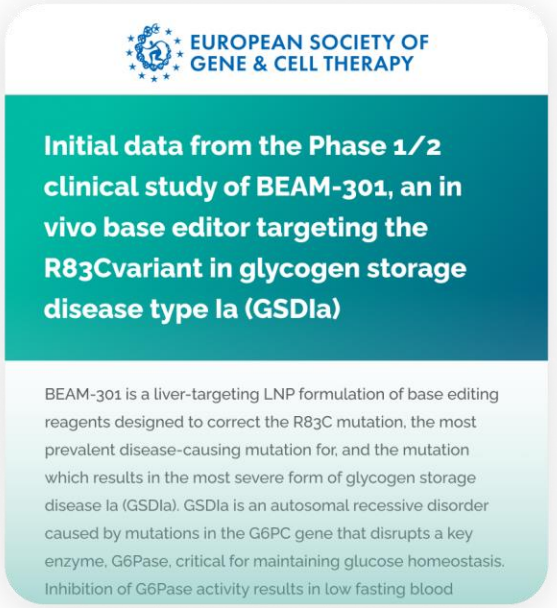
Alpha-1 antitrypsin deficiency (AATD)

2025



Urea cycle disorder

2026



Glycogen storage disease Ia (GSDIa)

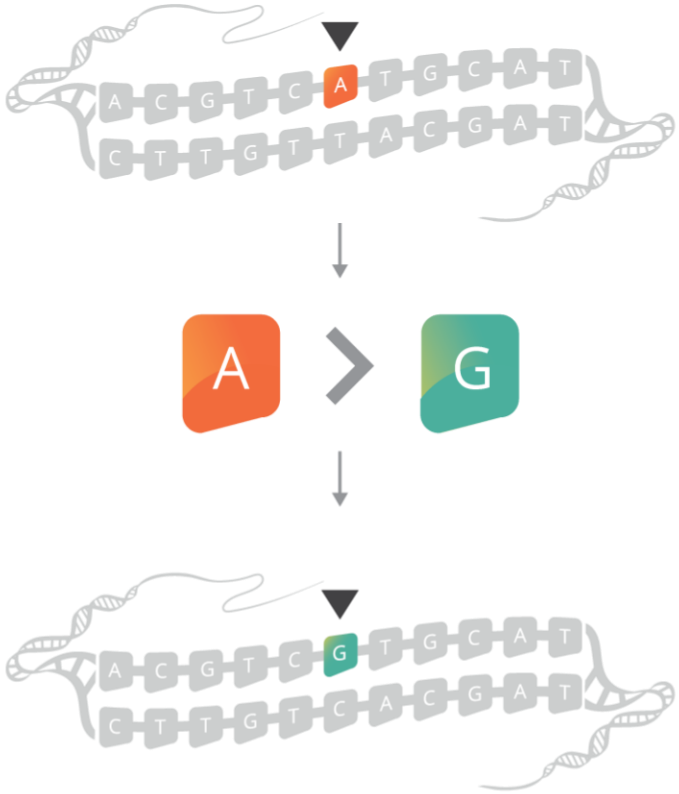
https://answers.childrenshospital.org/sickle-cell-base-editing/

https://www.nytimes.com/2025/03/10/health/gene-editing-beam-mutation-dna.html

https://www.chop.edu/centers-programs/genetherapy4inheritedmetabolicdisorders/future-personalized-medicine-here-kjs

Beam aims to correct the genetic root cause of severe diseases with base editing

BASE EDITING TECHNOLOGY

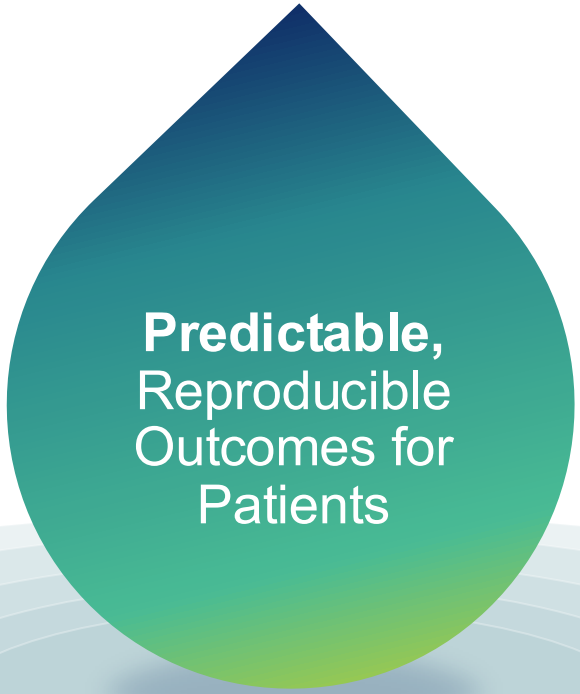


DESIGNED FOR:

- **CONSISTENT gene sequence outcomes**
- **DURABLE correction for one-time cures**
- **LESS GENOTOXICITY than traditional gene editing**

Predictable, Transformative Outcomes for Patients

Predictability as a driver of progress:
The potential to ripple through the broader healthcare ecosystem



Streamlined R&D Cycles
- Reduced development risk

Regulatory Acceleration
- Efficient regulatory pathways

Physician Confidence
- Predictable safety and durability
- Clarity in treatment decisions

Patient Experience Improvement
- Reliable therapeutic outcomes
- Enhanced quality of daily living

Payer & System Impact
- Sustainable, outcomes-aligned payer models
- Reduced lifetime healthcare utilization

The power of predictability:
Beam is building a reliable model for advancing genetic medicine

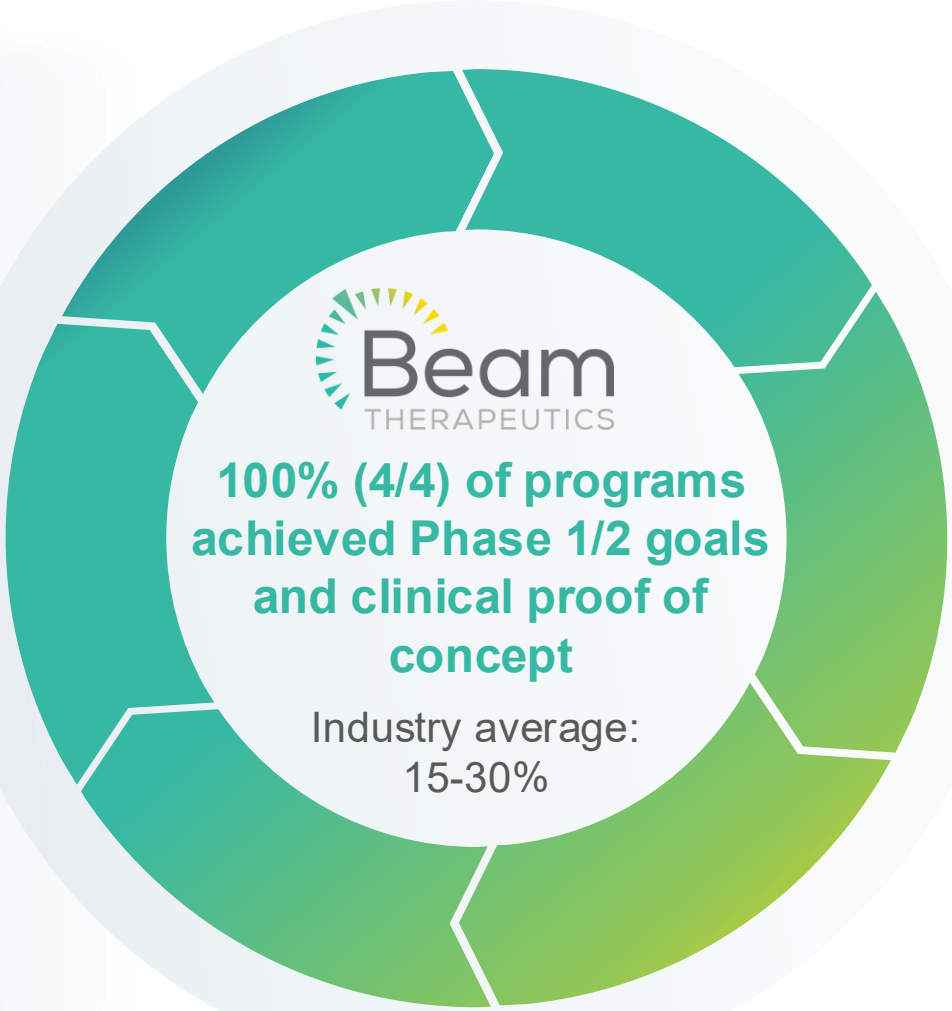
Easily **ADAPTABLE** to new targets

REUSABLE delivery technology

CONSISTENT preclinical and clinical outcomes

HIGHLY SCALABLE internal manufacturing

FLEXIBLE emerging regulatory framework



Multiple growing, high-value franchises

Active pipeline **expansion**

Creative platform **partnerships**

4/4 includes risto-cel, BEAM-302, BEAM-301 and BEAM-201.
Industry average is per program from start of Phase 1 to end of Phase 2. Source: BIO report; Clinical Development Success Rates and Contributing Factors 2011–2020

Building the capabilities and infrastructure to advance genetic medicines at scale

Decision in 2020 to establish in-house "full stack" production of CRISPR medicines



Beam North Carolina:
100,000+ sq. ft. for manufacturing and quality release



Beam Cambridge:
Editing platform, automation and computational biology

200 FTEs for design and GMP production of customized gene correction doses

- Vertically integrated
- On-demand multi-scale production
- AI-enabled editor optimization

>100 patients treated in clinical studies to date

- 8 IND/CTA approvals
- 3 FDA priority designations
- 100s of validated assays and procedures for cross-referencing to new programs

FDA is embracing new regulatory paradigms for advanced therapies, potentially enhancing our ability to help more patients

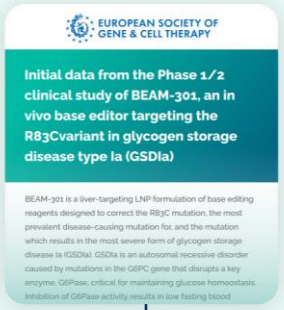
Invention of base editing for precise CRISPR gene editing

Beam industrializes base editing and builds internal manufacturing









Base Editing and LNP Platform Technology

2016-2017 | 2018-2023 | 2024 | 2025 | 2025 | 2026

FDA Platform Regulations Applicable to Base Editing

"Toward a new framework for… individualized therapies"

Peter Marks, Celia Witten Nature

FDA Guidance:

"Platform Technology Designation Program"*

"FDA's New Plausible Mechanism Pathway"

Marty Makary, Vinay Prasad NEJM

Pediatric Rare Disease Priority Review Voucher program renewed

FDA Guidance:

1. "Use of the Plausible Mechanism Framework to Develop Individualized Therapies"*
2. "CMC Flexibilities for Gene Therapy Products"
3. "Leveraging Prior Knowledge in Gene Editing Products"*
4. "Individualized Human Genome Editing Products: Considerations for BLA Submission and Postapproval Management"*

*Draft guidance as of October 2026

Beam has the platform, programs and capital to become a leading genetic medicines company that ushers in a new era of medicine

Multiple Near-term Value Drivers

- Advance risto-cel toward BLA submission
- Execute BEAM-302 pivotal trial
- Generate proof of concept for additional *in vivo* programs

A Platform That Learns and Repeats

- Apply shared editing, delivery and manufacturing capabilities to new and existing clinical programs
- Derisked editing and delivery across >100 patients and 4 clinical programs
- Expand into new targets and delivery contexts

Financial Capacity to Execute

- $1B in cash as of September 30, 2026*
- Sixth Street facility structured to fund potential risto-cel launch
- Expected runway into mid-2029 under current assumptions**

BEAM IS BUILDING THE LEADING GENETIC MEDICINES COMPANY

*Inclusive of cash, cash equivalents, and marketable securities.
**Inclusive of potential additional $200 million expected to be drawn from Sixth Street facility.

Liver-targeted Genetic Disease Franchise

Rapidly advancing and growing a portfolio of liver-targeted *in vivo* programs for genetic diseases



Potential **best-in-class** and **first-in-class** AATD program

Strategic **pipeline expansion into PKU**

Industry-leading LNP capabilities

Platform synergies potentially enable use of novel regulatory pathways and established clinical footprint

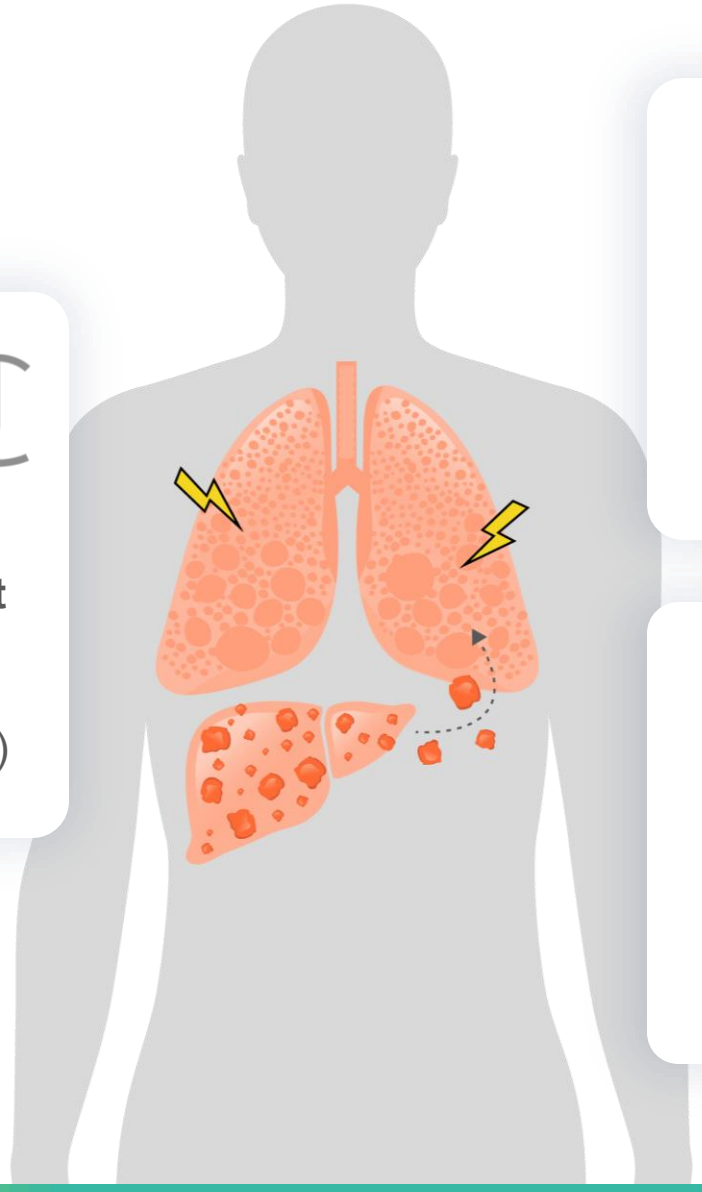
PROGRAM	DISEASE	DELIVERY	EDITING APPROACH	RESEARCH	LEAD OPTIMIZATION	IND ENABLING	PHASE I/II	PIVOTAL
BEAM-302	Alpha-1 antitrypsin deficiency (AATD)	*In vivo* LNP	Correction of E342K mutation					
BEAM-301	Glycogen storage disease type Ia (GSDIa)	*In vivo* LNP	Correction of R83C mutation					
BEAM-304	Phenylketonuria (PKU)	*In vivo* LNP	Correction of R408W and other mutations					

LNP = lipid nanoparticle

Severe AATD (PiZZ genotype) impacts >100,000 individuals in the U.S. with limited treatment options



Single G to A point mutation in the SERPINA1 gene
(PiZ or “Z” mutation)



Progressive lung disease due to:

- Low and poorly functioning systemic Z-AAT levels
- Circulating Z-AAT aggregates, causes inflammation

× Routine **COPD care**

× IV augmentation therapy given **weekly is only approved option**

Progressive liver disease with fibrosis and cirrhosis due to:

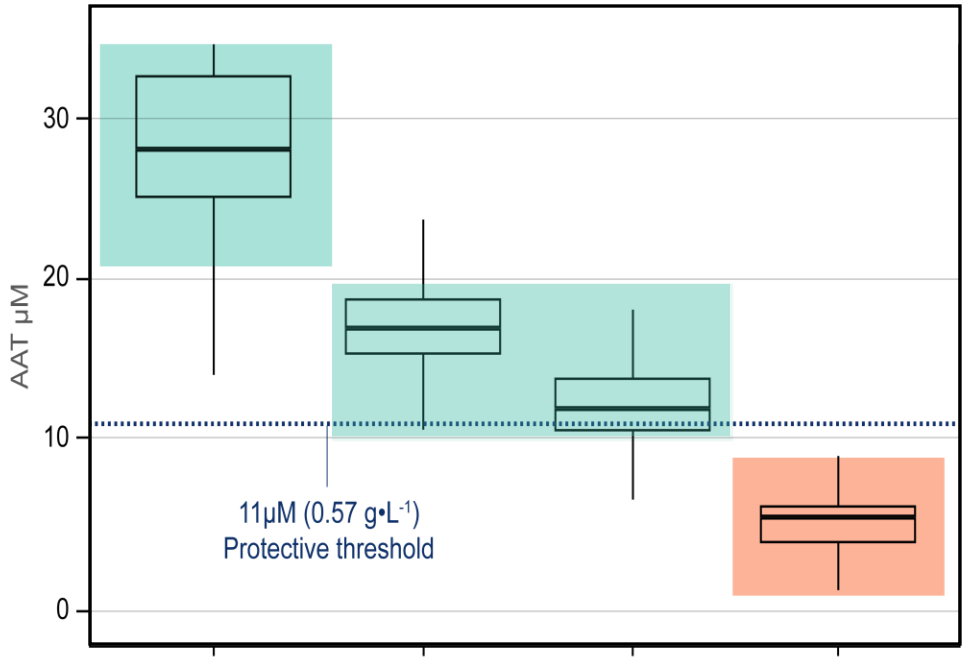
- Aggregation and accumulation of mutant Z-AAT

× **Supportive care and liver transplant** for advanced disease

× **No approved treatments** for liver disease

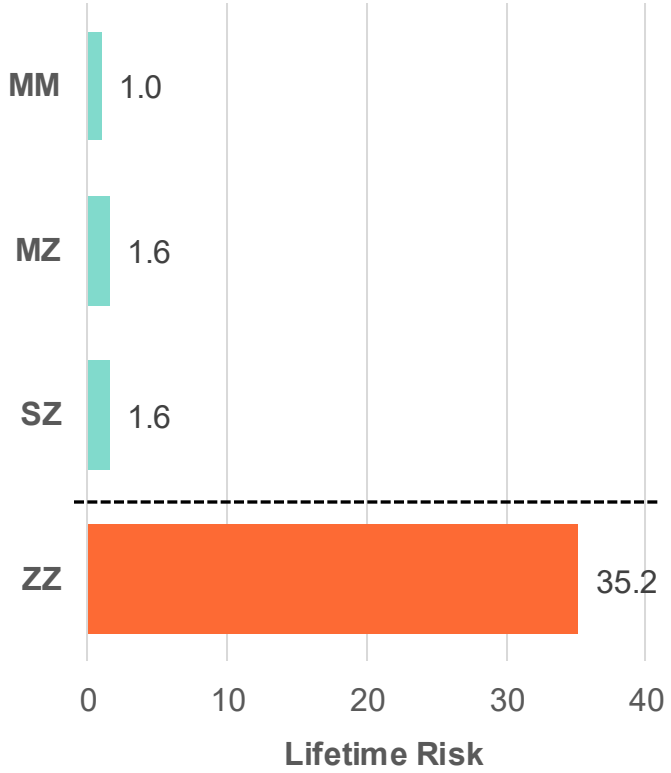
AAT protective threshold >11 µM informed by clinical genetics, translates into marked risk reduction for AATD lung and/or liver disease

AAT Levels Across Genotypes

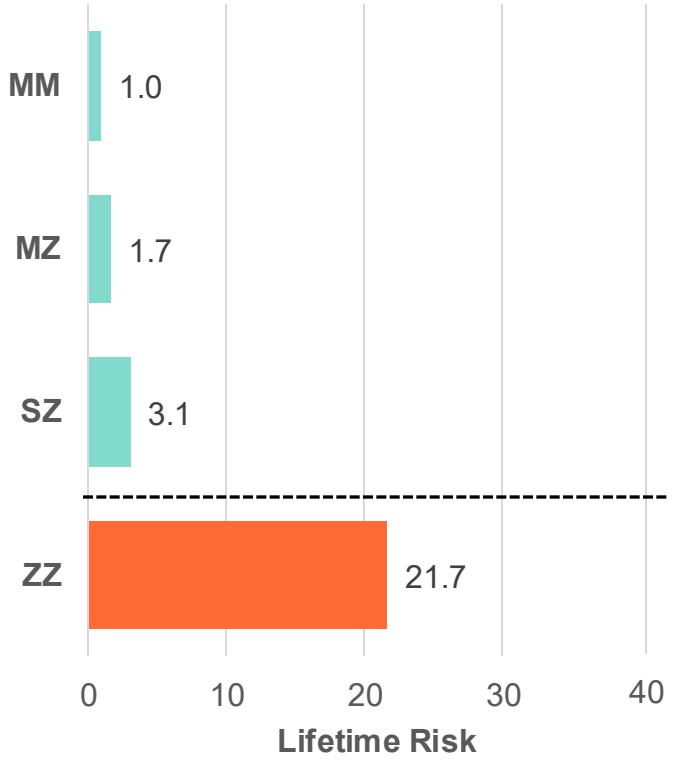


Genotype	MM	MZ	SZ	ZZ
< 11 µM	0%	0%	40%	100%

Emphysema Risk



Liver Fibrosis / Cirrhosis Risk



Disease in MZ and SZ individuals requires presence of additional risk factor, e.g., smoking or obesity

Micromolar (µM)

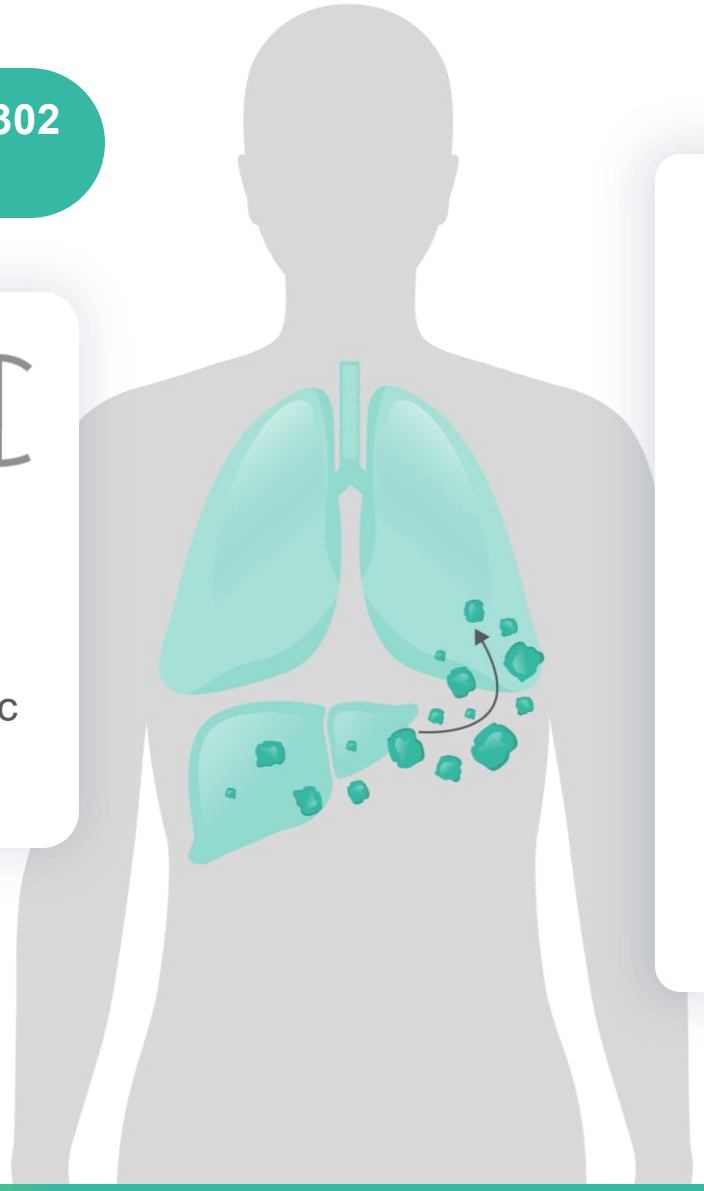
Adapted from Franciosi et al, ERJ 2022 and Vidal et al, Arch Bronconeumol 2006; Brode et al, CMAJ 2012; Fromme et al. 2022

BEAM-302 has the potential to be first, one-time treatment to address full spectrum of disease manifestations of AATD

GOALS OF BEAM-302 TREATMENT

Correction at root cause of disease

Restore physiologic control of AAT



- **Liver produces M-AAT** for the first time
- Significantly **reduces Z-AAT**
- Total AAT **above 11 µM protective threshold**
- Increased total **AAT is functional**
- AAT increases with **inflammatory response**

✔ **Durable, one-time** treatment

✔ **Address both lung and liver** manifestations

Updated data from BEAM-302 Phase 1/2 trial support potential as best-in-class and first-in-class one-time treatment for AATD

CORRECTION OF ROOT CAUSE OF DISEASE

BEAM-302 continues to demonstrate the potential to become the first one-time treatment to address both lung and liver manifestations of AATD through direct correction of the disease-causing mutation.

TOTAL AAT ABOVE THERAPEUTIC THRESHOLD

A single dose of 60 mg BEAM-302 demonstrated durable correction of AAT biology, with all patients achieving total AAT levels above the protective threshold.

RESTORATION OF AAT FUNCTION

BEAM-302 restored normal AAT physiology, including production of corrected M-AAT for the first time that is functional and under normal physiologic control in response to inflammation.

REDUCTION OF MUTANT Z-AAT

BEAM-302 led to substantial reductions in disease-driving mutant Z-AAT and circulating Z-polymers, supporting its potential to address key drivers of both liver and lung disease.

CONSISTENT SAFETY PROFILE

Safety profile remains consistent with prior findings and those seen with LNP-based therapies.

PIVOTAL LEADERSHIP

As the most advanced genetic medicine in AATD and the only genetic medicine in pivotal development, BEAM-302 is now dosing patients globally in its pivotal cohort.

ERS 2026 Presentation
Data cutoff June 24, 2026

Beam intends to pursue accelerated approval pathway for BEAM-302 based on FDA feedback to date

Q1 2025

- ✓ Clinical proof of concept
- ✓ U.S. IND clearance

Q2 2025

- ✓ RMAT Designation
- ✓ Orphan Drug Designation

Q4 2025

FDA alignment

- Alignment reached with FDA on a potential accelerated approval pathway for BEAM-302 in AATD
- Primary endpoint expected to be based on AAT biomarkers evaluated over 12 months
- Anticipate enrolling approximately 50 additional patients in expansion of global, open-label Phase 1/2 trial
- Ongoing dialogue with FDA on confirmatory trial design
- Accepted to FDA CMC Development and Readiness Pilot (CDRP) program

IND = investigational new drug; RMAT Designation = Regenerative Medicine Advanced Therapy Designation

Robust and flexible Phase 1/2 trial design supported rapid advancement to pivotal development

PART A:
AATD-associated Lung Disease

DOSE ESCALATION & EXPANSION

- Data reported at ERS from 21 patients treated with single-dose BEAM-302 in dose escalation
- 3 patients treated in multi-dose cohort
- 6 patients treated in 60 mg expansion

PART B:
AATD-associated Liver Disease with or without Lung Disease

DOSE ESCALATION

- Data reported at ERS from 8 patients treated with single-dose BEAM-302 in dose escalation

PART C: PIVOTAL COHORT
AATD-associated Lung Disease with or without Liver Disease

- Dosing initiated in July 2026
- Dosing expected to complete in 1H’27
- Significant site and patient interest
- Utilizing existing extensive global site network: 14+ sites in 6 countries

Beam's long-term commitment to leading innovation for the AATD community

- Internal Beam lifecycle management through ongoing R&D efforts
- Member of C-Path's Critical Path for AATD (CPA-1) consortium in collaboration with FDA to accelerate AATD research by identifying clinical efficacy endpoints
- Collaboration with Alpha-1 Foundation and Alpha-1 Europe Alliance to educate about gene editing and obtain critical input on clinical trial design and patient experience
- Inaugural industry sponsor of AlphaDetect, a nonprofit powered and funded by the Alpha-1 Foundation, to further strengthen efforts to accelerate route targeted detection of AATD

ALPHA-1 FOUNDATION

ALPHADETECT
Accelerating answers.
Informing decisions.

Alpha-1 Europe Alliance

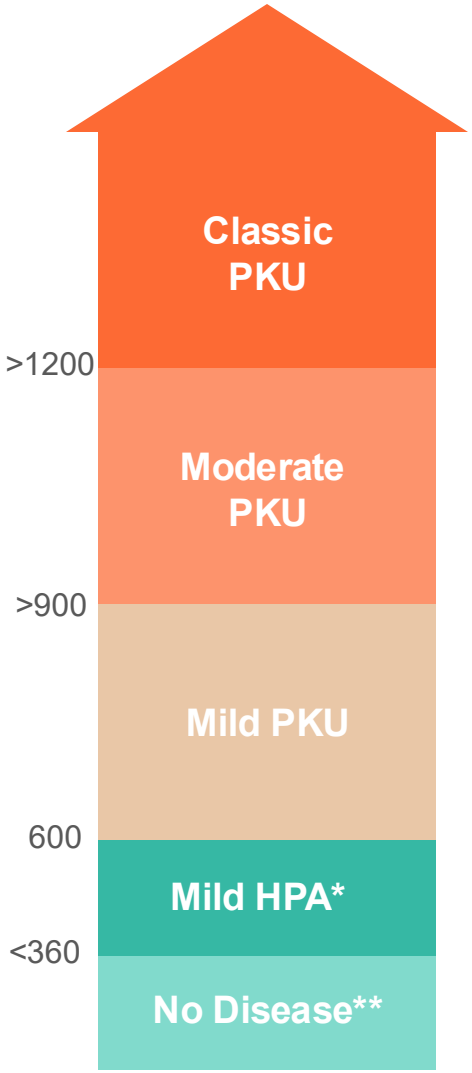
PKU is a genetic metabolic disease in which failure to metabolize phenylalanine leads to neurotoxicity

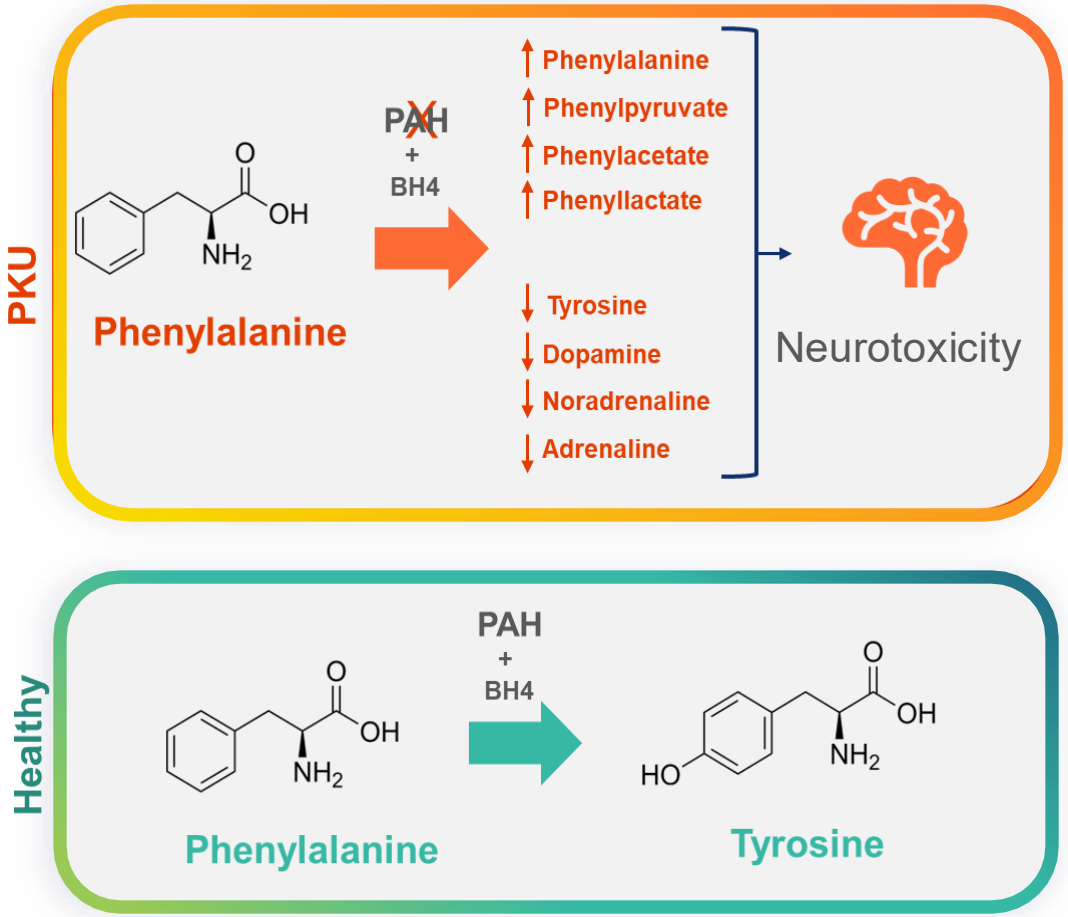
PKU is caused by mutations in *PAH* gene, resulting in loss of PAH activity, failure to metabolize Phe and elevated Phe levels

U.S. PKU patients identified with widespread newborn screening

- Majority, but not all, patients are genotyped

Majority of patients have uncontrolled disease, above the recommended guidelines of blood Phe <360µM





*HPA: hyperphenylalaninemia
**Normal Phe <120; treatment target <360

Target product profile for PKU gene therapy driven by established regulatory precedents, the literature and clinician feedback

- Blood Phe has been an accepted surrogate endpoint for patients with PKU for full approval in U.S. and EU
- Diet normalization can be demonstrated in clinical setting
- Phe reduction associated with positive trends in patient outcomes, including improvements in inattention and confusion, but has not been required for approval

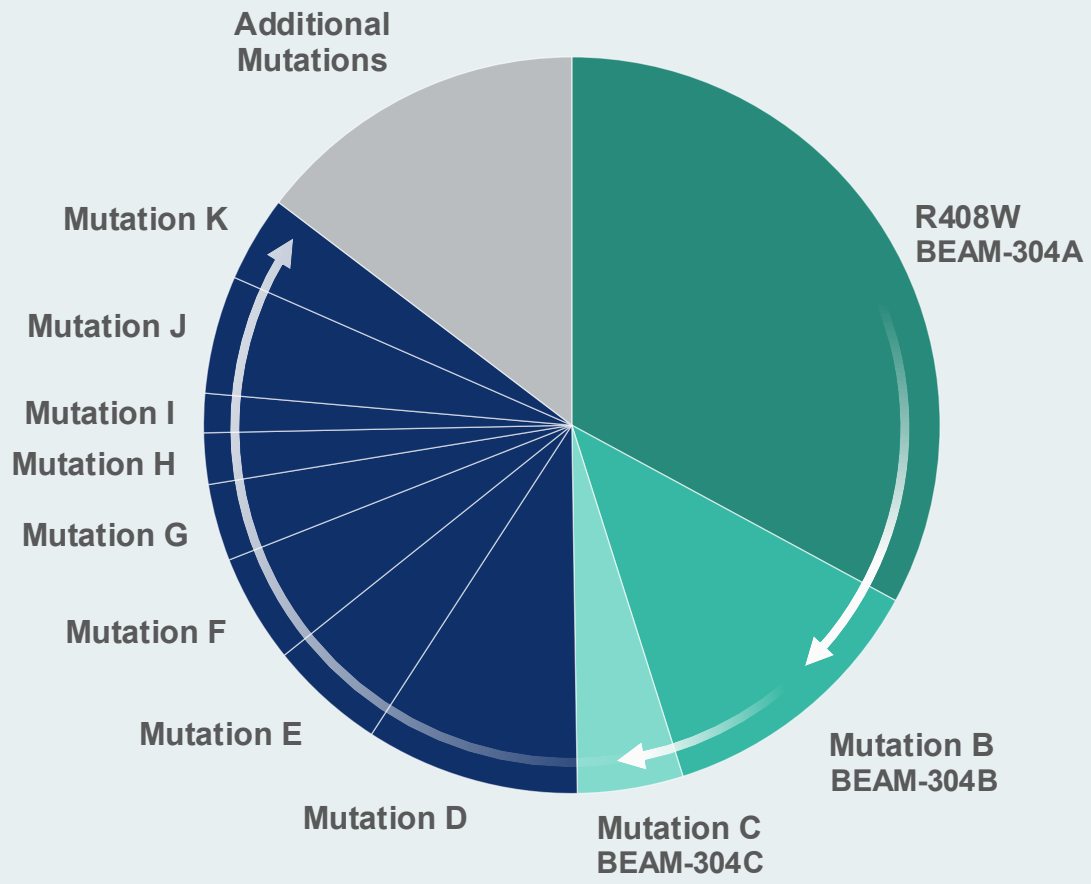
Target profile for successful clinical uptake of PKU gene therapy:

- **Significant and sustained reduction in Phe levels** (<360µM)
- **Well tolerated**
- **Diet normalization** (no medical food or Phe restrictions)
- **One-time therapy for lifelong Phe control**

Sources: Kuvan prescribing information; Palynziq prescribing information; EMA CHMP assessment report for Palynziq 2019; ACMG Board of Directors et al. Genetics in Medicine, Volume 27, Issue 1, 101289

BEAM-304 has potential to address vast majority of patients with PKU, leveraging an efficient development approach

~20,000 Individuals with PKU in U.S.



- Hundreds of mutations in phenylalanine hydroxylase (PAH) cause PKU
- Beam has potential to develop a first-in-class, one-time *in vivo* treatment for the vast majority of patients with PKU
- Multi-mutation approach has potential to utilize novel regulatory pathways
- BEAM-304 program advancing three base editors for distinct mutations to the clinic with potential to address up to 50% of U.S. patients with PKU
- Limited competition

Source: Beam internal data; Hillert, Alicia et al. The American Journal of Human Genetics, Volume 107, Issue 2, 234 – 250; Stone WL, Los E. Phenylketonuria (PKU). StatPearls Publishing; 2025 Jan

A platform approach allows us to leverage nonclinical and clinical data across PKU product variants

PKU Platform Product

PKU patient with mutation A

Base Editor mRNA + Guide RNA

BEAM-304A

PKU patient with mutation B

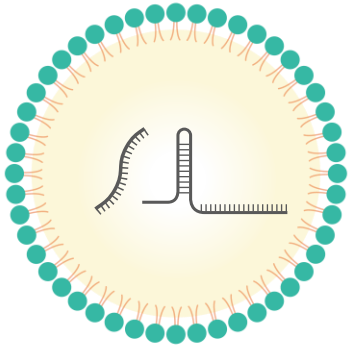
Base Editor mRNA + Guide RNA

BEAM-304B

PKU patient with mutation C

Base Editor mRNA + Guide RNA

BEAM-304C



Same LNP delivery

Patient-specific payloads
(A, B, C)

Same physicochemical characteristics

Same PK and biodistribution

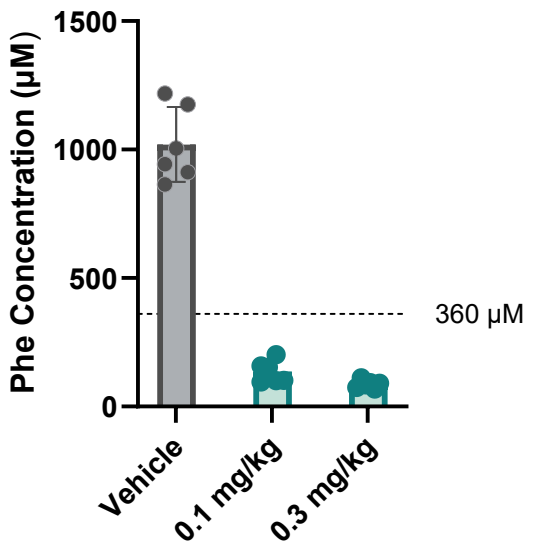
Same toxicity

Expectation of same safety and clinical efficacy

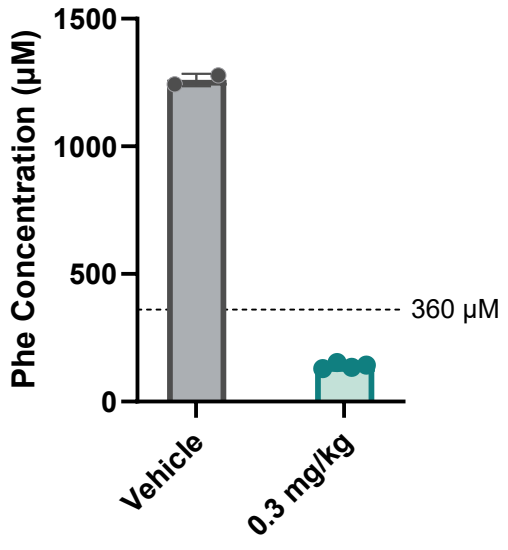
Plan to add each subsequent mutation to the same IND, clinical trial protocol, BLA

Potent correction of three different PAH mutations consistently normalized blood Phe in mouse models of PKU

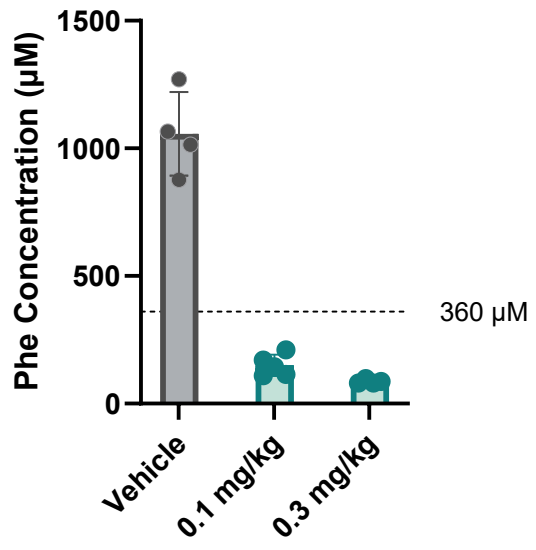
Mutation A



Mutation B



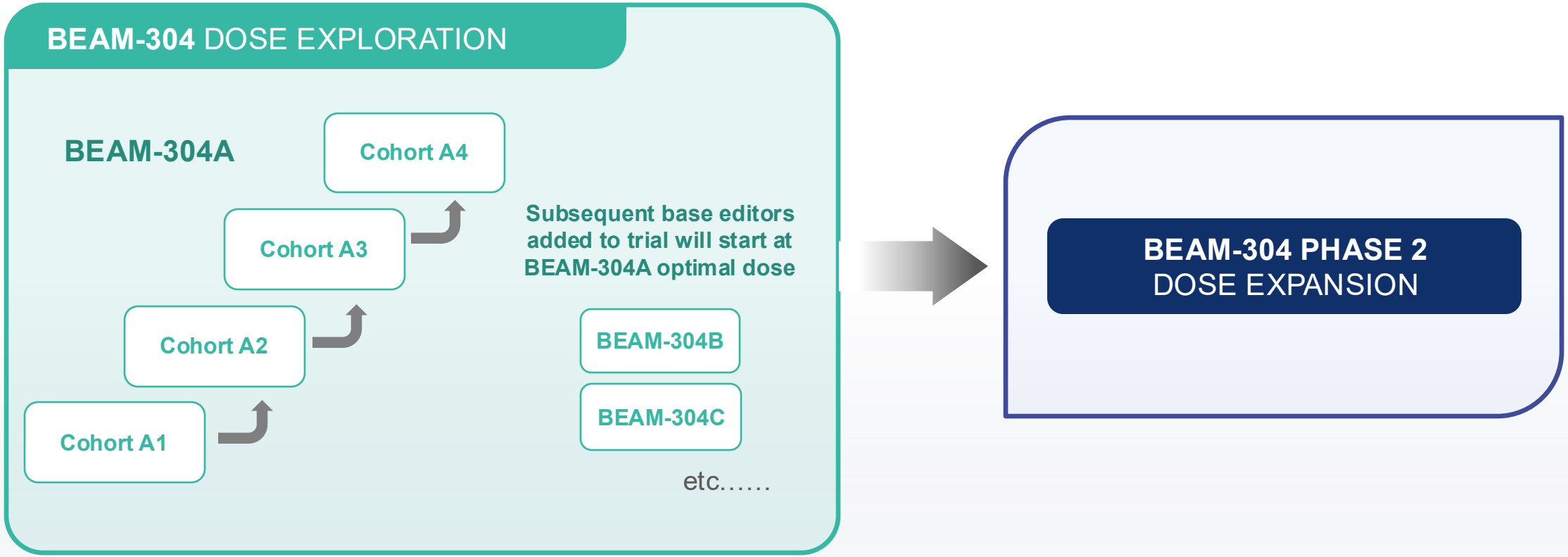
Mutation C



- BEAM-304 platform approach yielded predictable and reproducible results in preclinical models
- Preclinical results informed the selection of three base editors: BEAM-304A, BEAM-304B, and most recently, BEAM-304C, targeting a mutation affecting ~4% of individuals with PKU

Data shown are plasma Phe in respective mouse models 7 days after LNP administration

Phase 1/2 study designed to evaluate the safety and efficacy of all BEAM-304 editors under one IND and one master protocol



Key Inclusion Criteria:

1. Adults or adolescents **12 through 65 years old**
2. PAH gene with target **PKU-causing variant**
3. At least one historical Phe **≥600 µmol/L**
4. Screening Phe **≥360 µmol/L**

Key endpoints

- **Safety and tolerability**
- **Blood Phe reduction**
- **Diet liberalization**

Glycogen storage disease Ia (GSDIa) patients are at risk of severe hypoglycemia and excessive accumulation of other metabolites

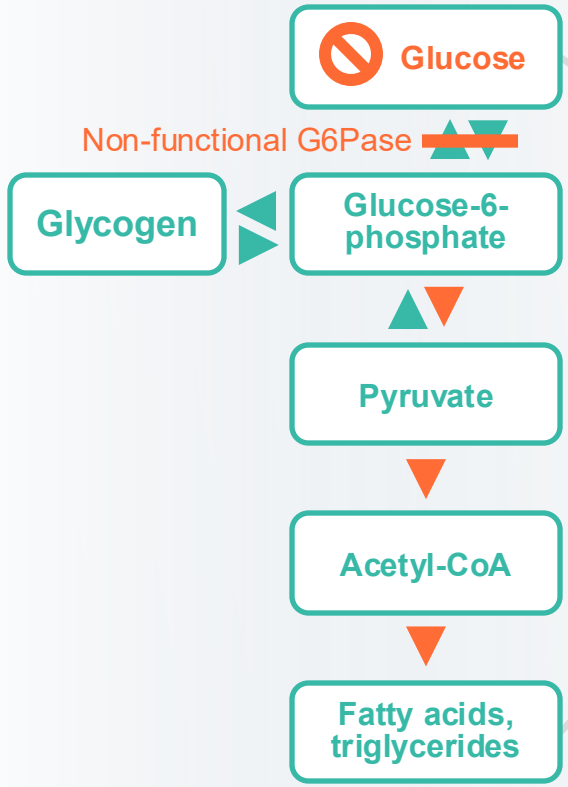
GSDIa can be caused by a single point mutation

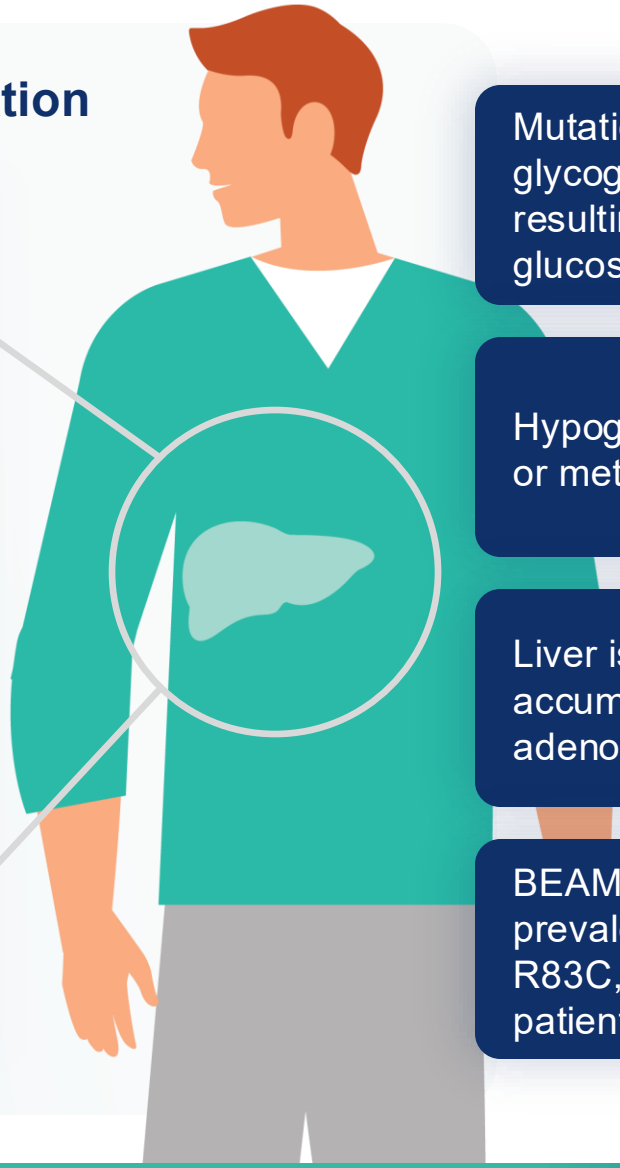


G6PC R83C mutation



Wildtype G6PC gene





Mutation of G6Pase prevents glycogen conversion to glucose, resulting in severe drop in blood glucose levels within 1–4 hrs with fast

Hypoglycemia may result in seizures or metabolic crisis that can be lethal

Liver is often enlarged due to accumulated glycogen and lipid and adenomas are common

BEAM-301 targets one of the most prevalent and severe mutations, R83C, estimated to affect 300 patients in U.S.

Initial clinical data suggest BEAM-301 restored endogenous glucose production following a single *in vivo* treatment

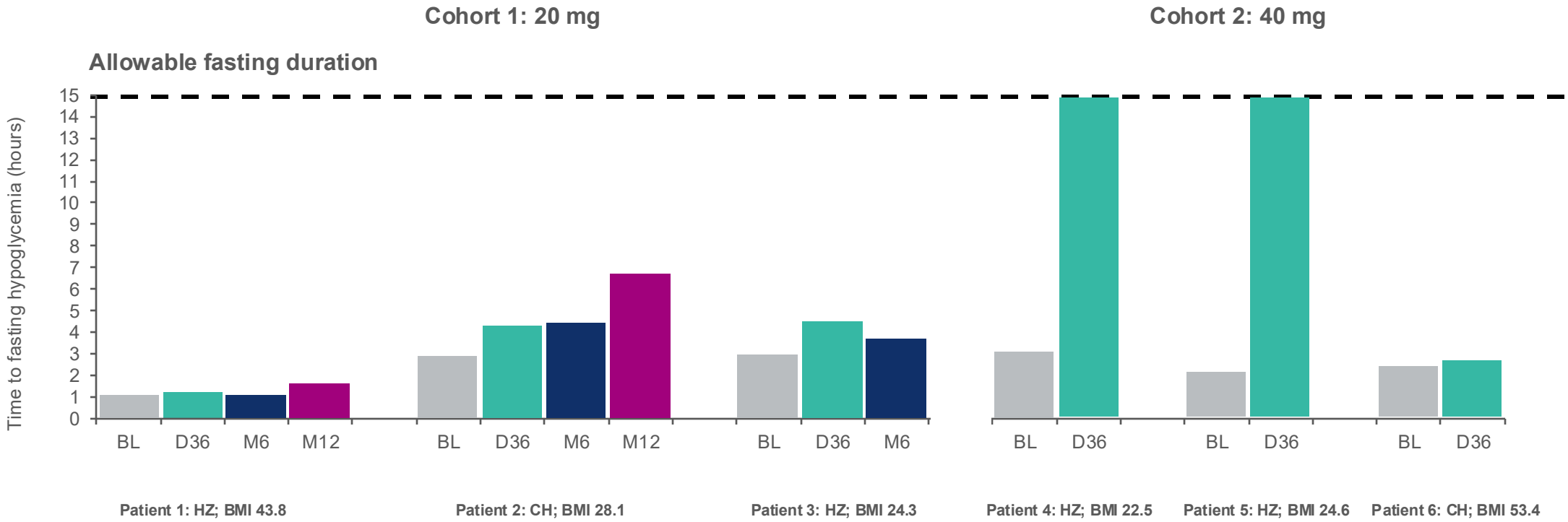
Initial data from the BEAM-301 study demonstrate an acceptable safety profile and suggest induction of G6Pase activity in patients with GSDIa:

- Safety profile across 20 mg and 40 mg doses that is consistent with known risks associated with IV LNP administration
- Evidence of significant endogenous glucose production in GSDIa after single-dose administration
- Two of three patients in the 40 mg cohort reached the 15-hour fasting maximum, accompanied by a 100% reduction in daily starch intake (i.e., freedom from any starch supplementation)
- No overall increase in time spent in hypoglycemia despite significantly reduced starch intake

Based on these results, patients are now being recruited into the 60 mg dose cohort

GSDIa, glycogen storage disease type Ia; IV, intravenous; LNP, lipid nanoparticle

In the 40 mg cohort, 2 out of 3 patients demonstrated restoration of glucose production during the controlled fasting challenge (CFC)



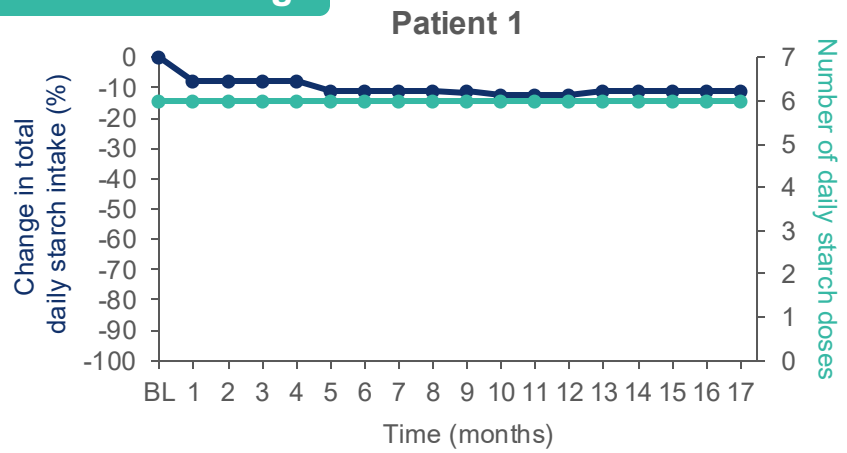
- Median (range) time to hypoglycemia (TTH) increased from 2.9 (1.1–3.0) hours at baseline to 4.3 (1.3–4.6) hours at Day 36 in the 20 mg cohort, and from 2.5 (2.3–3.1) hours to 15.0 (2.8–15.0) hours in the 40 mg cohort
- In the 40 mg cohort, **two of three patients achieved the protocol-defined maximum CFC duration (TTH) of 15 hours**, consistent with endogenous glucose production

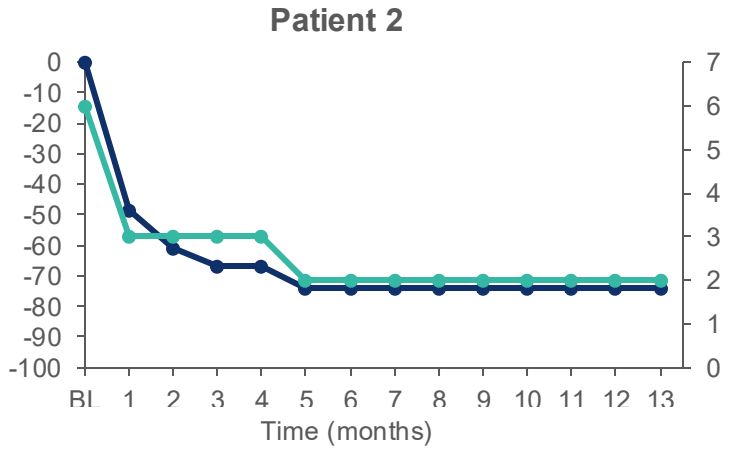
BMI, body mass index (kg/m^2); CFC, controlled fasting challenge; CH, compound heterozygous; D, day; HZ, homozygous; M, month; TTH, time to hypoglycemia

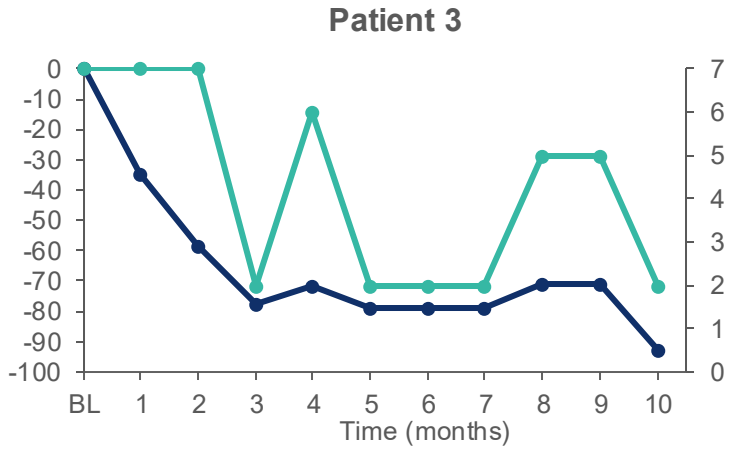
Daily starch requirements post-BEAM-301 generally decreased and were eliminated in two patients

Change in total daily starch intake (%)
Number of daily starch doses

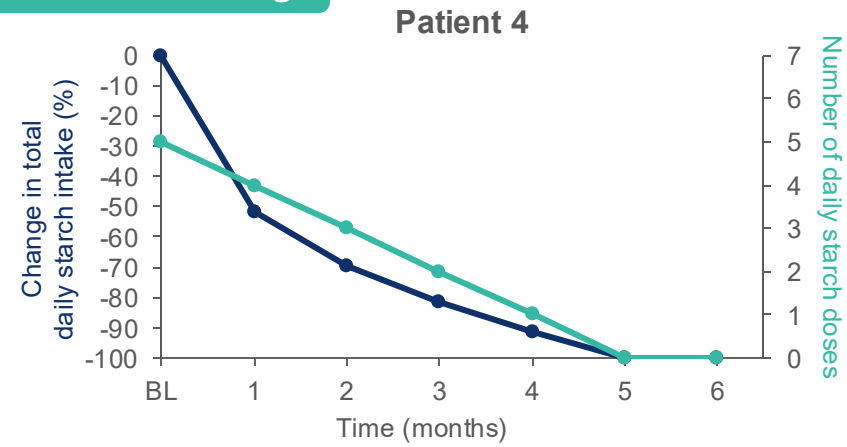
Cohort 1: 20 mg

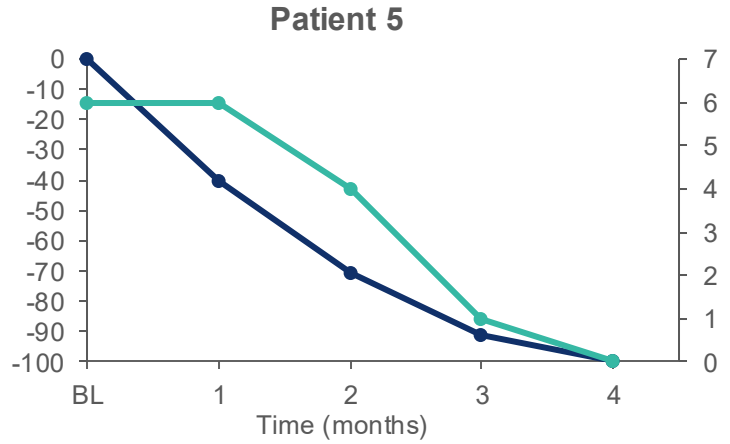


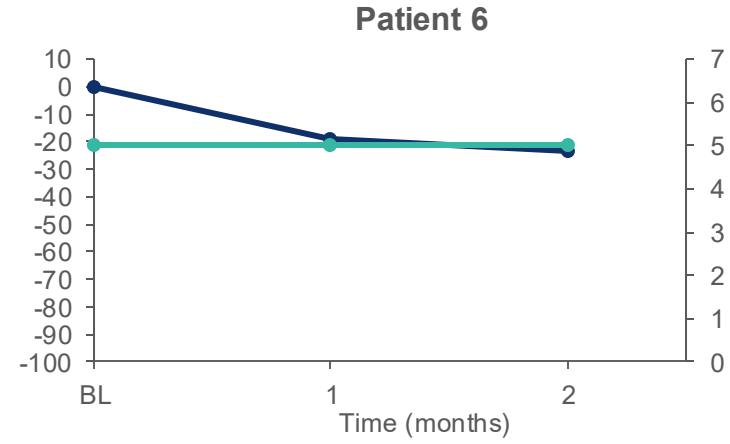




Cohort 2: 40 mg







- Two of three patients in the 40 mg cohort **no longer required any starch supplementation** and **maintained glucose within the normal range**

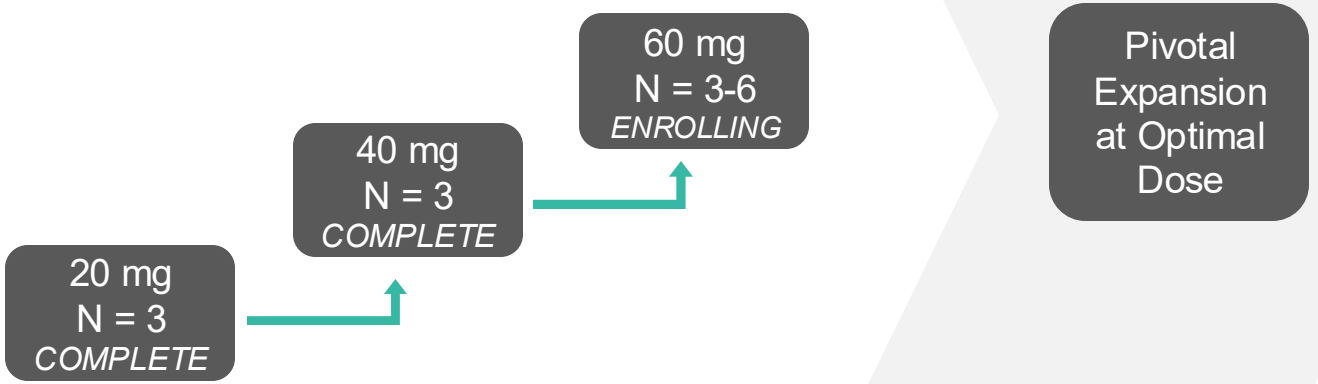
BL, baseline

BEAM-301 Phase 1/2 trial in GSDIa patients with R83C mutation continues to enroll and supports FDA dialogue for pivotal expansion

- Enrollment in 60 mg cohort underway
- Align with FDA on pathway to potential approval for BEAM-301

PHASE 1/2

Open-label, single-ascending dose trial



KEY ENDPOINTS

- Safety and tolerability
- Time to hypoglycemia during fasting
- Changes from baseline in starch supplementation

Beam's growing metabolic disease expertise creates opportunities for unique synergies in treating rare metabolic liver diseases

Translation

- Shared biological pathways across some indications
- Experience translating editing to enzymatic activity in humans based on animal model and *in vitro* data
- Low threshold for clinical benefit
- Readily available biomarkers

Clinic

- Multi-center registries, patient advocacy groups and metabolic treatment centers for patient education and referrals
- Efficiently test new products targeting different mutations under the same master clinical protocol and IND
- Experience in dietary management strategies that are fit-for-purpose

Commercial

- Strong connections in the metabolic disease community
- Focused commercial effort can support multiple metabolic indications
- Specialized metabolic disease treatment centers
- Leverage market access infrastructure in gene therapy

Hematology Franchise

Multi-wave strategy in SCD focuses on near-term *ex vivo* commercial opportunity, followed by *in vivo* delivery for maximum scalability

Severe **SCD gene therapy market (~10K patients) poised for growth** with significant demand in U.S.

Clinical differentiation of risto-cel from base editing and manufacturing process

ESCAPE technology has potential broad utility

***In vivo* HSC editing progress,** prioritized for next wave program

PROGRAM	DISEASE	DELIVERY	EDITING APPROACH	RESEARCH	LEAD OPTIMIZATION	IND ENABLING	PHASE I/II	PIVOTAL
Risto-cel	Sickle cell disease (SCD)	*Ex vivo* HSC	Activation of fetal hemoglobin (HbF)					
BEAM-103	SCD Beta-thalassemia	*Ex vivo or in vivo* HSC	CD117 edit-antibody (ESCAPE)					
***In vivo* HSC editing**	SCD Beta-thalassemia	*In vivo* LNP	Activation of HbF					

BEACON results provide evidence of potential differentiation of base editing and risto-cel for severe SCD

Deeper Resolution of SCD

- HbF levels >60% and HbS levels <40%, comparable to sickle trait
- Resolution of anemia
- Markers of hemolysis and oxygen delivery normalized or improved

Less Time in Hospital

- Rapid neutrophil and platelet engraftment
- Low number of neutropenic days

Predictable Manufacturing, Fast Patient Delivery

- Median of 1 cell collection cycle
- Consistently high yields and viability
- Median 2.9 months from start of mobilization to drug product release
- Beam NC facility allows flexible scheduling for patients and treatment centers

Data from BEACON trial presented at ASH 2025

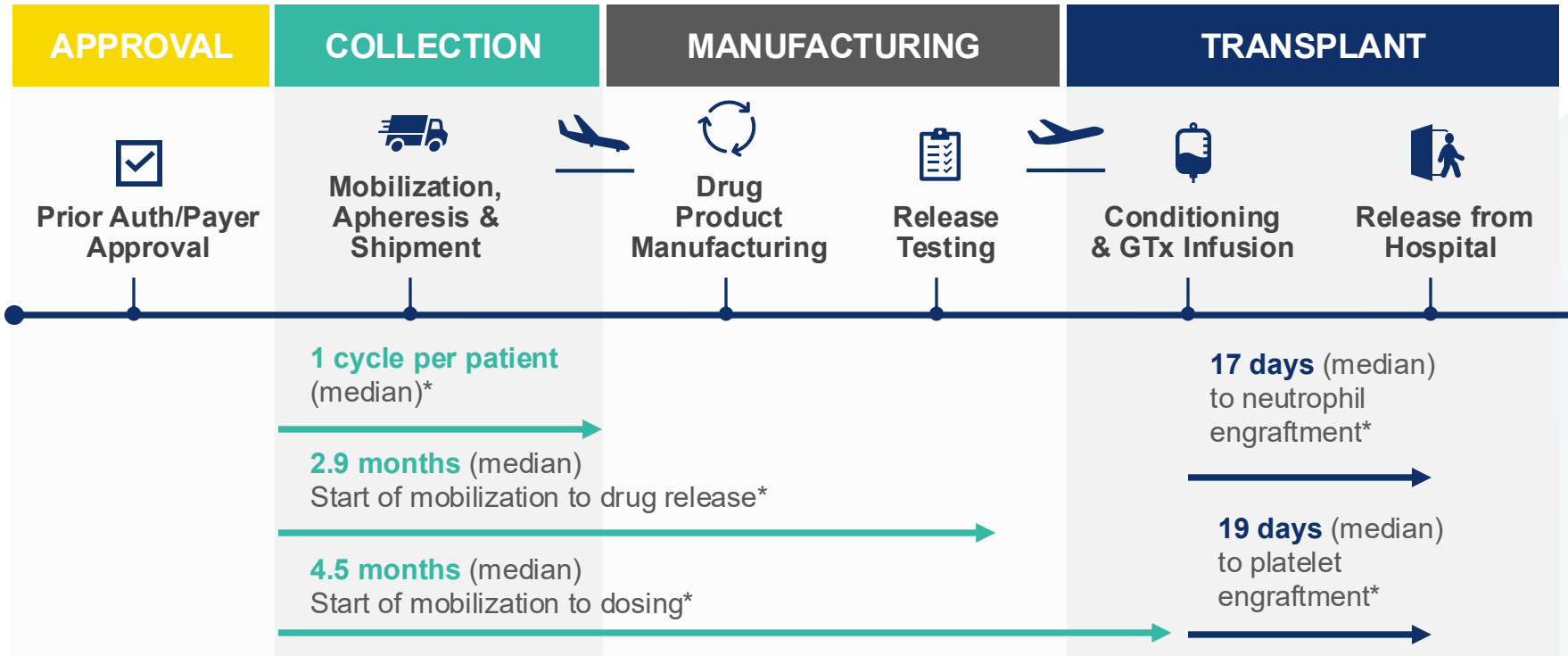
Major bottlenecks for SCD gene therapy commercial adoption are limited manufacturing capacity and low process efficiency

PATIENT INTEREST	TREATMENT CENTERS	CELL COLLECTION & MANUFACTURING	PATIENT OUTCOMES	REIMBURSEMENT
✓ Patient waiting lists at major centers	✓ 70+ treatment centers active	✗ Inefficient, unpredictable process ✗ Multiple cell collection cycles ✗ Manufacturing slots fully booked	✓ Patient outcomes have been positive	✓ Pricing support and no payment rejections to date

> "We have patients knocking at the door every day. Current manufacturers cannot handle the volume of patients."
>
> – Southeast U.S. KOL

Source: Beam market research, competitive intelligence, sell side research and ASH 2025 data

End-to-end, efficient risto-cel process designed to reduce burden and optimizes experience for patients and treatment centers



> "With a more predictable and shorter process overall, we could treat more patients per year."
> -Northeast KOL

- ✓ Internal manufacturing with optimized process and product release
- ✓ Predictable scheduling and consistent process outcomes
- ✓ Faster process can also expand market: higher throughput per center

* BEACON trial data from ASH 2025

Preparing for BLA submission and a potential differentiated launch in a growing market

Engaged with regulators in 2025
to provide clarity on BLA package

Dosing complete in all adult and adolescent patients
in BEACON trial

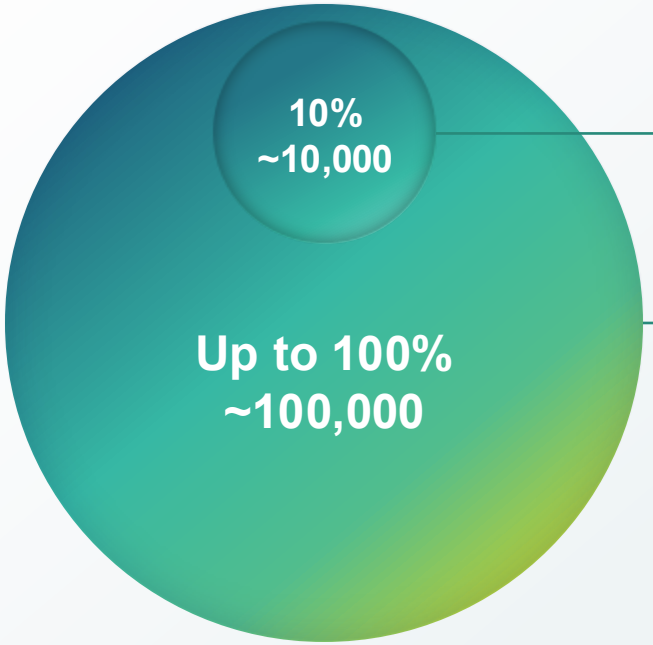
Plan to submit risto-cel BLA package
as early as YE 2026

Initiate efficient commercial build
to support potential risto-cel launch

Improvements in delivery have the potential to expand one-time treatments to majority of patients with SCD

Potential Eligible SCD Patient Population





Ex vivo HSC Transplant: Potential differentiated profile with risto-cel

In vivo HSC Editing: Next wave in SCD

- Recent progress optimizing delivery to HSCs enabled by multiple breakthroughs in LNP technology
- *In vivo* HSC editing program in late lead optimization
- Potential to enhance *in vivo* editing with ESCAPE technology
  - Dosing complete in healthy volunteer study of BEAM-103, an anti-CD117 monoclonal antibody; all doses tested were well tolerated
  - Maintain optionality to pursue *ex vivo* applications in SCD and other hematologic diseases

Source: Market research, internal Beam estimates

Beam has assembled all capabilities needed to enable *in vivo* delivery of SCD gene editing

LNP

- ✓ Potent, wholly-owned, highly biodegradable ionizable lipid and LNP process

Extra-hepatic Targeting

- ✓ LNP modifications to de-target liver
- ✓ Targeting binders enable cell-specific delivery *in vivo*

Payload

- ✓ Precise and efficient gene editing payloads

ESCAPE

- ✓ Selectively suppresses diseased cells, enabling non-genotoxic therapy both *ex vivo* and *in vivo*

In vivo LNP delivery to T cells

- ✓ NHP proof of concept
- ✓ Progressing to clinical studies
- ✓ Acquisition by BMS for $1.5B

In vivo LNP delivery to HSCs

- ✓ Multiple HSC-targeting LNPs identified
- ✓ Development scale-up ready
- ✓ Lead optimization ongoing

Beam's innovative partnership strategy has consistently delivered value creation and therapeutic impact

Beam THERAPEUTICS

verve THERAPEUTICS — Acquired by Lilly — Lilly

ORBITAL THERAPEUTICS — Acquired by BMS — Bristol Myers Squibb™

Apellis — Acquired by Biogen

Pfizer — Opted-in to program

Sana Biotechnology® — prime medicine

Partnerships have resulted in more than **$900M non-dilutive funding to date** and more than **$1B in potential milestones**

Gained rights to **innovative and complementary technologies**

Advanced Beam science toward patients in non-core areas

Beam is well positioned to realize the power of predictability through key anticipated milestones

Pursue Path to Approval for Lead Programs

- Enrolling and dosing for BEAM-302 pivotal cohort ongoing; expect to complete dosing in 1H'27
- Plan to submit risto-cel BLA as early as YE 2026

Advance and Expand Pipeline

- Expect to initiate dosing in BEAM-304 Phase 1/2 clinical trial in early 2027
- Initiated enrollment in 60 mg cohort in BEAM-301 Phase 1/2 trial
- Advance *in vivo* HSC editing program

Maintain Financial Strength

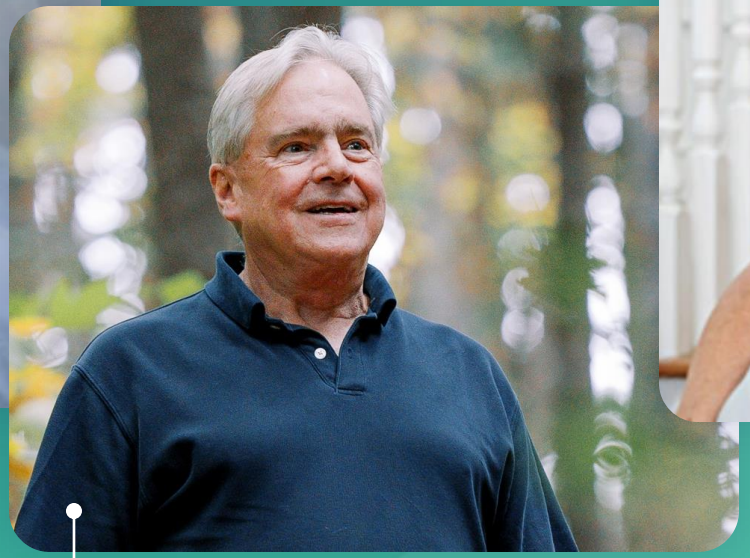
- $1.0 billion in cash as of September 30, 2026*
- Expected runway into mid-2029 through potential risto-cel launch, execution of BEAM-302 pivotal development plan and clinical proof of concept for BEAM-304**

*Inclusive of cash, cash equivalents, and marketable securities.
**Inclusive of potential additional $200 million expected to be drawn from Sixth Street facility.

THANK YOU



Kyle
LIVING WITH
SICKLE CELL DISEASE



Dan
LIVING WITH
ALPHA-1 ANTITRYPSIN DEFICIENCY



Alyssa and Gayle
LIVING WITH
GLYCOGEN STORAGE DISEASE TYPE IA