July 16, 2025

Patients can’t wait for the next breakthrough in medical research.

So neither will we.

Doug Ingram
CEO

Ian Estepan
President and COO

Louise Rodino-Klapac, PhD
President, R&D and Technical Operations

SAREPTA THERAPEUTICS

DILLON
Living with Duchenne muscular dystrophy

Advancing Sarepta Forward

Doug Ingram
CEO

SAREPTA THERAPEUTICS

Forward-looking statements

In order to provide Sarepta's investors with an understanding of its current results and future prospects, forward-looking statements will be made during this presentation. Any statements that are not statements of historical fact may be deemed to be forward-looking statements. Words such as "believe," "anticipate," "plan," "expect," "will," "may," "intend," "prepare," "look," "potential," "possible" and similar expressions are intended to identify forward-looking statements. These forward-looking statements include, without limitation, statements relating to our preliminary earnings, financial projections and future operations; our pipeline and priorities; ELEVIDYS and the potential benefits of our proposed enhanced regimen; our ongoing and planned clinical trials; the reduction in force and our revised cost structure; the potential for our restructuring activities to reduce costs, help us meet our 2027 financial obligations, maintain access to our revolver, sustain profitability and position us for long-term sustainable growth; our expectation that the revised label for ELEVIDYS will include a black box warning for acute liver injury and acute liver failure; and expected plans and milestones, including our intention to seek alignment with the FDA to test our enhanced regimen in a new cohort of the ENDEAVOR study, our expected near-term milestones in 2025 and 2026 for our programs, including SRP-1001, SRP-1003, SRP-1004 and SRP-1005, submitting the BLA for SRP-9003 later this year, potentially seeking additional strategic alternatives for programs no longer directly funded, and near-term opportunities from the siRNA platform.

Actual results could materially differ from those stated or implied by these forward-looking statements as a result of such risks and uncertainties. Known risk factors include the following: our products or product candidates may be perceived as insufficiently effective, unsafe or may result in unforeseen adverse events; our products or product candidates may cause undesirable side effects that result in significant negative consequences following any marketing approval; we may not be able to comply with all FDA requests in a timely manner or at all; the reduction in force may take longer or result in more significant charges or cash expenditures than anticipated or otherwise negatively impact the Company and its business plans during and after the period during which the reduction in force is being executed; we may experience delays in treating patients at infusion sites; we may not be able to meet expectations with respect to sales of our products or maintain profitability; we may observe adverse reactions in our clinical trials or in patients who receive our approved products; our products may not be widely adopted by patients, payors or healthcare providers, which would adversely impact our potential profitability and future business prospects; the estimates and judgments the Company makes, or the assumptions on which it relies, in preparing its financial statements could prove inaccurate; we may not be able to advance all of our programs, and we may use our financial and human resources to pursue particular programs and fail to capitalize on programs that may be more profitable or for which there is a greater likelihood of success; different methodologies, assumptions and applications we use to assess particular safety or efficacy parameters may yield different statistical results, and even if we believe the data collected from clinical trials are positive, these data may not be sufficient to support approval; success in clinical trials, especially if based on a small patient sample, does not ensure that later clinical trials will be successful, and the results of future research may not be consistent with past positive results or with advisory committee recommendations, or may fail to meet regulatory approval requirements for the safety and efficacy of product candidates; failure to retain our key personnel or an inability to attract and retain additional qualified personnel could present a challenge to our business objectives; our existing and any future indebtedness could adversely affect our ability to operate our business; our revenues and operating results could fluctuate significantly, which may adversely affect our stock price and our ability to maintain profitability; the possible impact of regulations and regulatory decisions by the FDA and other regulatory agencies on our business; and those risks identified under the heading "Risk Factors" in our most recent Quarterly Report on Form 10-Q filed with the Securities and Exchange Commission (SEC) as well as other SEC filings made by the Company, which you are encouraged to review.

Any of the foregoing risks could materially and adversely affect the Company's business, results of operations and the trading price of Sarepta's common stock. For a detailed description of risks and uncertainties Sarepta faces, you are encouraged to review the SEC filings made by Sarepta. We caution investors not to place considerable reliance on the forward-looking statements contained herein. Sarepta does not undertake any obligation to publicly update its forward-looking statements based on events or circumstances after the date hereof, except as required by law.

Non-GAAP Financial Measures

This presentation includes both GAAP information and Non-GAAP information. Non-GAAP research and development expenses are defined as GAAP research and development expenses excluding depreciation and amortization expense and stock-based compensation expense. Non-GAAP selling, general and administrative expenses are defined as GAAP selling, general and administrative expenses excluding depreciation expense and stock-based compensation expense. Non-GAAP research and development expense and Non-GAAP selling, general and administrative expense are important internal measurements for Sarepta. The Company believes that providing such information in conjunction with Sarepta's GAAP information enhances investors' and analysts' ability to meaningfully compare the Company's results from period to period and to identify operating trends in the Company's principal business.

Investors should note that the Non-GAAP information included in this presentation is not prepared under any comprehensive set of accounting rules or principles and does not reflect all of the amounts associated with the Company's results of operations as determined in accordance with GAAP. Investors should also note that these Non-GAAP financial measures have no standardized meaning prescribed by GAAP and, therefore, have limits in their usefulness to investors. In addition, from time to time in the future, there may be other items that the Company may exclude for purposes of its Non-GAAP financial measures; likewise, the Company may in the future cease to exclude items that it has historically excluded for purposes of its Non-GAAP financial measures. Because of the non-standardized definitions, the Non-GAAP financial measure as used by Sarepta in this presentation may be calculated differently from, and therefore may not be directly comparable to, similarly titled measures used by other companies.

Renewed strategy grounded in our patient-first, science-driven mission

Today's Focus

Strategic Restructuring

- Restructuring to reduce operating expenses and realign cost structure
- Designed to meet debt obligations
  - Proactively managing 2027 Convertible Notes
  - Maintaining access to revolving credit facility to manage liquidity
- Q2 Preliminary Select Financial Highlights
- Sustainable business model with emphasis on chronic therapies
- Long-term operating profitability

Update

Elevidys

delandistrogene moxeparvovec-rokl

suspension for intravenous infusion

Pipeline Focus

siRNA

- Facioscapulohumerol muscular dystrophy (FSHD)
- Myotonic Dystrophy Type 1 (DM1)
- Spinocerebellar Ataxia Type 2 (SCA2)
- Huntington's Disease

+3 PRECLINICAL PROGRAMS up to 6 DISCOVERY TARGETS

GENE THERAPY

- LGMD Type 2E

Organizational Changes

Ian Estepan
President and Chief Operating Officer

Louise Rodino-Klapac, PhD
President, R&D and Technical Operations

Rachael Potter, PhD
Chief Scientific Officer

Patrick Moss, PharmD
Executive Vice President and Chief Commercial Officer

Ryan Wong
Executive Vice President and Chief Financial Officer

Restructuring Sarepta's Business to Support Long-term Growth

Ian Estepan
President and Chief Operating Officer

SAREPTA THERAPEUTICS

Preliminary Q2 2025 Total Net Product Revenue $513M[1]

PMOs $231M[1]

ELEVIDYS $282M[1]

Preliminary Q2 2025 Total Cash and Investments[2]

$850M[1]

Preliminary Q2 2025 Total Combined R&D and SG&A Expenses GAAP and Non-GAAP[3]

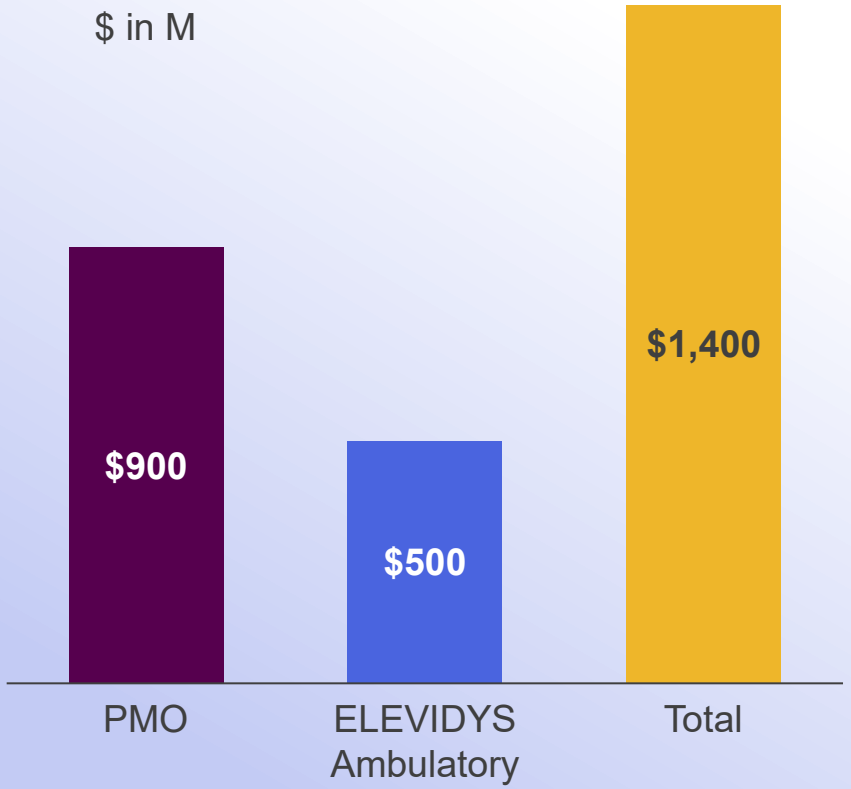
$338M[1] and $294M[1], respectively

Footnotes

1. Q2 2025 Financials are subject to change up until SEC filing of Company's Form 10-Q.
2. Includes cash, cash equivalents, restricted cash and investments.
3. Non-GAAP research and development expenses are defined by us as GAAP research and development expenses excluding depreciation and amortization expense, stock-based compensation expense and other items. Non-GAAP selling, general and administrative expenses are defined by us as GAAP selling, general and administrative expenses excluding depreciation expense, stock-based compensation expense and other items. For reconciliation of this Non-GAAP financial measure to comparable GAAP measures, please refer to the Appendix to this presentation.

Duchenne Portfolio of Four Marketed Therapies Expected to Continue Delivering Strong Revenue Stream

Illustrative Minimum Annual Net Product Revenue Opportunity Through 2027[1]



In the near-term, our Duchenne franchise is expected to continue driving profitability and generating significant cash flow, funding our next growth phase based on siRNA platform

- **ELEVIDYS** Ambulatory minimum annual opportunity through 2027 is $500M with near-term upside as prevalent population is treated
  - Ambulant patient population represents approximately half of total DMD population
  - Incident population estimated to be approximately 420 patients annually
  - We do not have clear visibility into non-ambulatory population, but it remains a significant opportunity
- **PMO** Franchise expected annual opportunity to remain strong at ~$900M

Footnotes

1. Annual net product revenues are illustrative. These projections should not be considered official company guidance.

Restructured Business Designed to Meet Debt Obligations and Maintain Access to Revolver

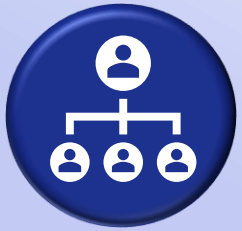
Strategic Decisions

Prioritize

Focusing development resources on siRNA pipeline while continuing research and development efforts on select programs

Pause

Deprioritizing LGMD pipeline (except 2E) and several earlier stage programs, seeking alternatives to advance without incurring additional expense



Restructure

36% reduction in workforce, impacting approx. 500 total headcount

Financial Impact

Focused investment in our potential best-in-class siRNA platform toward a durable growth engine for long-term value creation

Over $100M savings expected through end of 2025 and approximately $300M annual savings in non-personnel costs expected starting in 2026

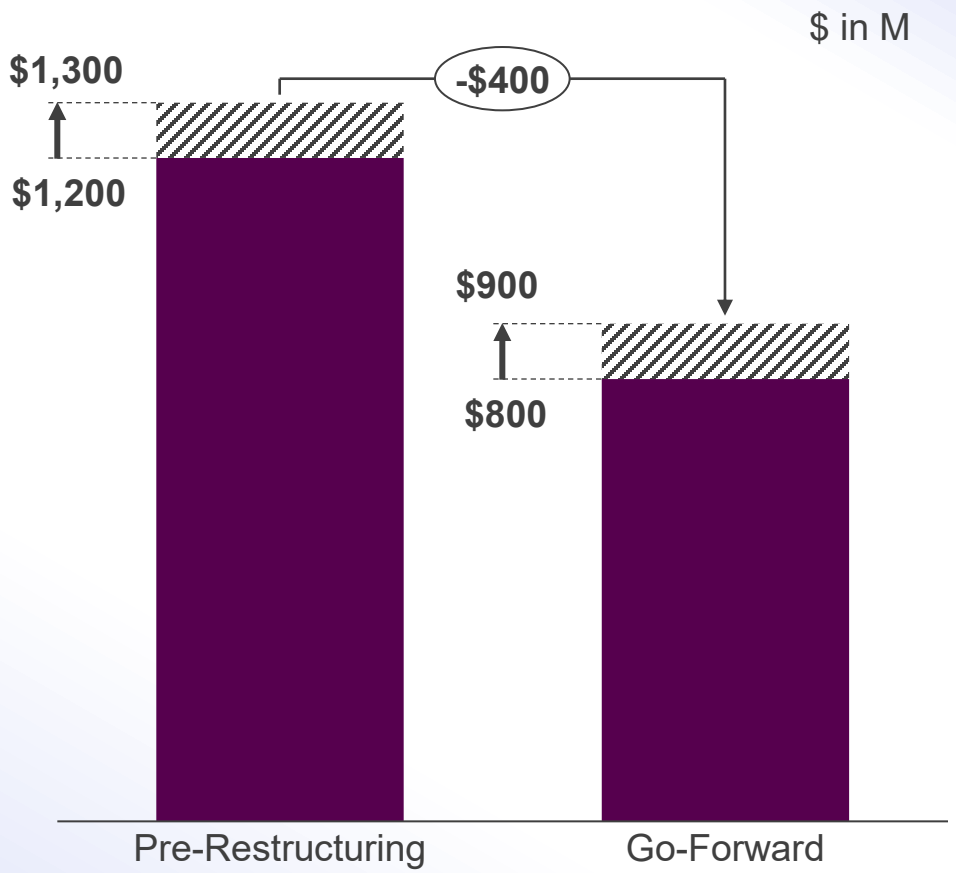
Approximately $120M annual cash workforce cost savings expected starting in 2026

New Cost Structure Strengthens Financial Position and Pathway to Repay 2027 Notes

Key considerations guiding revised cost structure:

1. **Alignment with Portfolio Prioritization:** Reduced operating expenses to reflect prioritized pipeline and right-size organization to support current revenue outlook
   - **Expected to deliver approximately $400M total annual cost savings starting in 2026,** designed to enable sustained operating profit
   - Reduced investment in inventory working capital once binding commitments have been met
2. **Preservation of Financial Flexibility:** Proactive cost management supports necessary EBITDA levels expected to **maintain access to $600M revolving credit facility.**
3. **Proactive Liability Management**: Cost-saving measures support strong cash flow and liquidity designed to **meet 2027 convertible debt obligations.**

Illustrative Average Annual Non-GAAP R&D and SG&A Expenses[1]



Footnotes

1. Average annual operating expenses are illustrative and should not be considered official company guidance. Estimated figures represents combined non-GAAP R&D and SG&A expenses excluding Arrowhead Collaboration milestone payments. Non-GAAP research and development expenses are defined by us as GAAP research and development expenses excluding depreciation and amortization expense, stock-based compensation expense and other items. Non-GAAP selling, general and administrative expenses are defined by us as GAAP selling, general and administrative expenses excluding depreciation expense, stock-based compensation expense and other items.

EBITDA Needed to Maintain Revolver Access Expected to be Achievable Under Conservative Revenue Scenario

Maintaining access to revolver requires **minimum of $172M** trailing 4-qtr EBITDA to meet negative financial covenants

Financial Covenants	Trailing 4-Qtr EBITDA Required
Maximum Secured Net Leverage Ratio: No greater than 3.50x	$172M[1]
Minimum Consolidated Interest Coverage Ratio: No less than 2.50x	$130M[2]

Projections modeled using conservative annual baseline revenues of $1.4B, show expected 4-quarter trailing EBITDA levels are sufficient to meet leverage ratios and maintain access to revolver leading up to potential launches of DM1 & FSHD at the end of the decade

Footnotes

1. Maximum secured net leverage ratio assumes $600M secured net debt (defined as consolidated total net indebtedness secured by an asset of Company)
2. Trailing 12m EBITDA estimate of $130 required to meet minimum consolidated interest coverage ratio represents most conservative level as it excludes cash interest income which is variable and per agreement is netted in calculation of cash interest expense (defined as consolidated cash interest expense calculated on all outstanding indebtedness of Company and net of any cash interest income)

The Strength of Our Science and Near-term Pipeline

Louise Rodino-Klapac, PhD
President, R&D and Technical Operations

SAREPTA THERAPEUTICS

ELEVIDYS Update

Label Supplement

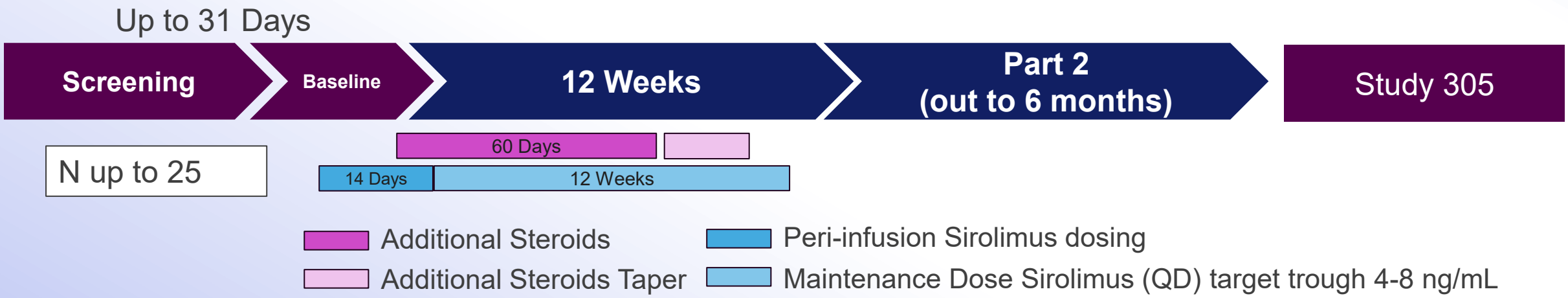
- ELEVIDYS remains on the market for the ambulant patient population
- Working with FDA on label supplement
  - To ensure the communication of important safety information to prescribers and patients
  - Expected to include a Black Box warning on the risk of ALI/ALF

Enhanced Immunosuppressive Regimen for Non-Ambulatory Population

- Expert Committee recommended that a sirolimus regimen should be studied
- Proposed amendment to Study 103 (ENDEAVOR) will be submitted to FDA to study the recommended sirolimus regimen
  - Cohort 8, up to 25 patients

Proposed Study Protocol for Immunosuppressive Regimen

6-month study adding sirolimus to standard immunosuppression in non-ambulatory population being proposed to FDA; follows engagement with expert committee

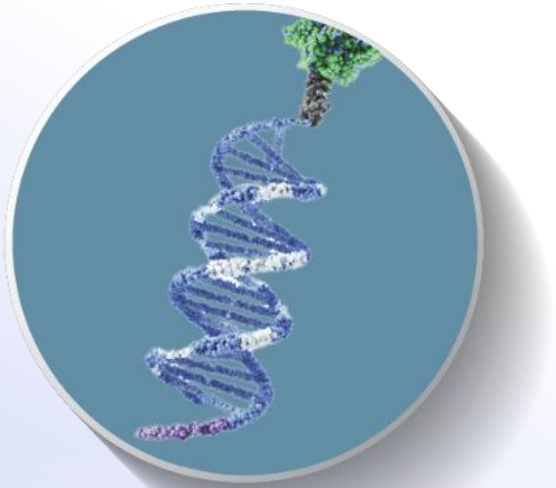


Primary Endpoints:
9001-dystrophin expression at 12 weeks
Incidence of acute liver injury

Notable Inclusion Criteria:
Non-ambulatory

Notable Exclusion Criteria:
LVEF <40%
FVC <40%

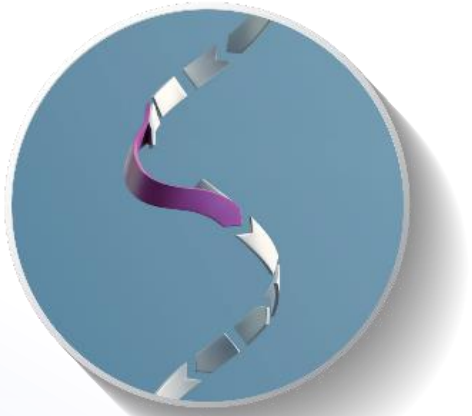
Three Distinct, Proprietary Scientific Platforms



siRNA

Knockdown

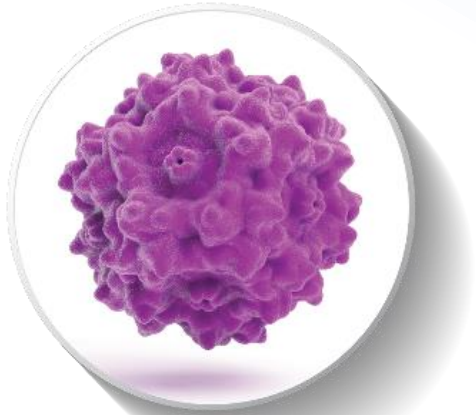
Suppresses overexpression of mutations



RNA

Skipping

Bypasses an error in the RNA, allowing the body to skip the mutation



GENE THERAPY

Replacement

Adds a functional copy (a transgene) of a missing or malfunctioning gene

Sharpened Focus on siRNA Programs Resets Sarepta on Large Unmet Patient Needs

- Addressing Large, Unmet Patient Needs
- Advancing Potential Best-in-Class Therapies
- Generating Multiple, Near-Term Clinical Data Readouts
- Leveraging Sarepta's Expertise in Neuromuscular Diseases

Facioscapulohumeral muscular dystrophy (FSHD)

A rare genetic disease that causes weakness in the skeletal muscles.
Progressively spreads from the face into other areas, including scapular girdle, upper limb, pelvic girdle, abdominal and leg muscles.[1]

- 95% of FSHD cases are linked to deletions of D4Z4 units on chromosome 4.[1]
- The average age of diagnosis is age 20.[1]
- There is currently no cure and there are no disease-modifying treatments.

~13,000
Diagnosed patients in the U.S.[2]

70%
patients experience debilitating pain and fatigue[2]

PROGRAM:
SRP-1001 is an RNA interference (RNAi) conjugate designed to specifically target the gene that encodes human double homeobox 4 (DUX4) protein.

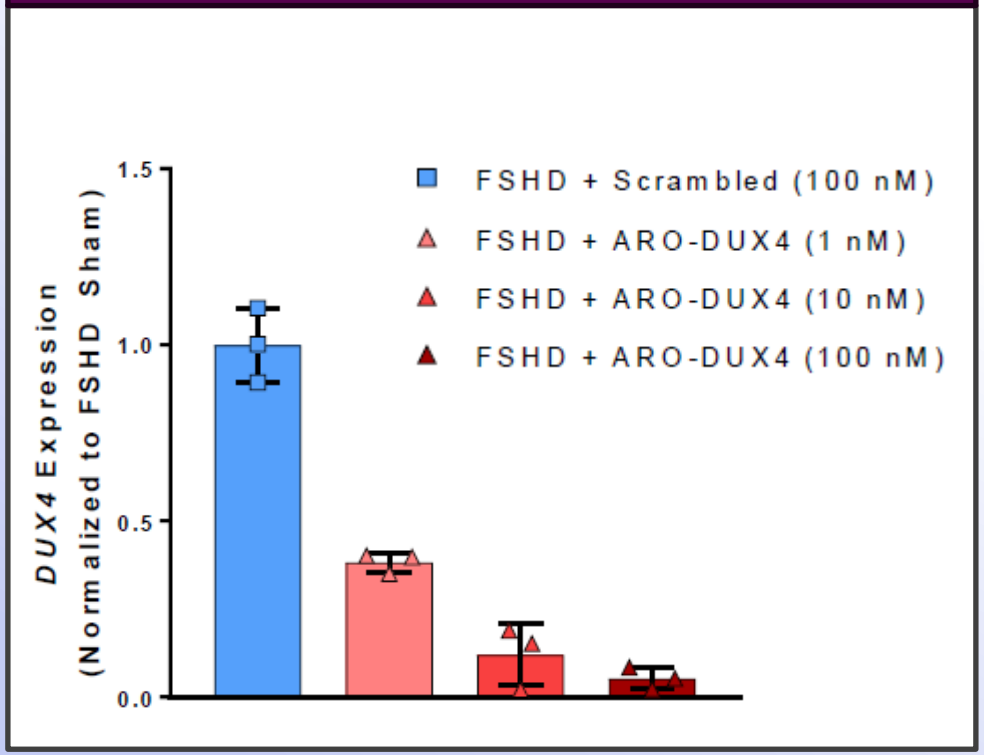
STAGE:
Phase 1/2

1. Muscular Dystrophy Association
2. FSHD Society

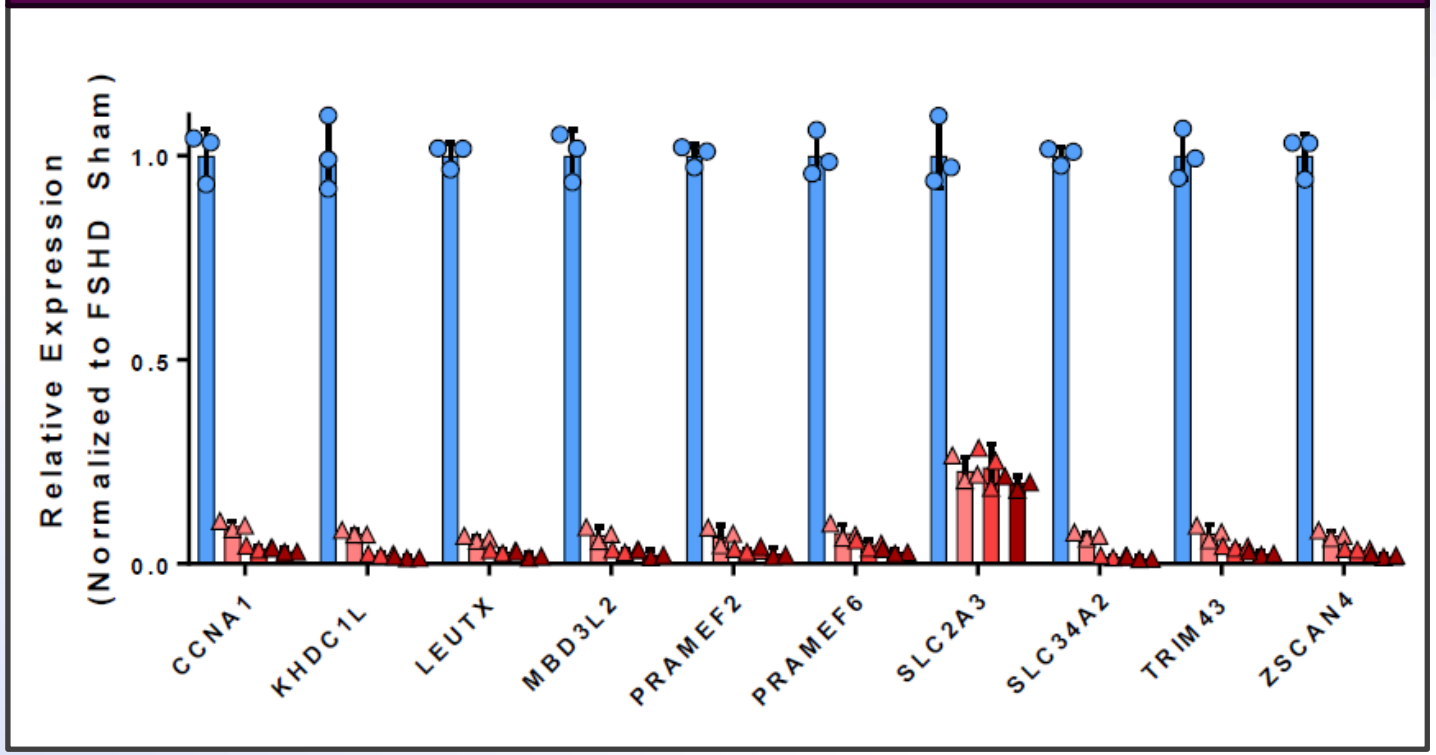
SRP-1001 Reduces DUX4 mRNA in FSHD Patient Cells

FSHD patient muscle cells express DUX4 in culture and is reduced with SRP-1001 treatment

SRP-1001 reduces DUX4 in FSHD myotubes



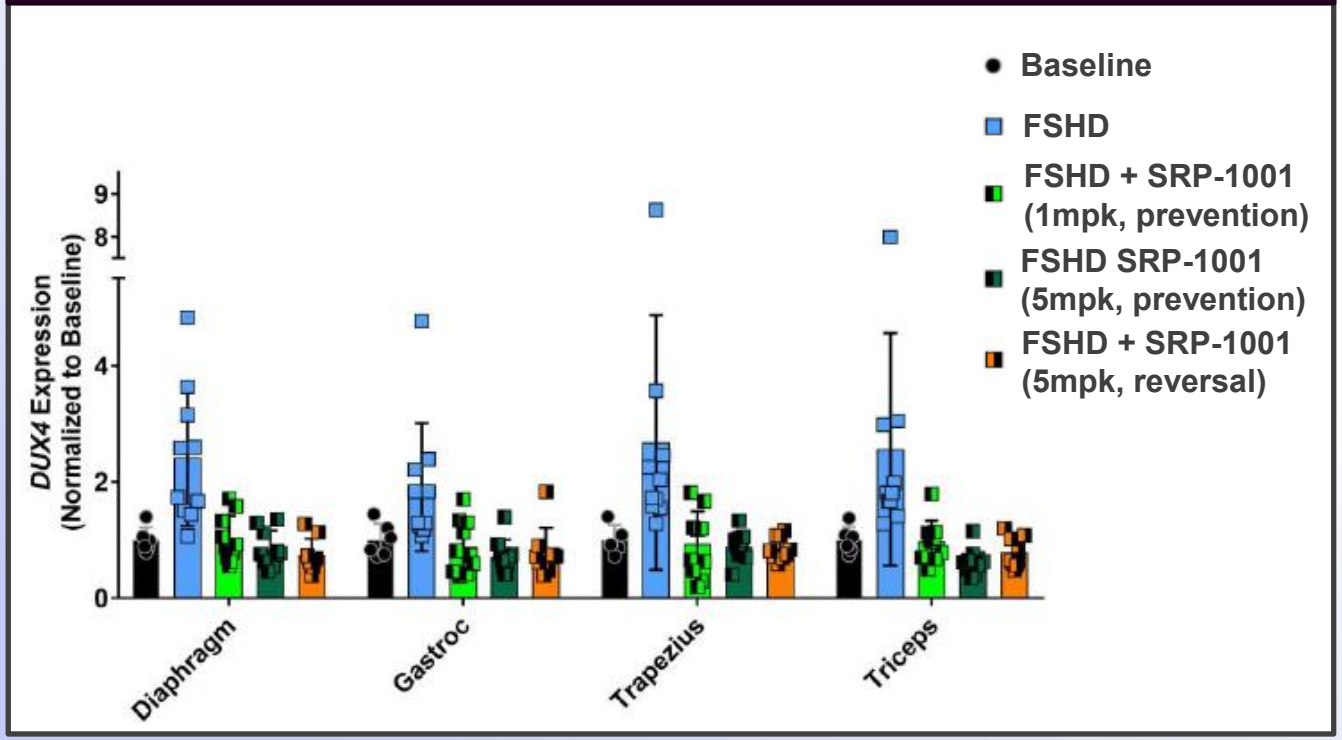
SRP-1001 prevents DUX4-dependent gene activation



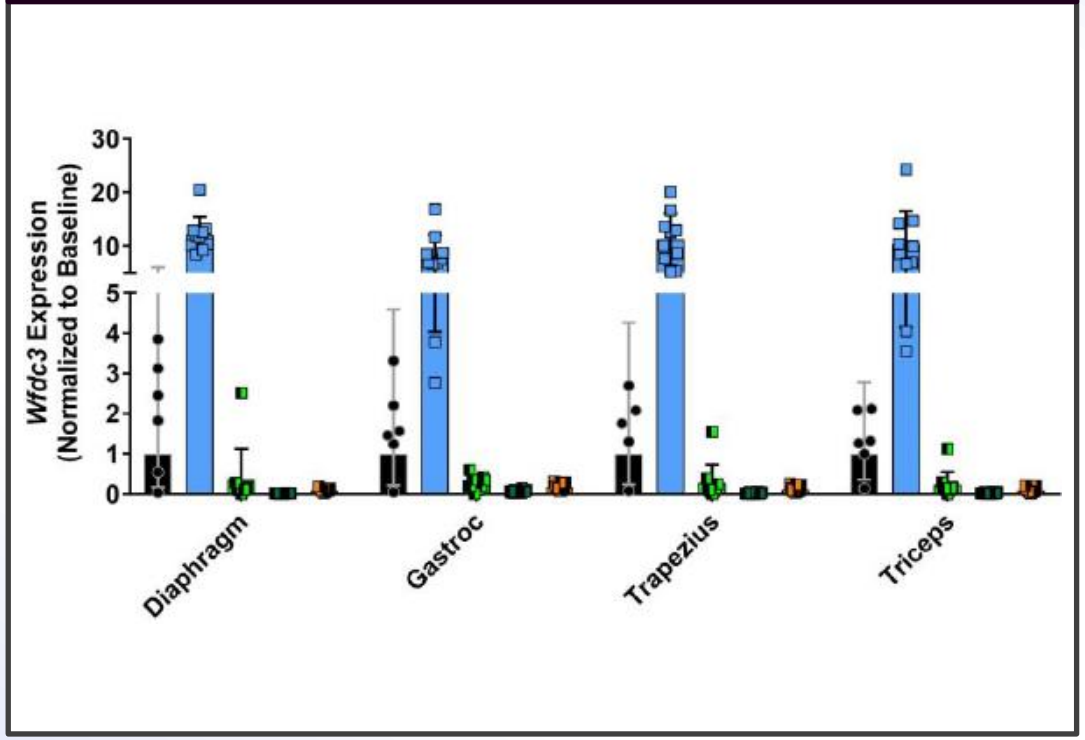
SRP-1001 Reduces DUX4 in a FSHD mouse

FSHD mouse model engineered to induce expression of human DUX4 in skeletal muscle

SRP-1001 both prevents and reverses DUX4 mRNA in skeletal muscle from an FSHD mouse



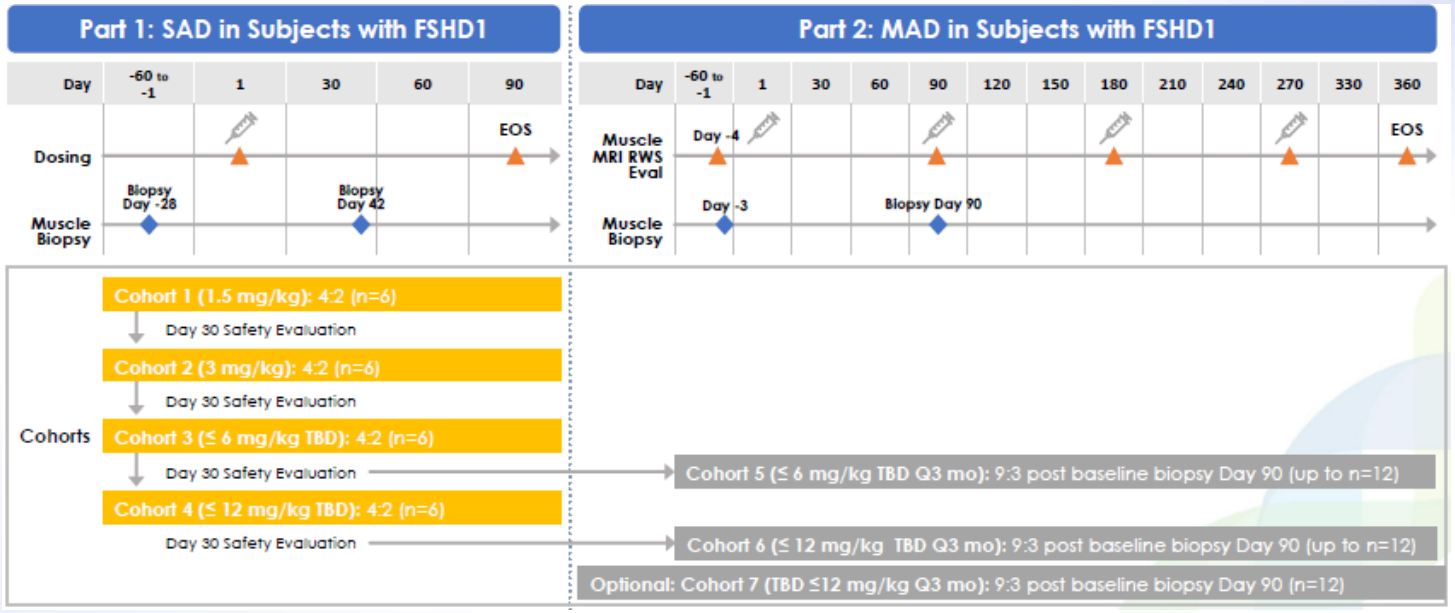
SRP-1001 prevents and reverses DUX4-dependent gene activation in skeletal muscle



SRP-1001: Facioscapulohumeral muscular dystrophy (FSHD)

Proof-of-concept (POC) of DUX4 knockdown and confirmation of registrational dose

- **Development Status:** Phase 1/2
- **Design:** Placebo-controlled single ascending dose (Part 1) with placebo-controlled multiple ascending dose (Part 2) in FSHD1
- **Participants:** Cohorts 1-3 fully enrolled
- **Primary endpoint:** Safety
- **Select key secondary:**
  - *DUX4* mRNA knockdown
  - *DUX4*-regulated gene expression
  - Assessments of physical function
- **Near-term Milestone(s):**
  - First Participant In Cohorts 4 & 5 – Q3 2025
  - Preliminary data – 2H 2025



Total Participants	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6
	SAD Cohorts				MAD Cohorts	
Randomized	6/6	6/6	6/6	0/6	0/6	0/6

Myotonic dystrophy type 1 (DM1)

A form of muscular dystrophy that affects muscles and many other organs in the body.[1]

- Myotonic dystrophy (DM) is the most common form of muscular dystrophy.[2]
- There are two types of DM: DM1 is caused by mutations in the DMPK gene and is generally more severe than DM2.[1]
- DM1 impacts the respiratory muscle and significant breathing problems can result.[3] As DM1 progresses, the heart can develop an abnormal rhythm and weaken.[1]
- Life expectancy is shortened.[4]
- There is currently no cure and there are no disease-modifying treatments for DM1.

~40,000

Diagnosed patients in the U.S.[5]

58 years

Mean age at death[6]

PROGRAM:

SRP-1003 is an RNAi conjugate designed to specifically silence DMPK mRNA in skeletal muscle.

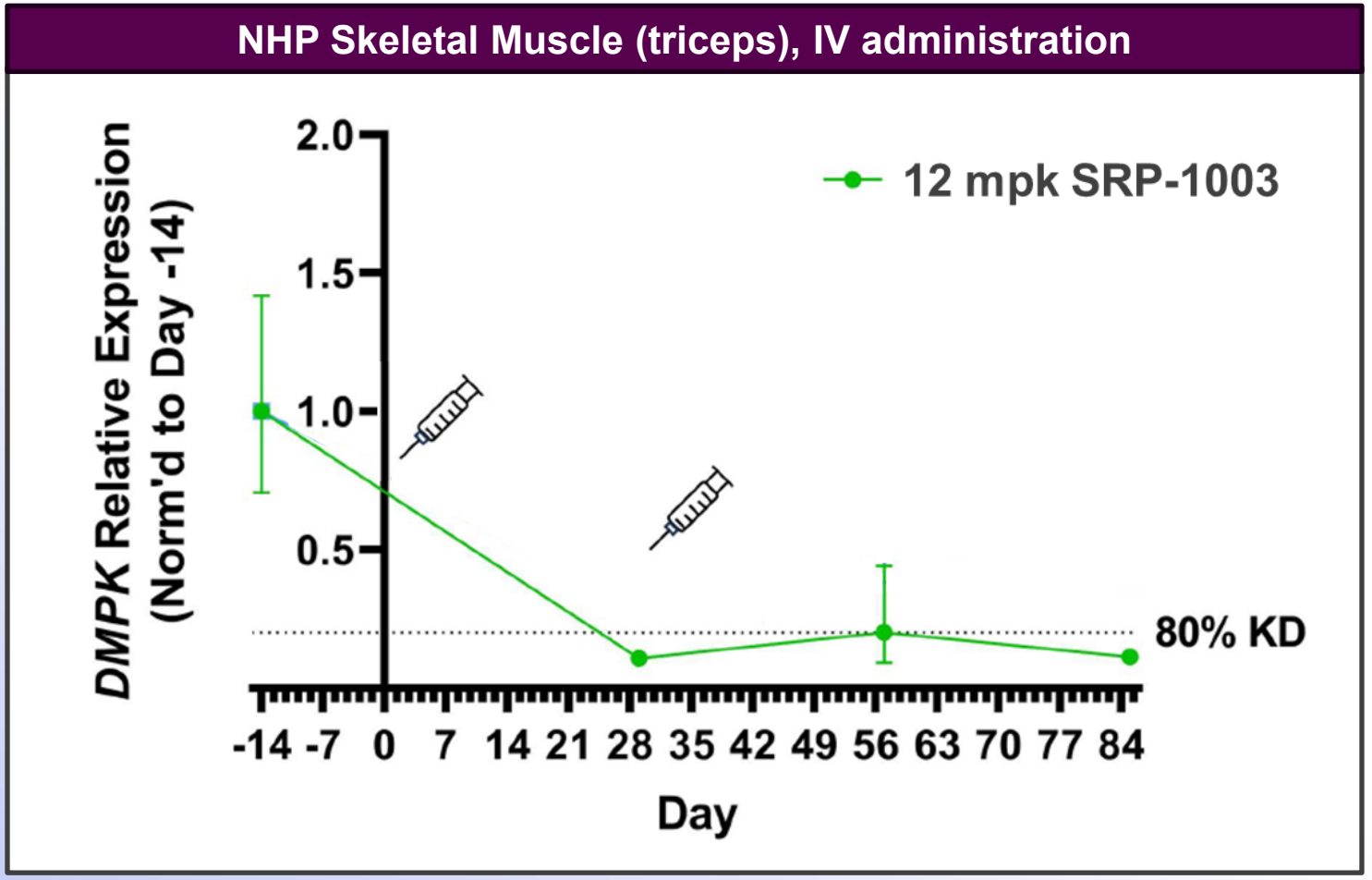
STAGE:

Phase 1/2

1. Muscular Dystrophy Association
2. National Institute of Child Health and Human Development
3. Myotonic Dystrophy Foundation
4. Bird TD. Myotonic Dystrophy Type 1. 1999 Sep 17 [Updated 2024 Nov 14]. In: Adam MP, Feldman J, Mirzaa GM, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2025.
5. Pascual-Gilabert M, López-Castel A, Artero R. Myotonic dystrophy type 1 drug development: a pipeline toward the market. Drug Discovery Today. 2021;26(7):1765-72. doi: 10.1016/j.drudis.2021.03.024
6. Bassez et al, Neuromuscular Disorders 2024

SRP-1003 Reduces DMPK in Non-Human Primates (NHP)

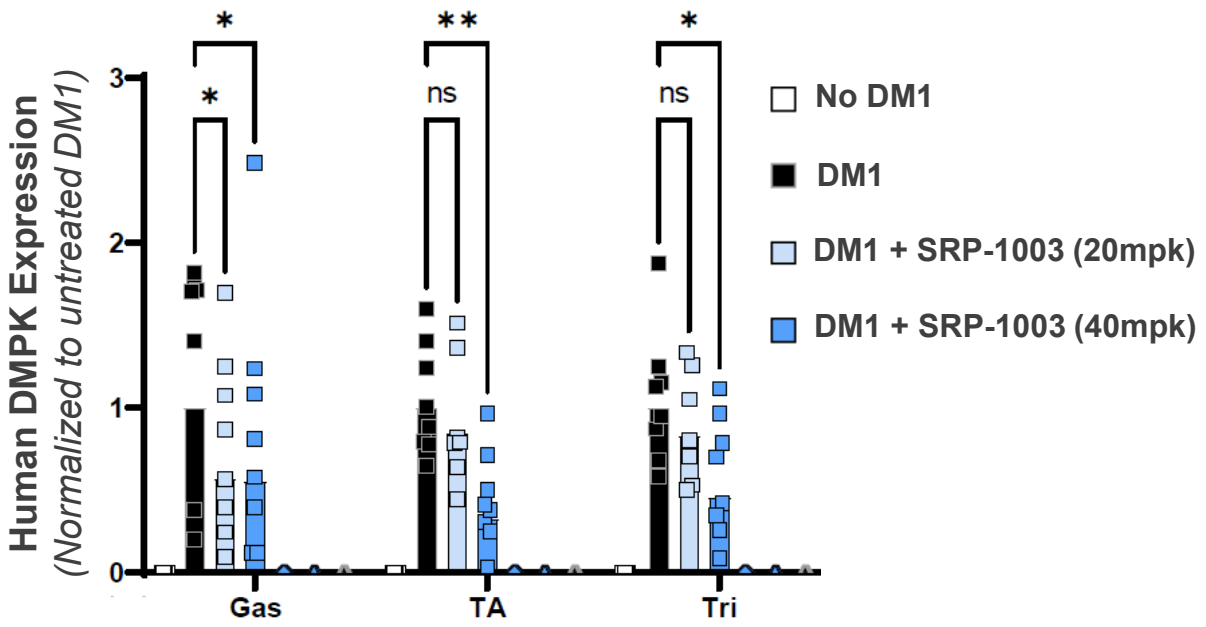
DMPK mRNA is knocked down to around 80% in NHP skeletal muscle



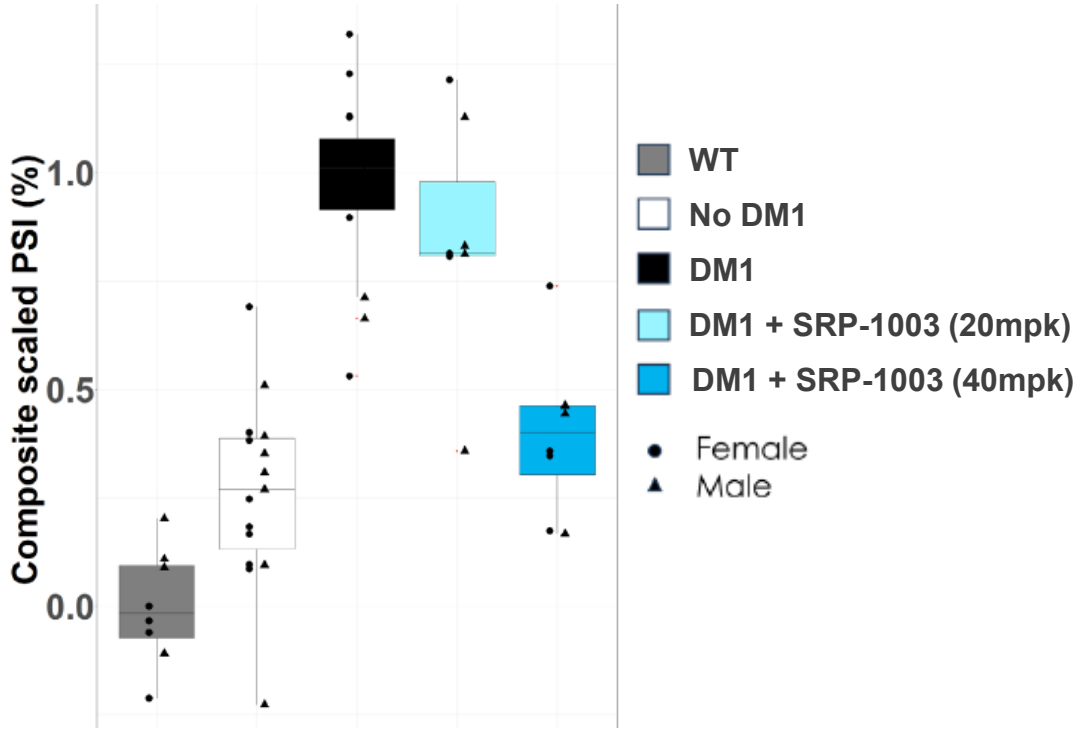
Reducing DMPK Fixes Splicing Deficit in a DM1 Mouse

DM1 mouse model engineered to induce expression of human DMPK with expanded CUG repeats

SRP-1003 reduces pathological DMPK mRNA in the nucleus of a DM1 mouse model (>50% at high dose)



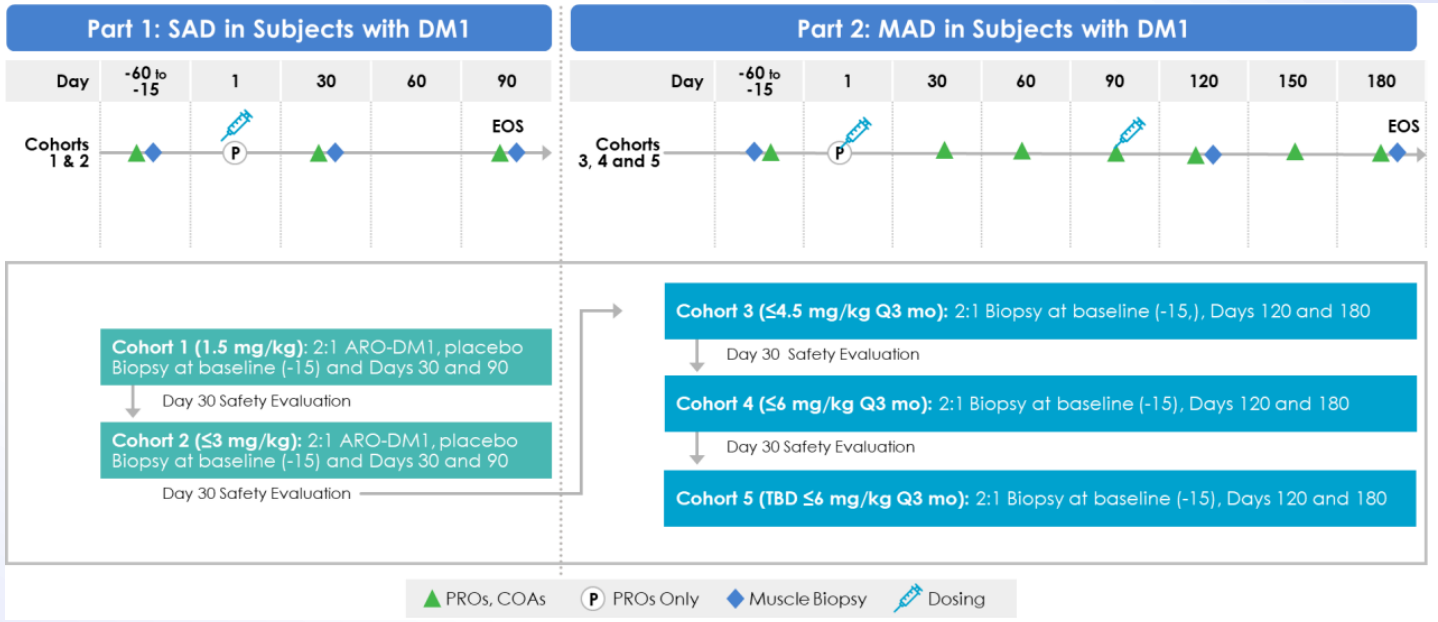
SRP-1003 reverses splicing deficits in DM1 mouse model (~60% mis-splicing repair at high dose)



SRP-1003: Myotonic dystrophy type 1 (DM1)

Proof of concept (POC) and confirmation of registrational dose

- **Development Status:** Phase 1/2
- **Design:** Placebo-controlled single ascending dose (Part 1) with placebo-controlled multiple ascending dose (Part 2)
- **Participants:** Cohorts 1-2 fully enrolled
- **Primary endpoint:** Safety
- **Select key endpoints:**
  - *DMPK* mRNA knockdown
  - Change in DMPK mediated splicing indices
  - VHOT and other measures of physical function
- **Near-term Milestone(s):**
  - First Participant In Cohort 3 – Q4 2025
  - Preliminary Phase 1 data – 2H 2025



Total Participants	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5
	SAD Cohorts		MAD Cohorts		
Randomized	14/13	8/6	0/6	0/6	0/6

Spinocerebellar ataxia type 2 (SCA2)

Spinocerebrellar ataxia (SCA) is a group of rare, genetic neurodegenerative disorders leading to severe disability and premature death.[1]

- In SCA, the nerve fibers carrying messages to and from the brain are affected, resulting in degeneration of the cerebellum (the coordination center of the brain). [1]
- There are more than 40 types of SCA.[2] SCA2 is caused by mutations in the ATXN2 gene.[3]
- SCA2 symptoms include movement, vision, speech and swallowing problems, as well as peripheral neuropathy, tremor and muscle wasting; and may include short-term memory problems and dementia.[1]
- There is currently no cure and there are no disease-modifying treatments.

~2,000

Diagnosed SCA2 patients in the U.S. [4]

10-20 years

After diagnosis, patients become dependent on a wheelchair [1]

PROGRAM:
SRP-1004 RNAi targets production of toxic ATXN2 protein that causes the disease.

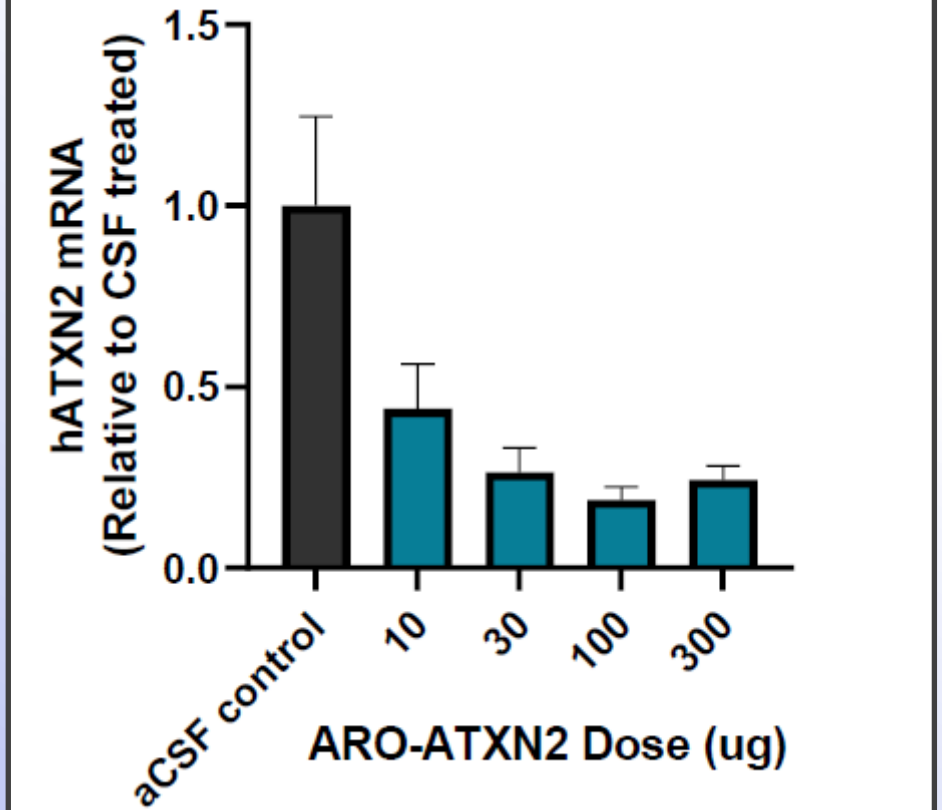
STAGE:
Phase 1

1. National Institute of Neurological Disorders and Stroke
2. Cleveland Clinic
3. MedlinePlus [Internet]. Bethesda (MD): National Library of Medicine (US). Spinocerebellar ataxia type 2. Available from: https://medlineplus.gov/genetics/condition/spinocerebellar-ataxia-type-2/#causes
4. Ruano et al, Neuroepidemiology 2014

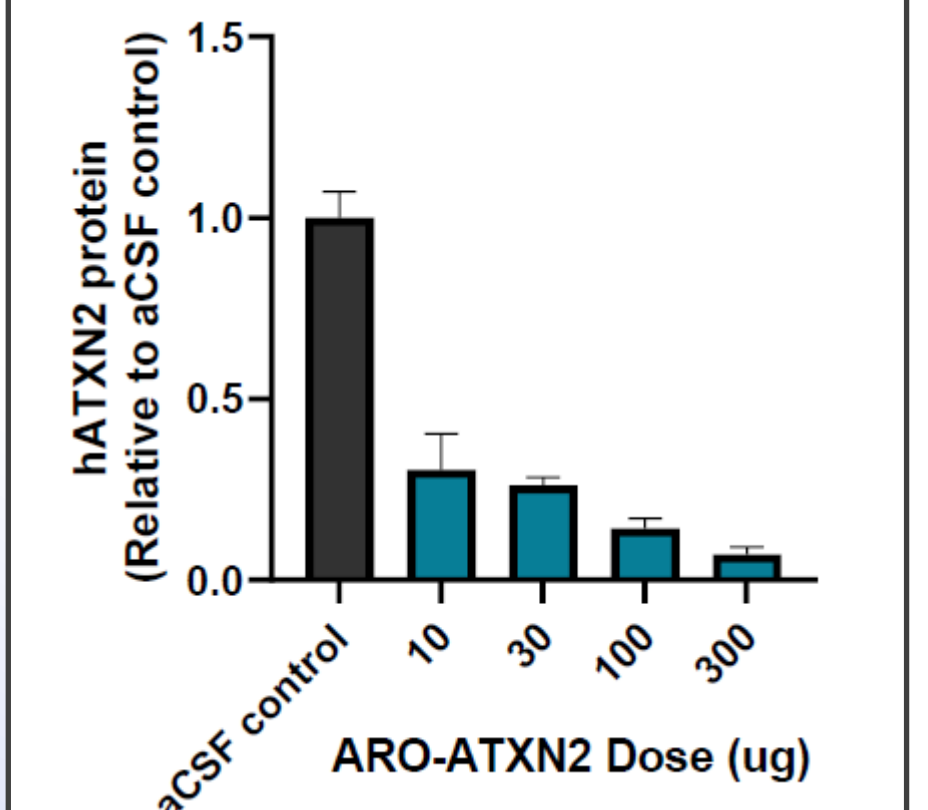
SRP-1004 Reduces ATXN2 in a Mouse Brain

Mouse model engineered to express human ATXN2

SRP-1004 delivered ICV reduces ATXN2 mRNA 2 weeks after delivery



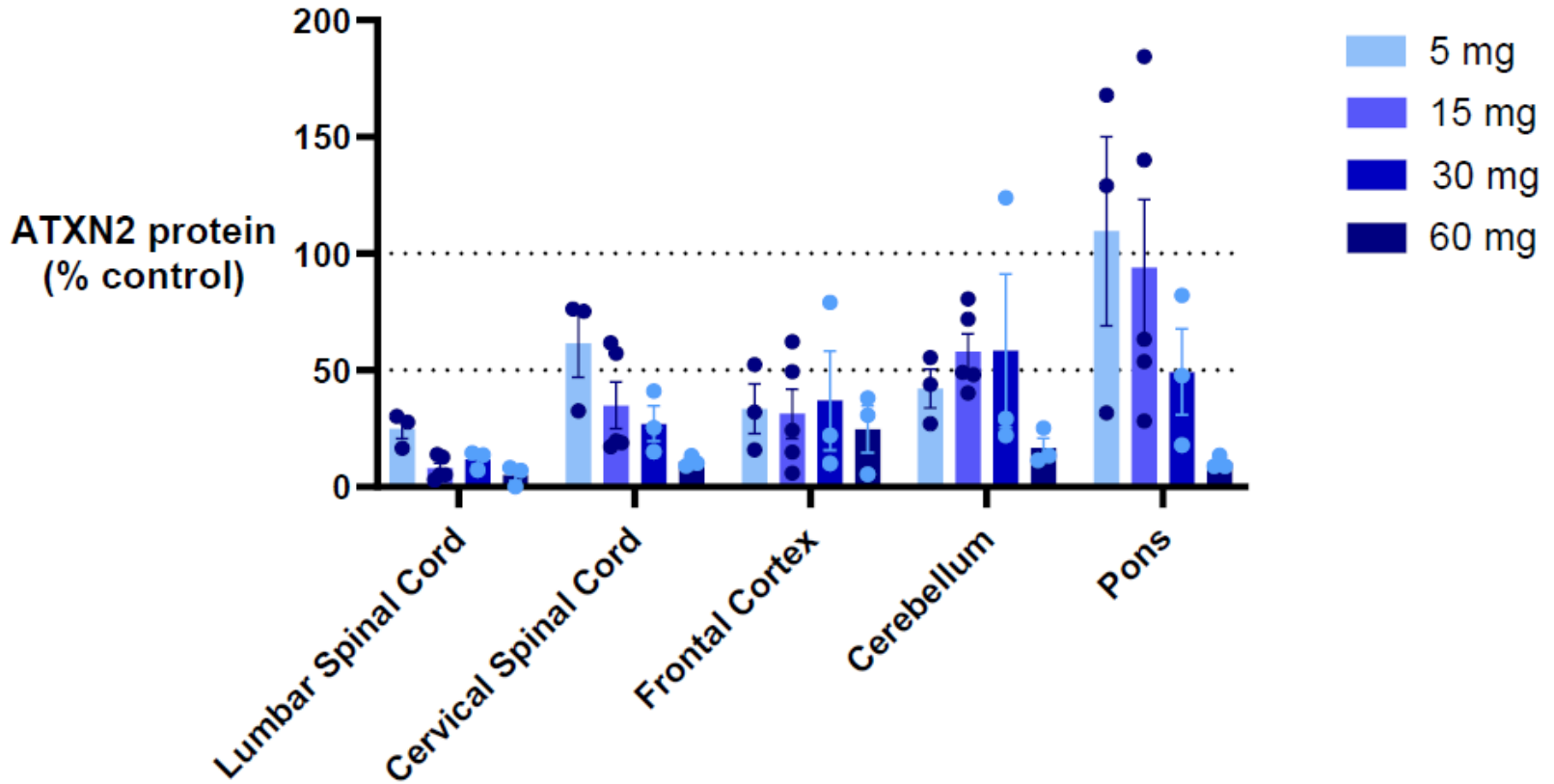
SRP-1004 delivered ICV reduces ATXN2 protein 2 weeks after delivery



SRP-1004 Lowers ATXN2 in NHP Brain Regions Important in Disease

>80% reduction in key brain regions (i.e. cerebellum) involved in SCA2 pathology

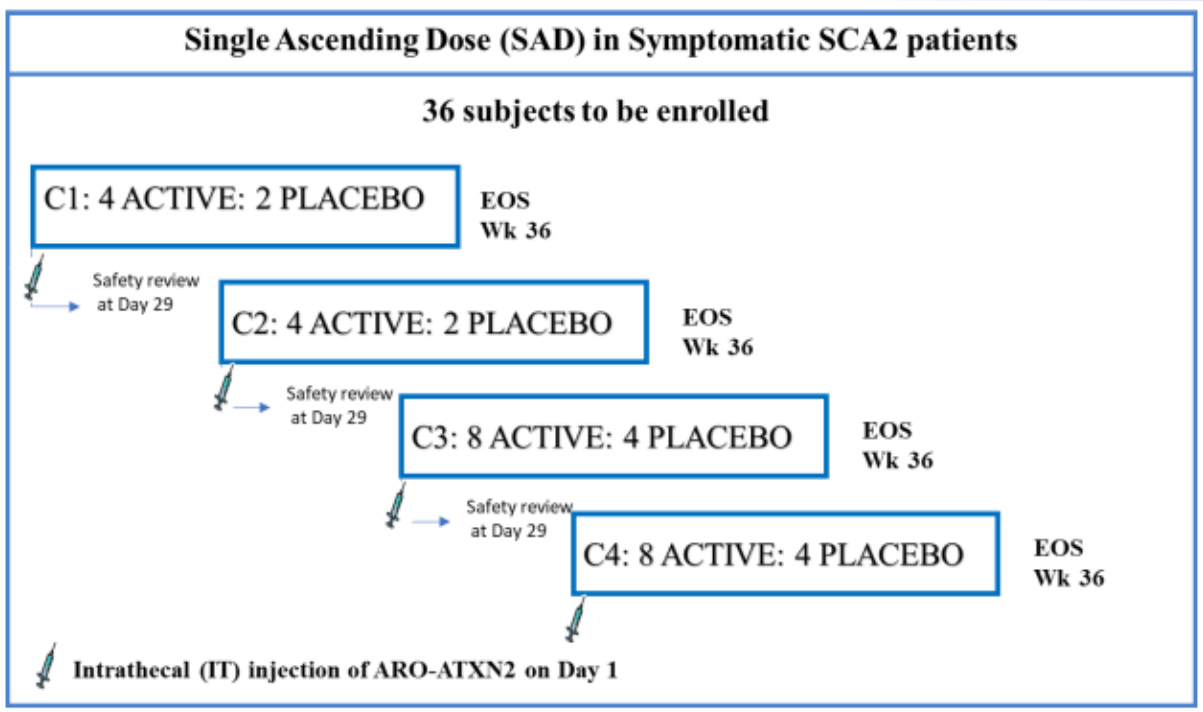
SRP-1004 delivered IT reduces ATXN2 protein 1 month after delivery



SRP-1004: Spinocerebellar ataxia type 2 (SCA2)

POC and confirmation of registrational dose

- **Development Status:** Phase 1
- **Design:**
  - Randomized placebo-controlled single ascending dose
  - Multiple ascending dose Part 2 being added
- **Participants:** Cohort 1 fully enrolled
- **Primary endpoint:** Safety
- **Select key secondaries:**
  - *CSF* ATXN2 protein levels
- **Next Milestone(s):**
  - First Participant In (FPI) Cohort 2 – Q3 2025
  - Preliminary data



Abbreviations: C=Cohort; EOS=end of study; Wk=week; SCA2=spinocerebellar ataxia type 2.
Note: EOS (Week 36) is equivalent to Day 253.

Total Participants	Cohort 1	Cohort 2	Cohort 3	Cohort 4
	SAD Cohorts			
Randomized	6/6	0/6	0/12	0/12

Huntington's Disease (HD)

A fatal genetic disorder that causes brain cells to gradually break down and die.
HD deteriorates a person's physical and mental abilities, and a person with HD is described as having ALS, Parkinson's and Alzheimer's disease simultaneously. [1]

- HD is caused by a mutation in the gene for a protein called huntingtin. The defect causes the building blocks of DNA called cytosine, adenine and guanine (CAG) to repeat many more times than typical. [1]
- People typically develop motor symptoms in their 40s and 50s, but subtle changes, such as depression, disinhibition, minor involuntary movements and difficulty thinking through complex problems, may arise much earlier. [1]
- As HD progresses, people develop problems with swallowing, balance and voluntary motor tasks. Chorea, or irregular movements, becomes more pronounced; and in the late stages of HD, individuals are often nonverbal and bedridden. [2]
- There is currently no cure and there are no disease-modifying treatments.

40,000+
people in the U.S. affected[1]

15-20 years
Median survival after symptom onset [2]

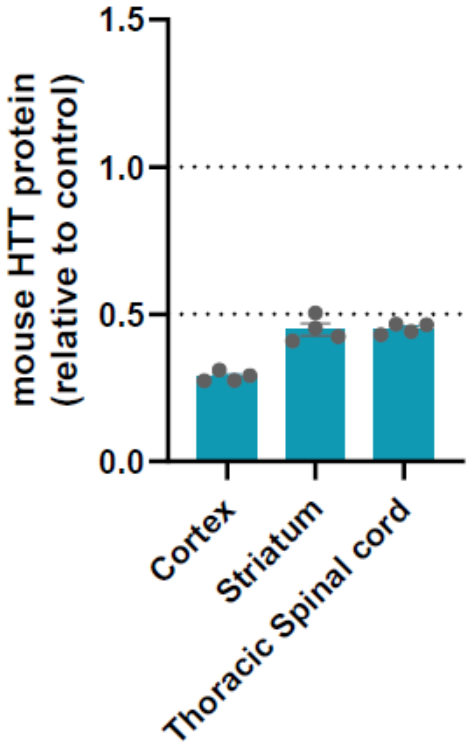
PROGRAM:
SRP-1005 Subcutaneous ROA delivers siRNA across the blood brain barrier to the source of disease in the deep brain.

STAGE:
Preclinical

SRP-1005 Reduces HTT in Mouse Brain

HTT siRNA linked to an antibody fragment targeting TfR1 enabling entry into the brain

SRP-1005 delivered subcutaneously reduces mouse HTT protein 1 month post delivery



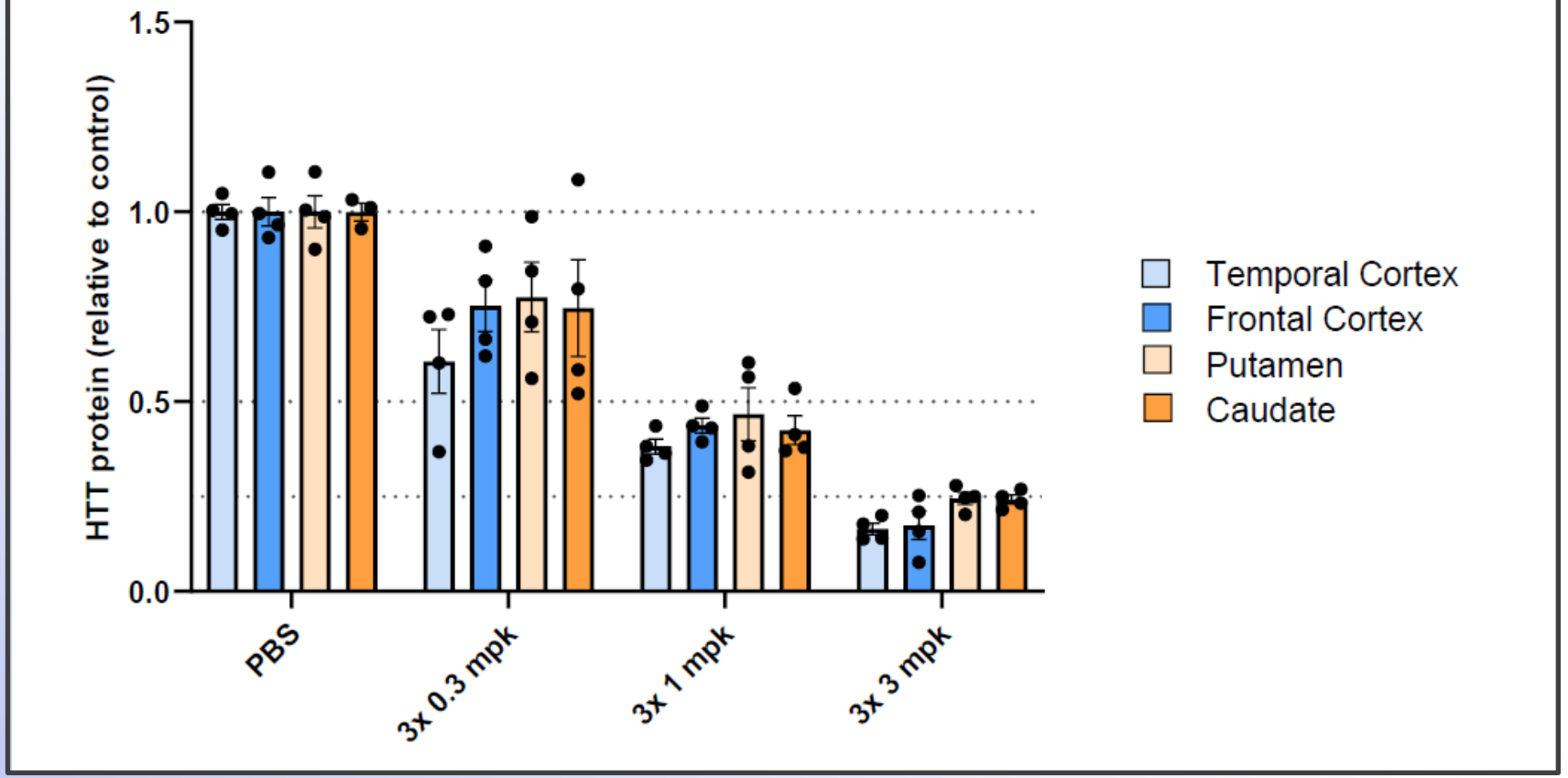
4 x 3mg/kg qd Subcutaneous Doses
Day 29, n=4/Group, Mean±SEM

Mouse model engineered to express human TfR1

SRP-1005 Reduces HTT in NHP Brain Regions Important to Disease

SRP-1005 binds to NHP TfR1 to access the brain and reduce HTT protein levels

SRP-1005 delivered SC (3 weekly doses) reduces HTT protein in key brain regions 43 days post delivery



Bolstering Pipeline with Preclinical Programs and up to 6 Discovery Targets in Muscle (skeletal and cardiac) or CNS

PRECLINICAL PROGRAMS

- Preclinical CNS leverages TfR1-binding for optimal CNS delivery
- Subcutaneous delivery reaches across the blood brain barrier

SRP-1005 for Huntington's Disease (HD)

SRP-1007 for Spinocerebellar ataxia type 1 (SCA1)

SRP-1006 for Spinocerebellar ataxia type 3 (SCA3)

DISCOVERY TARGETS

- Up to 6 targets in muscle (skeletal and cardiac) or CNS
- Sarepta and Arrowhead will work together exclusively to develop therapies for skeletal muscle diseases

Expected Near-Term Milestones (2025 / 2026)

FSHD

SRP-1001

- First Participant In (FPI) Cohorts 4 & 5 – Q3 2025
- Preliminary data (SAD Study) – 2H 2025

DM1

SRP-1003

- First Participant In (FPI) Cohort 3 – Q4 2025
- Preliminary data (SAD study) – 2H 2025

SCA2

SRP-1004

- First Participant In (FPI) Cohort 2 – Q3 2025

Huntington's Disease

SRP-1005

- Clinical Trial Application (CTA) filing – end of 2025
- Initiate trial – 1H 2026

LGMD2E/R4

SRP-9003

- Submit BLA – 2H 2025

Q&A

SAREPTA THERAPEUTICS

Appendix

Reconciliation of GAAP to Non-GAAP Total Combined R&D and SG&A Expenses – Preliminary Q2 2025

$ in Millions	Preliminary[1] 2Q 2025
Total Combined GAAP R&D and SG&A Expenses	$338
Stock-based compensation expense	($34)
Depreciation and amortization expense	($10)
Total Combined Non-GAAP R&D and SG&A Expenses	$294

Footnotes

1. Q2 2025 Financials are subject to change up until SEC filing of Company's Form 10-Q
2. Table may not foot due to rounding

July 16, 2025

Patients can’t wait for the next breakthrough in medical research.

So neither will we.

Doug Ingram
CEO

Ian Estepan
President and COO

Louise Rodino-Klapac, PhD
President, R&D and Technical Operations

SAREPTA THERAPEUTICS

DILLON
Living with Duchenne muscular dystrophy