

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

Form 8-K

**CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934**

Date of Report (Date of earliest event reported): November 12, 2020

WAVE LIFE SCIENCES LTD.

(Exact name of registrant as specified in its charter)

Singapore
(State or other jurisdiction
of incorporation)

001-37627
(Commission
File Number)

00-0000000
(IRS Employer
Identification No.)

**7 Straits View #12-00, Marina One
East Tower
Singapore**
(Address of principal executive offices)

018936
(Zip Code)

Registrant's telephone number, including area code: +65 6236 3388

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading symbol	Name of each exchange on which registered
\$0 Par Value Ordinary Shares	WVE	The Nasdaq Global Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 7.01 Regulation FD Disclosure.

From time to time, Wave Life Sciences Ltd. (the “Company”) presents and/or distributes slides and presentations to the investment community to provide updates and summaries of its business. On November 12, 2020, the Company updated its corporate presentation, which is available on the “For Investors & Media” section of the Company’s website at <http://ir.wavelifesciences.com/>. This presentation is also furnished as Exhibit 99.1 to this Current Report on Form 8-K.

The information in this Item 7.01 is being furnished and shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that Section, nor shall it be deemed incorporated by reference into any registration statement or other filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

The following exhibit relating to Item 7.01 is furnished and not filed:

<u>Exhibit No.</u>	<u>Description</u>
99.1	Corporate Presentation of Wave Life Sciences Ltd. dated November 12, 2020
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

WAVE LIFE SCIENCES LTD.

By: /s/ Paul B. Bolno, M.D.

Paul B. Bolno, M.D.

President and Chief Executive Officer

Date: November 12, 2020



Wave Life Sciences
Corporate Presentation
November 12, 2020



Forward-looking statements

This document contains forward-looking statements. All statements other than statements of historical facts contained in this document, including statements regarding possible or assumed future results of operations, preclinical and clinical studies, business strategies, research and development plans, collaborations and partnerships, regulatory activities and timing thereof, competitive position, potential growth opportunities, use of proceeds and the effects of competition are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause the actual results, performance or achievements of Wave Life Sciences Ltd. (the "Company") to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expect," "plan," "aim," "anticipate," "could," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "potential" or "continue" or the negative of these terms or other similar expressions. The forward-looking statements in this presentation are only predictions. The Company has based these forward-looking statements largely on its current expectations and projections about future events and financial trends that it believes may affect the Company's business, financial condition and results of operations. These forward-looking statements speak only as of the date of this presentation and are subject to a number of risks, uncertainties and assumptions, including those listed under Risk Factors in the Company's Form 10-K and other filings with the SEC, some of which cannot be predicted or quantified and some of which are beyond the Company's control. The events and circumstances reflected in the Company's forward-looking statements may not be achieved or occur, and actual results could differ materially from those projected in the forward-looking statements. Moreover, the Company operates in a dynamic industry and economy. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties that the Company may face. Except as required by applicable law, the Company does not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

Building a leading genetic medicines company



INNOVATIVE PLATFORM

- Stereopure oligonucleotides
- Novel backbone modifications (PN chemistry)
- Allele-selectivity
- Multiple modalities (silencing, splicing, ADAR editing)
- Strong IP position¹



FOUNDATION OF NEUROLOGY PROGRAMS

- Huntington's disease
- ALS / FTD
- Neuromuscular diseases
- Ataxias
- Parkinson's disease
- Alzheimer's disease



Wave's drug discovery and development platform



CLINICAL DEVELOPMENT EXPERTISE

- Multiple global clinical trials ongoing across eight countries
- Innovative trial designs



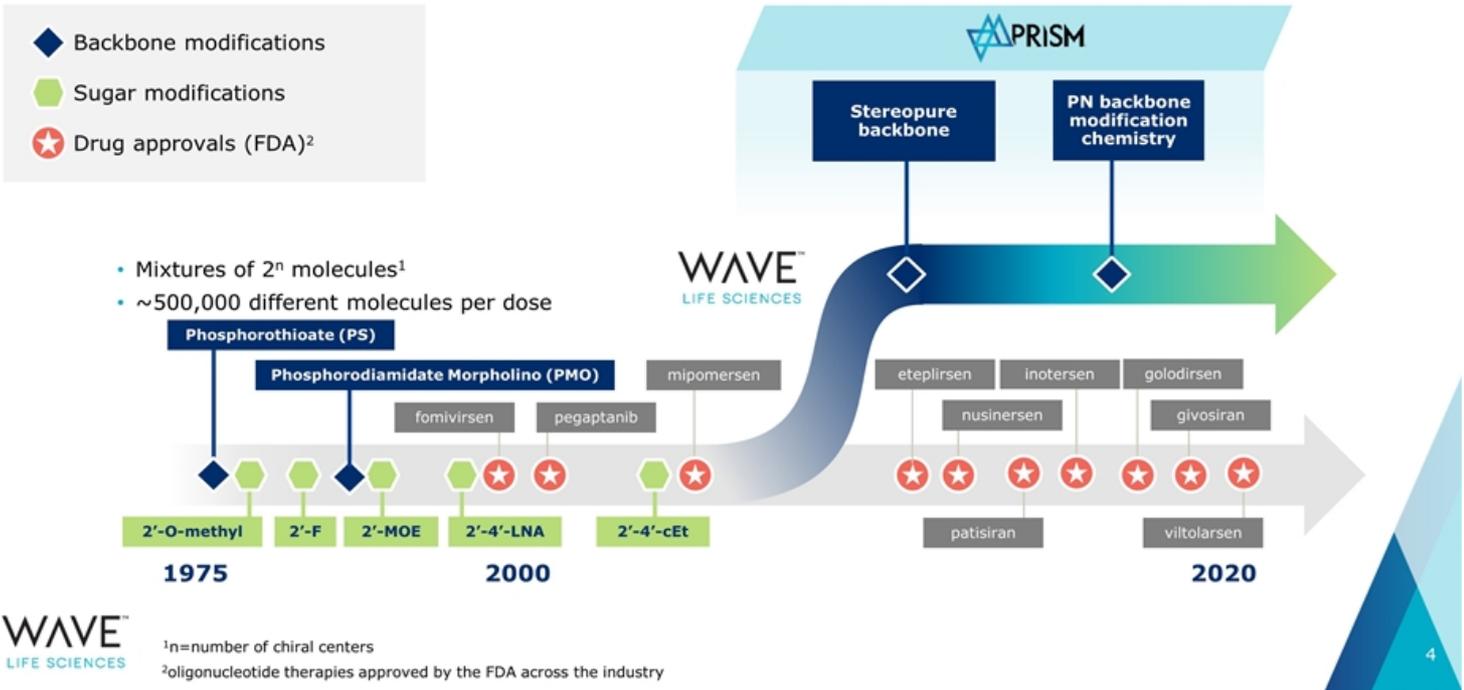
MANUFACTURING

- Established internal manufacturing capabilities to produce oligonucleotides at scale

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ALS: Amyotrophic lateral sclerosis; FTD: Frontotemporal dementia
¹stereopure oligonucleotides and novel backbone chemistry modifications

PRISM has unlocked novel and proprietary advances in oligonucleotide design



Innovative pipeline led by neurology programs

THERAPEUTIC AREA / TARGET	PRISM	DISCOVERY	PRECLINICAL	CLINICAL	PARTNER
NEUROLOGY					
Huntington's disease mHTT SNP1	◆	WVE-120101			Takeda 50:50 option
Huntington's disease mHTT SNP2	◆	WVE-120102			
Huntington's disease mHTT SNP3	◆ ◆	WVE-003			
ALS and FTD C9orf72	◆ ◆	WVE-004			
SCA3 ATXN3	◆ ◆				Takeda milestones & royalties
CNS diseases Multiple†	◆ ◆				
DMD Exon 53	◆ ◆	WVE-N531			100% global
ADAR editing Multiple	◆ ◆				
HEPATIC					
AATD (ADAR editing) SERPINA1	◆ ◆				100% global
OPHTHALMOLOGY					
Retinal diseases USH2A and RhoP23H	◆ ◆				100% global

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PRISM ◆ Stereopure ◆ PN chemistry

†During a four-year term, Wave and Takeda may collaborate on up to six preclinical targets at any one time.
ALS: Amyotrophic lateral sclerosis; FTD: Frontotemporal dementia; SCA3: Spinocerebellar ataxia 3; CNS: Central nervous system;
DMD: Duchenne muscular dystrophy; AATD: Alpha-1 antitrypsin deficiency



The logo for WAVE Life Sciences, featuring the word "WAVE" in a large, white, sans-serif font with a trademark symbol, and "LIFE SCIENCES" in a smaller, white, sans-serif font below it. The background is a dark blue triangle pointing downwards, set against a larger light blue triangle pointing upwards, creating a central white triangular space.

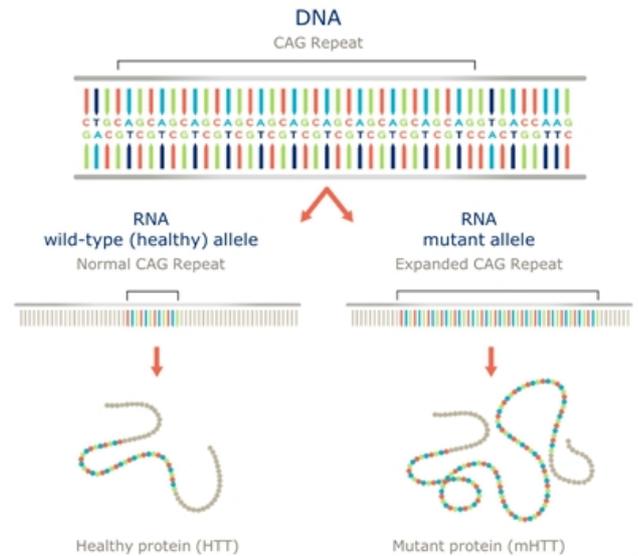
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WVE-120101
WVE-120102
WVE-003

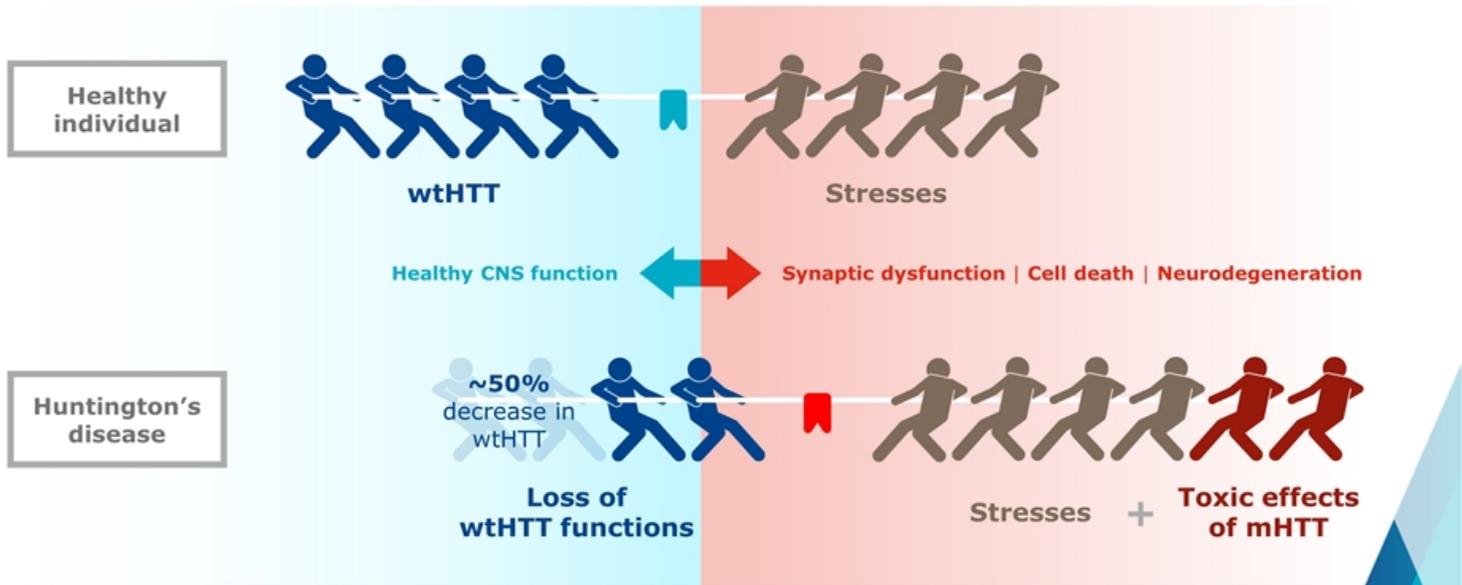
Huntington's Disease Portfolio

Huntington's disease: a hereditary, fatal disorder

- Autosomal dominant disease, characterized by cognitive decline, psychiatric illness and chorea; fatal
- No approved disease-modifying therapies
- Expanded CAG triplet repeat in HTT gene results in production of mutant huntingtin protein (mHTT); accumulation of mHTT causes progressive loss of neurons in the brain
- Wild-type (healthy) HTT protein critical for neuronal function; evidence suggests wild-type HTT loss of function plays a role in Huntington's disease
- 30,000 people with Huntington's disease in the US; another 200,000 at risk of developing the condition



mHTT toxic effects lead to neurodegeneration, loss of wtHTT functions may also contribute to HD



HD: Wild-type HTT is a critical protein for important functions in the central nervous system

NEURON



Promotes neuronal survival by protecting against stress (e.g., excitotoxicity, oxidative stress, toxic mHTT aggregates)¹⁻⁸

SYNAPSE



Plays an essential role in the transport of synaptic proteins—including neurotransmitters and receptors—to their correct location at synapses⁹⁻¹²

BRAIN CIRCUITS



Supplies BDNF to the striatum to ensure neuronal survival¹³⁻¹⁶
Regulates synaptic plasticity, which underlies learning and memory¹⁷⁻²²

CSF CIRCULATION



Plays a critical role in formation and function of cilia—sensory organelles that control the flow of CSF—which are needed to clear catabolites and maintain homeostasis²³

Nature publication contributes to weight of evidence on importance of wild-type huntingtin

nature

Article

Injured adult neurons regress to an embryonic transcriptional growth state

<https://doi.org/10.1038/s41586-020-2200-5>

Received: 12 April 2019

Accepted: 13 February 2020

Published online: 15 April 2020

[Check for updates](#)

Gunter H. D. Poplawski^{1,2}, Riki Kawaguchi^{1,2}, Erno Van Niekirk¹, Paul Li^{1,2}, Neil Mahata¹, Philip Canine¹, Richard Liu¹, Ioannis Dragatsis¹, Jessica M. Meier¹, Binhai Zhang¹, Giovanni Coppola^{1,2} & Mark H. Tuszynski^{1,2}

Grafts of spinal-cord-derived neural progenitor cells (NPCs) enable the robust regeneration of corticospinal axons and restore forelimb function after spinal cord injury¹; however, the molecular mechanisms that underlie this regeneration are unknown. Here we perform translational profiling specifically of corticospinal tract (CST) motor neurons in mice, to identify their regenerative transcriptome after spinal cord injury and NPC grafting. Notably, both injury alone and injury combined with NPC grafts elicit virtually identical early transcriptional responses in host CST neurons. However, in mice with injury alone this regenerative transcriptome is downregulated after two weeks, whereas in NPC-grafted mice this transcriptome is sustained. The regenerative transcriptome represents a reversion to an embryonic transcriptional state of the CST neurons. The huntingtin gene (*Htt*) is a central hub in the regenerative transcriptome; deletion of *Htt* significantly attenuates regeneration, which shows that *Htt* has a key role in neural plasticity after injury.

- Conditional knock-out of *Htt* in 4-month old mice (post-neuronal development)
- Results suggest that:
 - 1) *Htt* plays a central role in the regenerating transcriptome (potentially influencing genes such as NFκB, STAT3, BDNF)
 - 2) *Htt* is essential for regeneration

“Indeed, conditional gene deletion showed that *Htt* is required for neuronal repair. Throughout life, neuronal maintenance and repair are essential to support adequate cellular functioning”

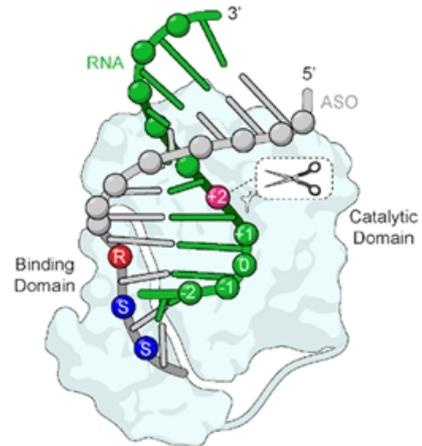
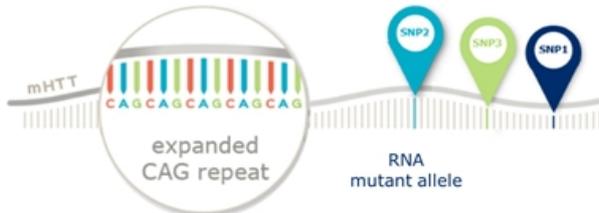
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Source: Poplawski et al., *Nature*, April 2019
Htt: Huntingtin protein

Wave approach: novel, allele-selective silencing

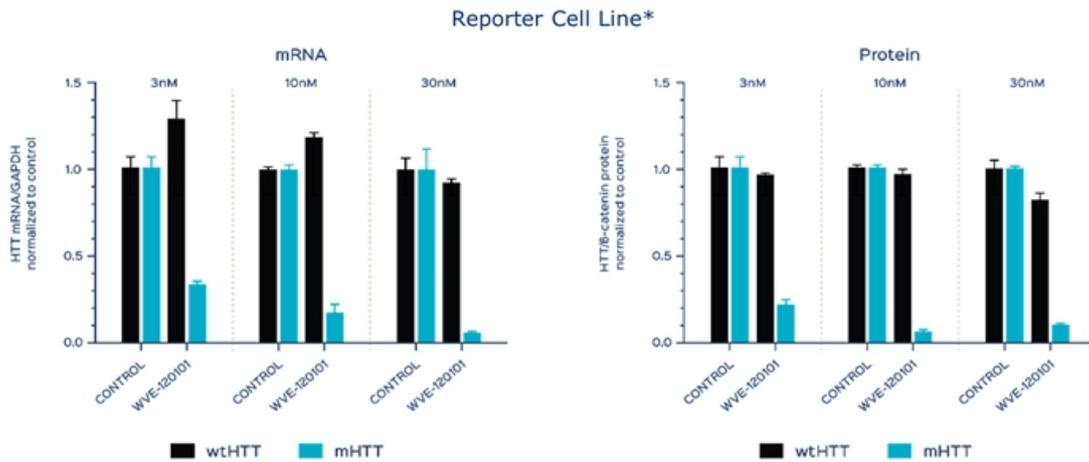
Aims to lower mHTT transcript while leaving healthy wild-type HTT relatively intact

- Utilize association between single nucleotide polymorphisms (SNPs) and genetic mutations to specifically target errors in genetic disorders, including Huntington's disease (HD)
- Potential to provide treatment for up to 80% of HD population



Allele-selectivity possible by targeting SNPs associated with expanded long CAG repeat in HTT gene

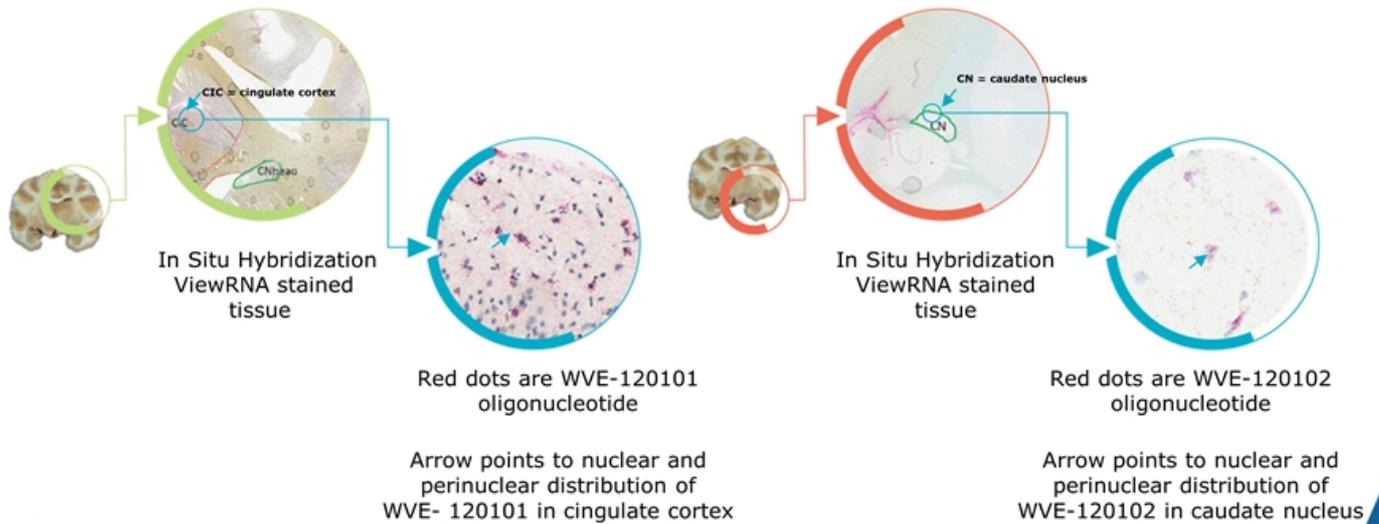
WVE-120101: Selective reduction of mHTT mRNA and protein



*These results were replicated in a patient-derived cell line

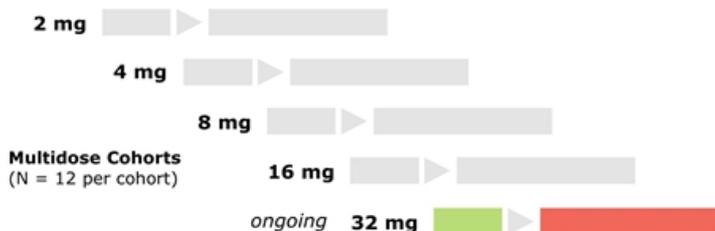
Demonstrated delivery to brain tissue

- WVE-120101 and WVE-120102 distribution in cynomolgus non-human primate brain following intrathecal bolus injection



PRECISION-HD clinical trials

Two Phase 1b/2a clinical trials for WVE-120101 and WVE-120102



Trial results expected in 1Q 2021

- PRECISION-HD1 and OLE
- PRECISION-HD2 and OLE

Results

- Safety and tolerability
- Biomarkers
 - mHTT
 - tHTT
 - NFL
 - Assay development work to measure wtHTT in CSF ongoing



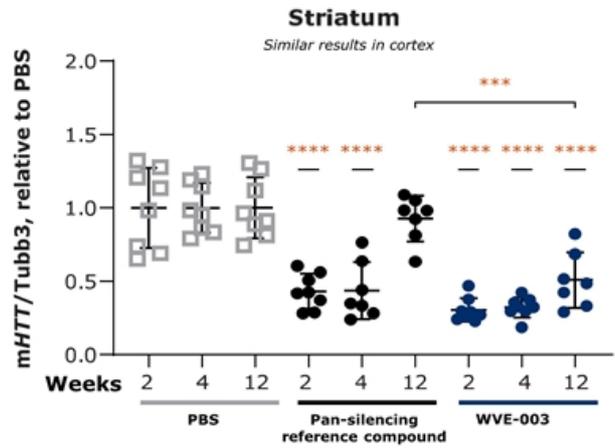
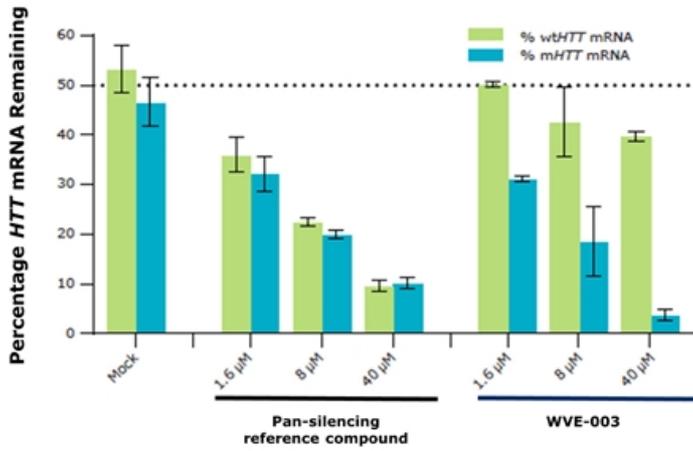
OLE: Open label extension; CSF: cerebrospinal fluid; mHTT: mutant huntingtin; wtHTT: wild-type HTT; tHTT: total HTT
 * Study day may vary depending on patient washout period ¹Hodges-Lehmann non-parametric shift estimates of the difference between treatment and placebo, p<0.05 (Wilcoxon-Mann-Whitney non-parametric significance test); ²Multiple Contrast Test (MCT), p=0.03; Interim data announced December 2019

WVE-003 (SNP3) demonstrates selective, potent, and durable reduction of mHTT in preclinical models

Incorporates PN backbone chemistry

Selectively reduces mHTT mRNA in HD iPSC neurons in vitro

Durable striatal mHTT knockdown for 12 weeks in BACHD mouse model



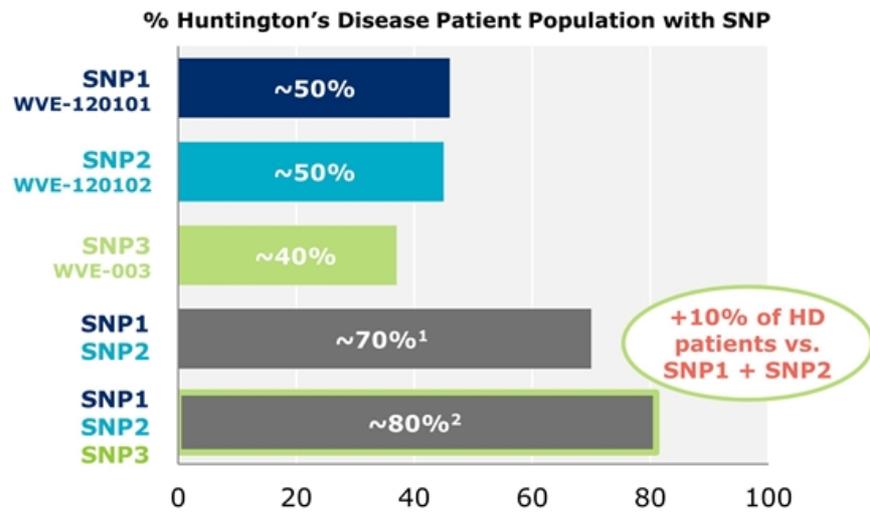
CTA submission expected in 4Q 2020



Results from ND50036 iPSC-derived medium spiny neurons. Total *HTT* knockdown quantified by qPCR and normalized to HPRT1 Oligonucleotide or PBS [100 μg ICV injections through a cannula on days 1, 3, and 5] delivered to BACHD transgenic. Mean ± SD (n=8, *P<0.0332, ***P<0.0002, ****P<0.0001 versus PBS unless otherwise noted).
HPRT1, hypoxanthine-guanine phosphoribosyl transferase; iPSC, induced pluripotent stem cell; ICV, intracerebroventricular; PBS, phosphate-buffered saline

Three allele-selective HD programs

Potential to address ~80% of HD patient population



Intend to explore efficacy in early manifest and pre-manifest HD patient populations

¹ Percentage of patient population with SNP1 and/or SNP2

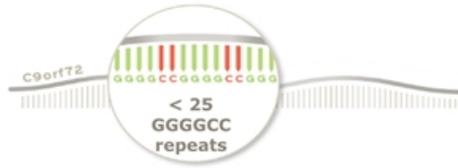
² Percentage of patient population with SNP1, SNP2 and/or SNP3

WVE-004

Amyotrophic Lateral Sclerosis (ALS)
Frontotemporal Dementia (FTD)

C9orf72 repeat expansions: A critical genetic driver of ALS and FTD

Normal (non-expanded) Allele



Expanded Allele



- C9orf72 hexanucleotide repeat expansions (GGGGCC) are the strongest known risk factor for sporadic and inherited forms of Amyotrophic Lateral Sclerosis (ALS) and Frontotemporal Dementia (FTD)
- The C9orf72 repeat expansions also lead to accumulation of repeat-containing transcripts, nuclear sequestration of RNA binding proteins and synthesis of toxic dipeptide-repeat (DPR) proteins
- The C9orf72 repeat expansions lead to reduced expression of wild-type C9orf72 and to cellular changes that reduce neuronal viability

C9-ALS and C9-FTD: Manifestations of a clinical spectrum

	Disease	C9 specific US population	Mean disease duration	Standard of care
C9-ALS	<ul style="list-style-type: none"> Fatal neurodegenerative disease Progressive degeneration of motor neurons in brain and spinal cord 	~2,000	3.1 years	Significant unmet need despite two approved therapies in US
C9-FTD	<ul style="list-style-type: none"> Progressive neuronal atrophy in frontal/temporal cortices Personality and behavioral changes, gradual impairment of language skills 	~10,000	6.4 years	No approved disease modifying therapies

Two devastating diseases with a shared genetic basis

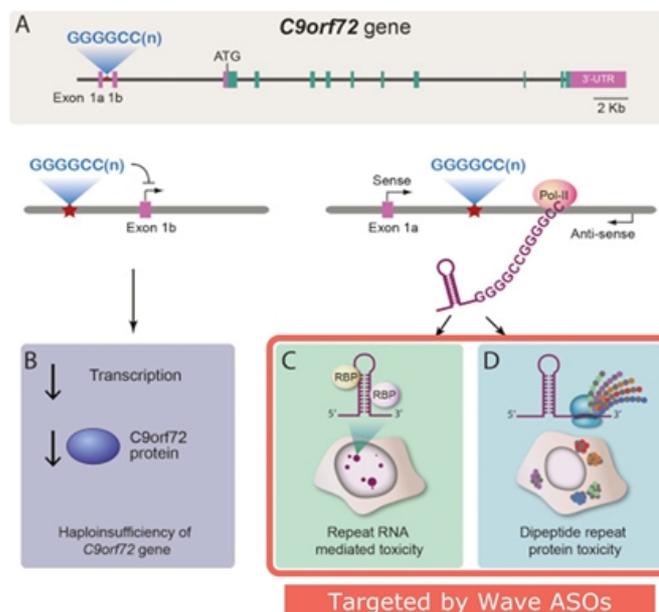


ALS: Amyotrophic lateral sclerosis; FTD: Frontotemporal dementia
Sources: Cammack et al, Neurology, October 2019. Moore et al, Lancet Neurology, February 2020

C9orf72 repeat expansions: Mechanisms of cellular toxicity

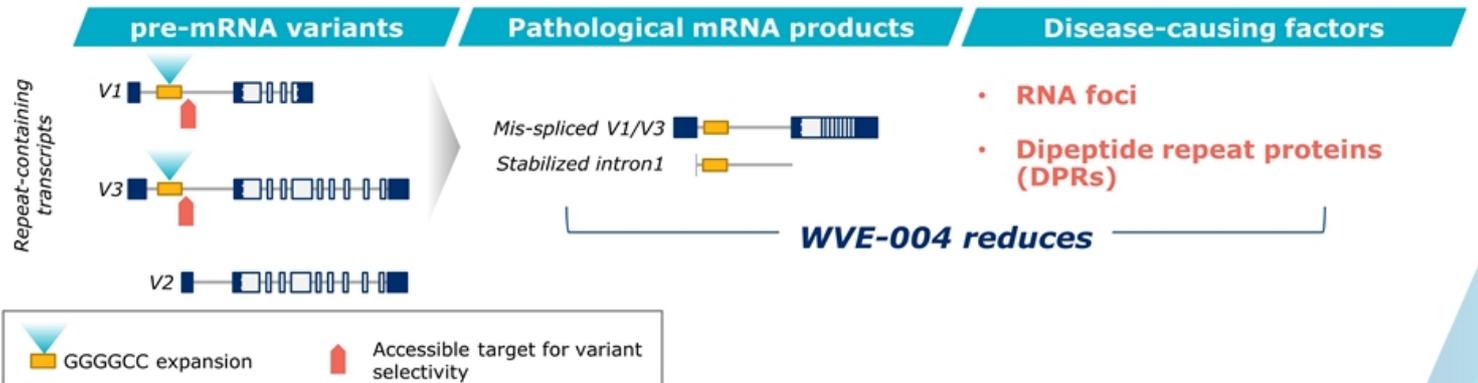
- C9-ALS and C9-FTD may be caused by multiple factors:
 - Insufficient levels of C9orf72 protein
 - Accumulation of repeat-containing RNA transcripts
 - Accumulation of aberrantly translated DPR proteins
- Recent evidence suggests lowering C9orf72 protein exacerbates DPR-dependent toxicity

Variant-selective targeting could address multiple potential drivers of toxicity



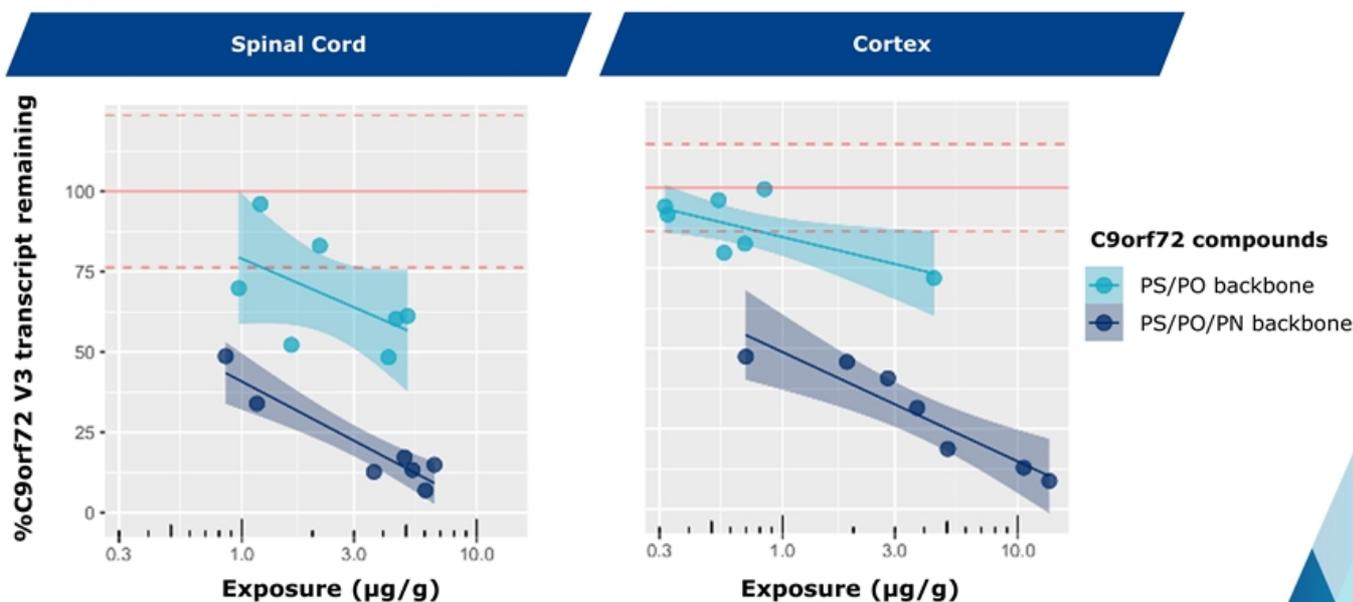
C9orf72 targeting strategy spares C9orf72 protein

- Normal C9orf72 allele produces three mRNA transcripts (~80% are V2, ~20% are V1 and V3)
- **Pathological allele** with expanded repeat leads to **healthy V2** and **pathological V1 and V3** transcript by-products



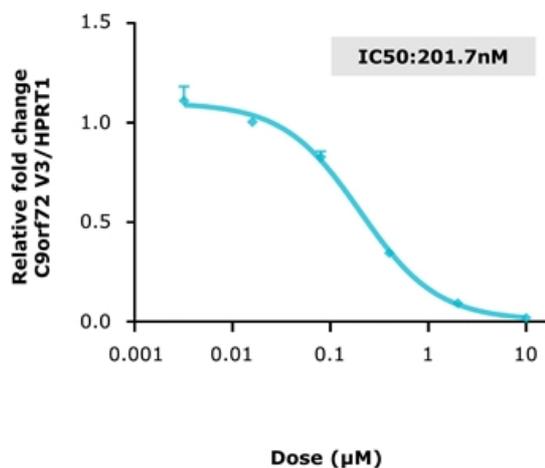
Wave C9orf72 candidate targets only V1 and V3 transcripts, sparing V2 transcripts and healthy C9orf72 protein

PN backbone chemistry: Improved potency among C9orf72-targeting oligonucleotides *in vivo*

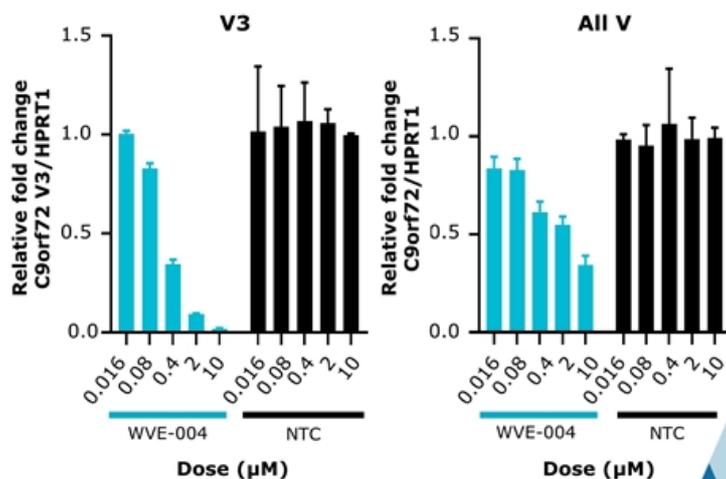


WVE-004: Potent and selective knockdown of repeat-containing transcripts *in vitro*

In vitro activity in C9 patient-derived neurons

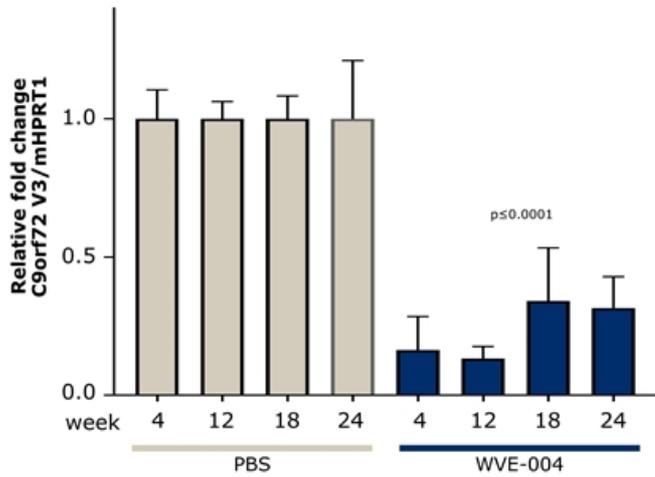


In vitro selectivity in C9 patient-derived neurons

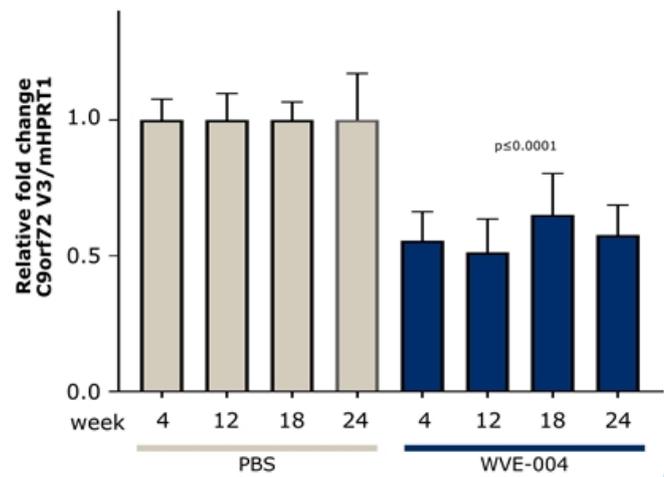


Durable knockdown of repeat transcripts *in vivo* after 6 months in spinal cord and cortex

Spinal cord



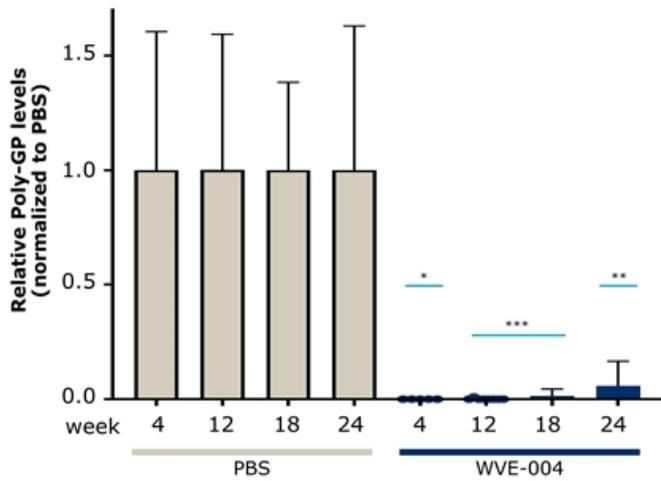
Cortex

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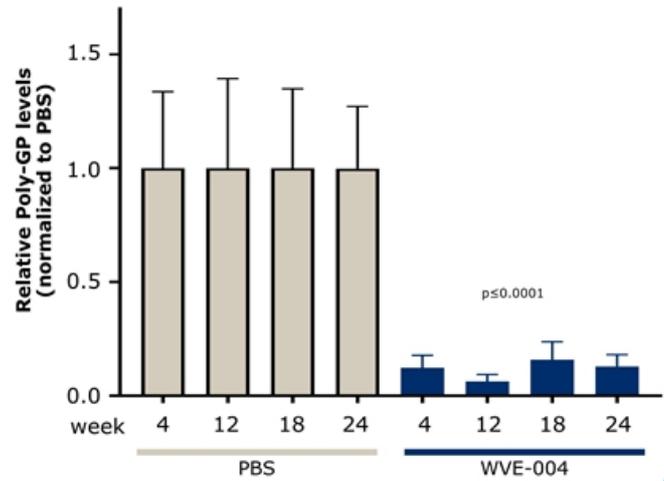
Experimental description: 2 x 50 ug on day 0 and day 7 dosed ICV; mRNA Samples were analyzed using quantitative PCR (Taqman assay)

WVE-004 demonstrates durable reduction of DPRs *in vivo* after 6 months in spinal cord and cortex

Spinal cord



Cortex

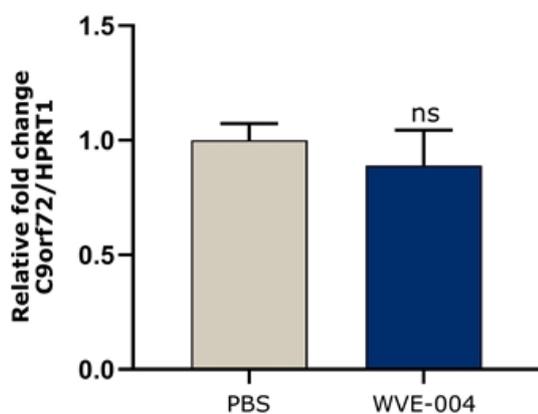


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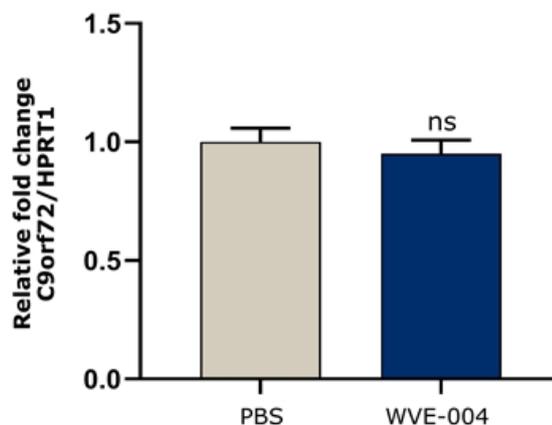
Experimental description: 2 x 50 ug on day 0 and day 7 dosed ICV; DPRs were measured by Poly-GP MSD assay.
*: $p \leq 0.05$ **: $P \leq 0.01$, ***: $P \leq 0.001$
ICV: intracerebroventricular; Dipeptide repeat proteins: DPRs

Healthy C9 protein relatively unchanged ~6 months after WVE-004 administration

Spinal cord



Cortex



WVE-004 proof-of-concept study to include both ALS and FTD patients

- Patients with documented C9orf72 expansion and confirmed ALS or FTD diagnosis
- Single and multiple ascending doses to be explored
- Safety and tolerability
- Pharmacodynamic effects on key biomarkers while on treatment
 - PolyGP
 - NfL
- Key exploratory clinical outcome measures
 - ALSFRS-R and CDR-FTLD

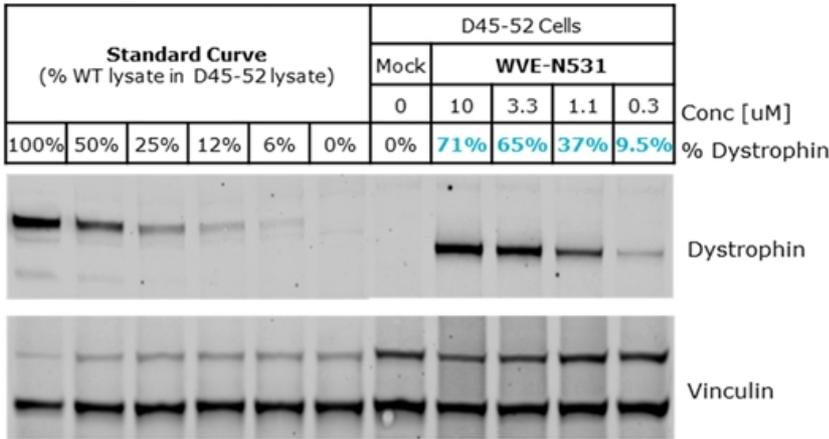
CTA submission expected in 4Q 2020

WVE-N531
Duchenne muscular dystrophy

WVE-N531 *in vitro* dose-dependent dystrophin restoration

Dystrophin protein restoration of up to 71%

Western Blot normalized to primary healthy human myoblast lysate

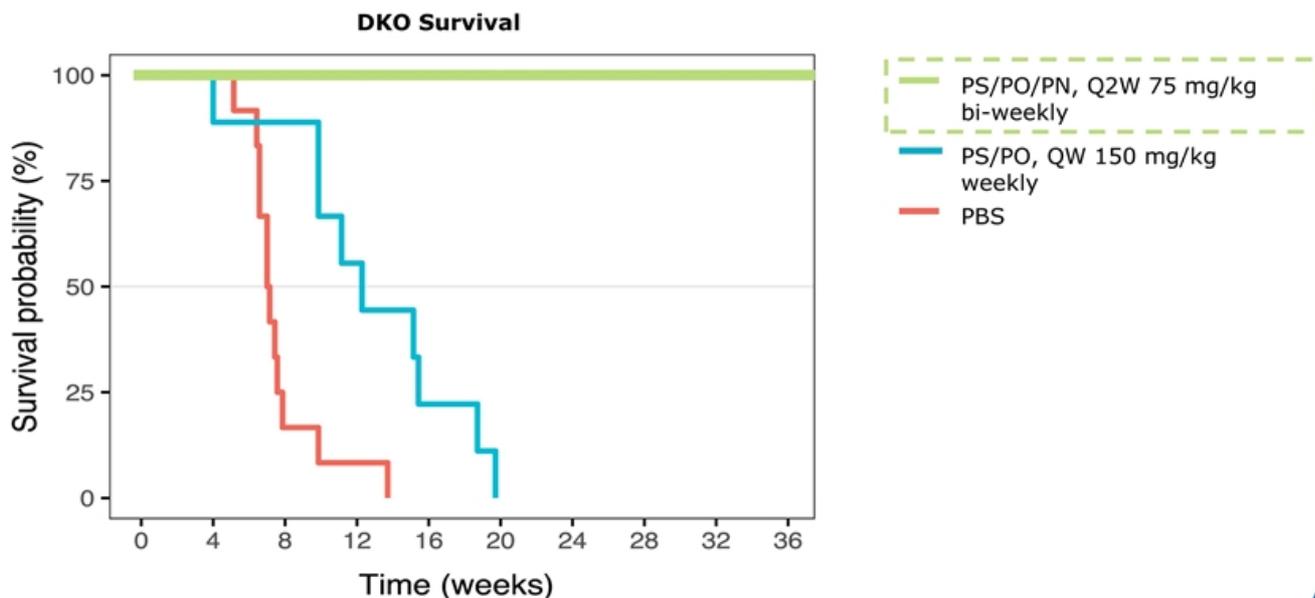


- WVE-N531 contains novel PN chemistry modification
- Free uptake for 6 days in differentiation media with no transfection agent and no peptide conjugated to the oligonucleotide
- Demonstrated a dose-dependent increase in dystrophin restoration in DMD patient-derived myoblasts



Experimental conditions: Δ45-52 (D45-52) patient myoblasts were treated with oligonucleotide for 6d under free-uptake conditions in differentiation media. Protein harvested in RIPA buffer and dystrophin restoration analyzed by Western Blot. Signal normalized to vinculin loading control and to primary healthy human myotube lysate (pooled from four donors) forming a standard curve in Δ45-52 cell lysate.

Substantial increase in survival observed in DKO model using PN chemistry (study ongoing)



Double knock-out (DKO) mice lack dystrophin and utrophin protein and have a severe phenotype. *Mdx/utr-/-* mice received weekly subcutaneous (SC) 150 mg/kg dose of PS/PO or bi-weekly SC 75 mg/kg PS/PO/PN stereopure oligonucleotide beginning at postnatal day 10. Age-matched *mdx/utr-/-* littermates were treated with PBS, and *mdx* mice were not treated. Mice with severe disease were euthanized. DKO: PS/PO/PN 75 mg/kg n=9; PS/PO n=9, PBS n=12



Planning underway for clinical trial investigating WVE-N531 in DMD

- DKO data and previously generated preclinical data support advancing WVE-N531 to the clinic
- Unmet need in DMD remains high
 - Support from DMD advocacy community to explore possibility to improve efficiency of exon skipping with novel therapeutic approaches such as PN chemistry
- Planned clinical trial adequately powered to evaluate change in dystrophin production, drug concentration in muscle, and initial safety
 - Open-label study; targeting every-other-week administration in up to 15 boys with DMD
 - Trial planned to be conducted in Europe
- Potential to apply PN chemistry to other exons if successful

CTA submission expected in 1Q 2021

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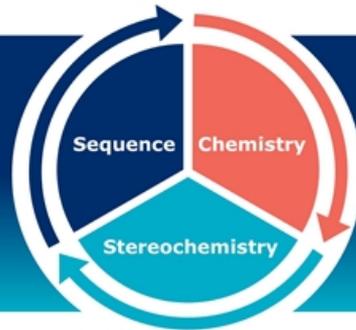
Wave's discovery and drug
development platform



Enables Wave to target genetically defined diseases with stereopure oligonucleotides across multiple therapeutic modalities

DESIGN

Unique ability to construct stereopure oligonucleotides with one defined and consistent profile



OPTIMIZE

A deep understanding of how the interplay among oligonucleotide sequence, chemistry, and backbone stereochemistry impacts key pharmacological properties

Through iterative analysis of *in vitro* and *in vivo* outcomes and machine learning-driven predictive modeling, Wave continues to define design principles that are deployed across programs to rapidly develop and manufacture clinical candidates that meet pre-defined product profiles



Multiple modalities
Silencing | Splicing | ADAR editing

PRISM platform enables rational drug design

Sequence

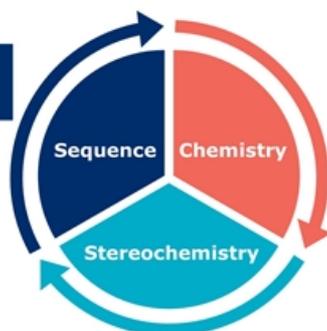
B: bases

A, T, C, mC, G, U,
other modified bases

Stereochemistry

Chiral control of
any stereocenter

5' modifications,
backbone modifications



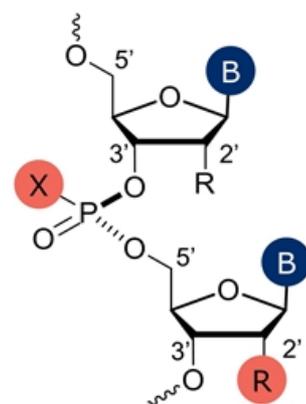
Chemistry

R: 2' modifications

OMe, MOE, F,
other modifications

X: backbone chemistry

Phosphodiester (PO),
phosphorothioate (PS),
Phosphoramidate diester
(PN)

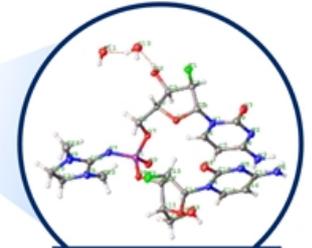


Expanding repertoire of backbone modifications with novel PN backbone chemistry



Backbone linkages

	PO	PS	PN
Backbone modification (X)	Phosphodiester 	Phosphorothioate 	Phosphoramidate diester
Stereochemistry	Not chiral	Chiral <ul style="list-style-type: none"> ◇ Stereorandom ▲ PS backbone Rp ▼ PS backbone Sp 	Chiral <ul style="list-style-type: none"> □ PN backbone Stereorandom ■ PN backbone Rp ▣ PN backbone Sp
Charge	Negative	Negative	Neutral
Depiction			
PRISM backbone modifications	PO/PS		PO/PS/PN

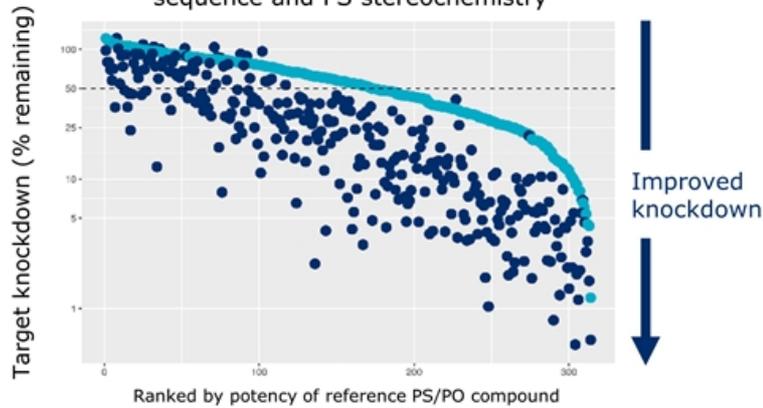


Phosphoryl guanidine x-ray structure

Rational design using PN chemistry backbone modification increases *in vitro* potency in most cases

Silencing

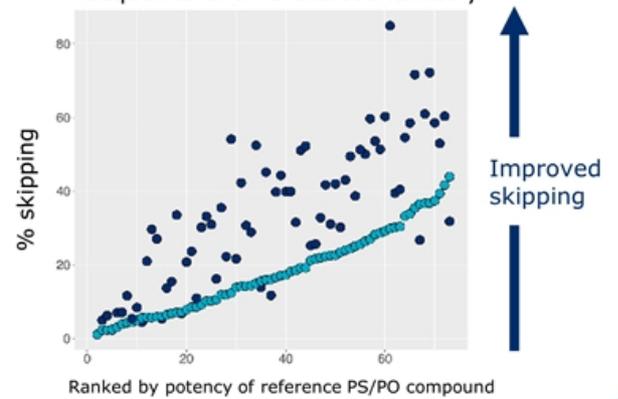
In vitro knockdown of PS/PO containing compounds compared to PS/PN compounds with same sequence and PS stereochemistry



- PS/PO reference compound
- PS/PN modified compound

Splicing

In vitro skipping efficiency of PS/PO containing compounds compared to PS/PO/PN compounds with same sequence and PS stereochemistry

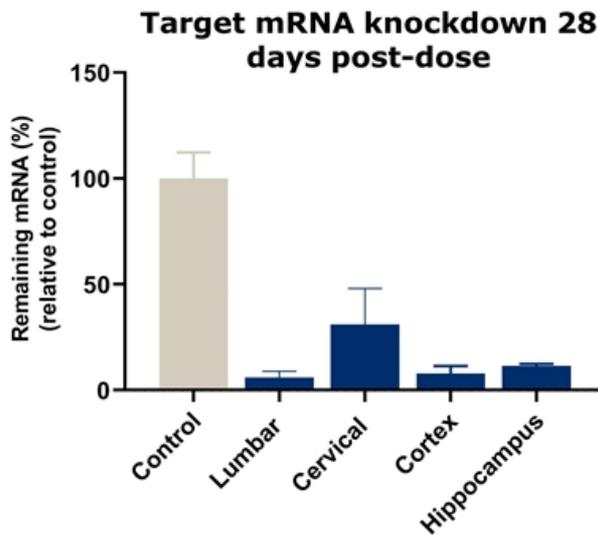


- PS/PO reference compound
- PS/PO/PN modified compound

Lead program in Takeda collaboration reinforces potential of PN chemistry in the CNS



Substantial and widespread target mRNA reduction following single intrathecal dose in NHPs



- Single IT dose of 12 mg (n=3)
- Therapeutic candidate widely distributed across brain and spinal cord
- ~90% mRNA knockdown one-month following single dose

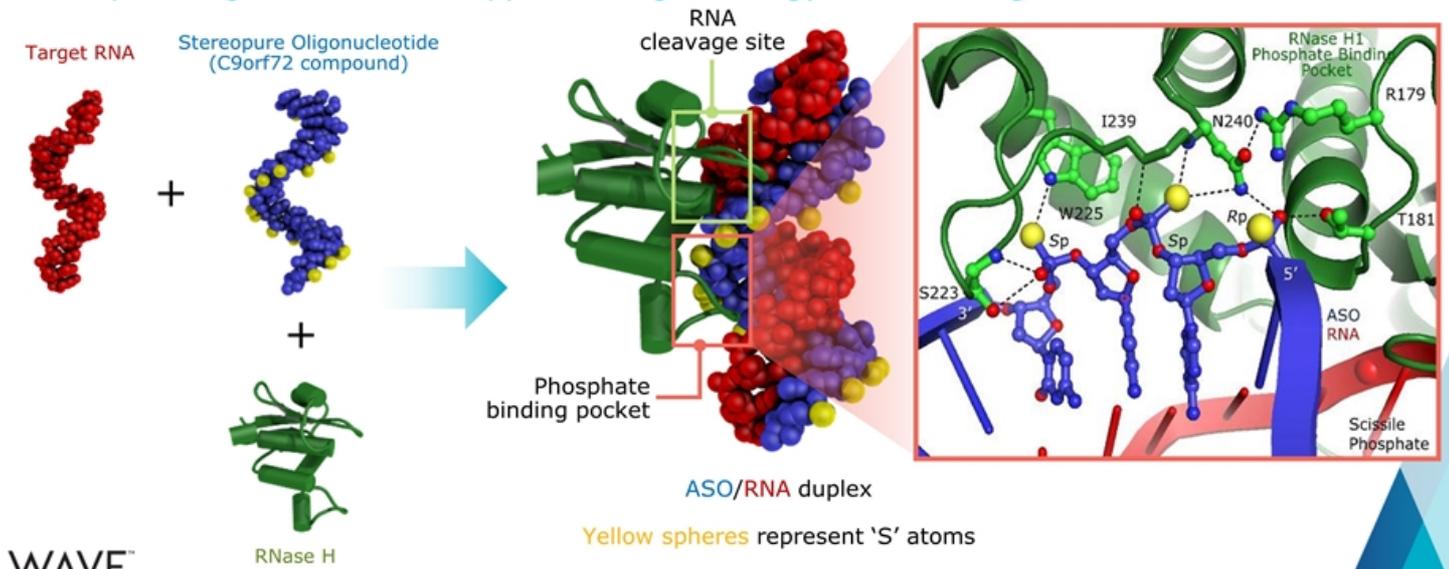


NHPs: Non-human primates; IT: intrathecal
NHPs were administered 12 mg on day 1 via IT bolus injection; tissue samples were collected from 3 NHPs at 28 days post-dose.



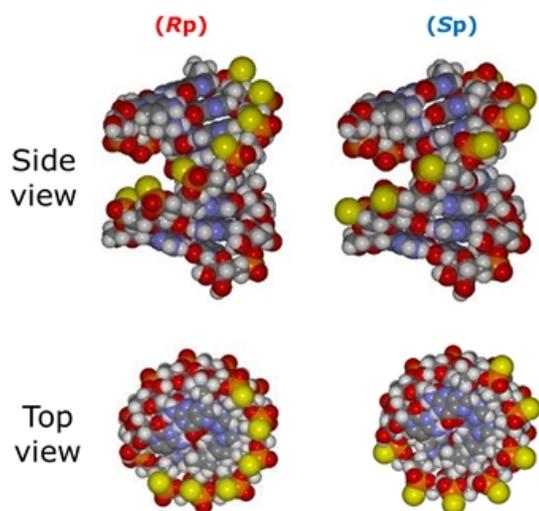
PRISM enables optimal placement of backbone stereochemistry

Crystal structure confirms phosphate-binding pocket of RNase H binds 3'-SSR-5' motif in stereopure oligonucleotide – supports design strategy for Wave oligonucleotides

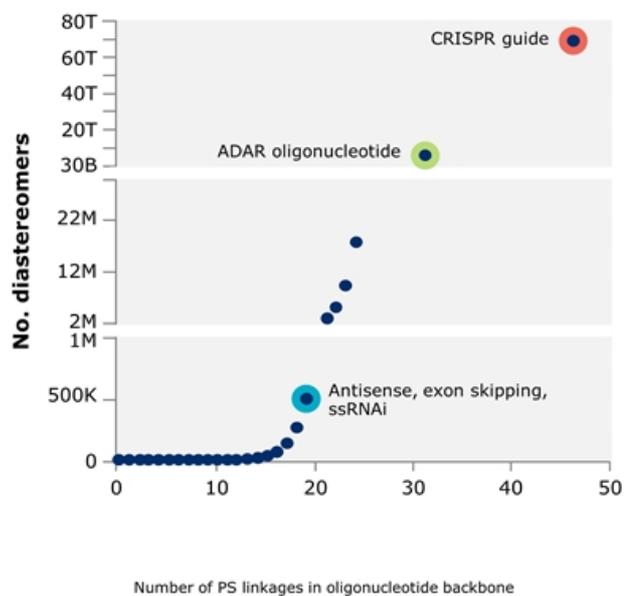


Importance of controlling stereochemistry

Stereochemical diversity

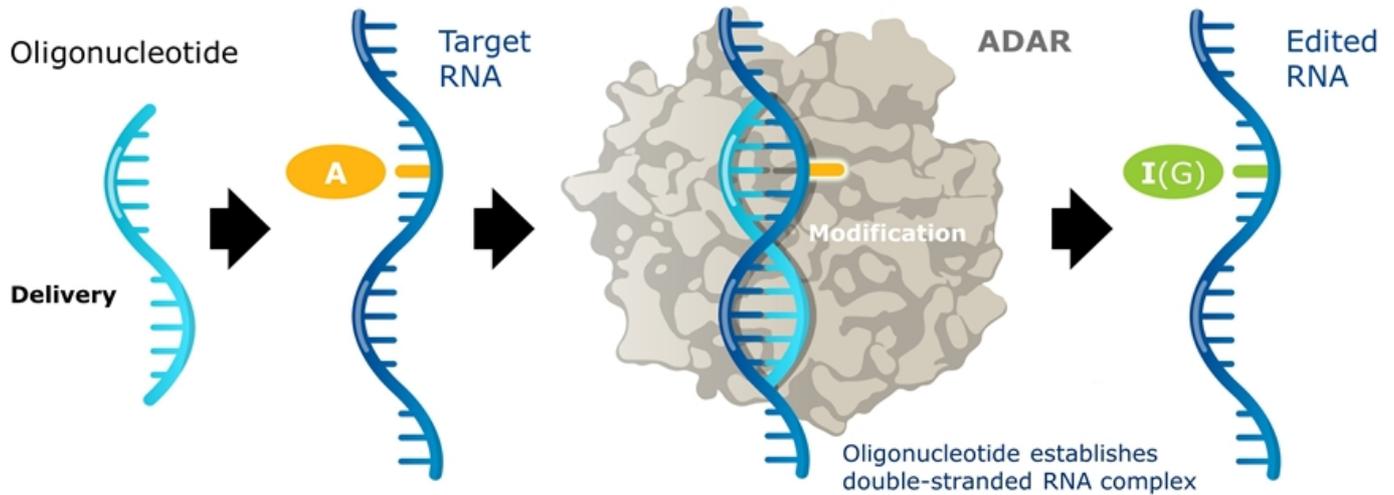


Exponential diversity arises from uncontrolled stereochemistry



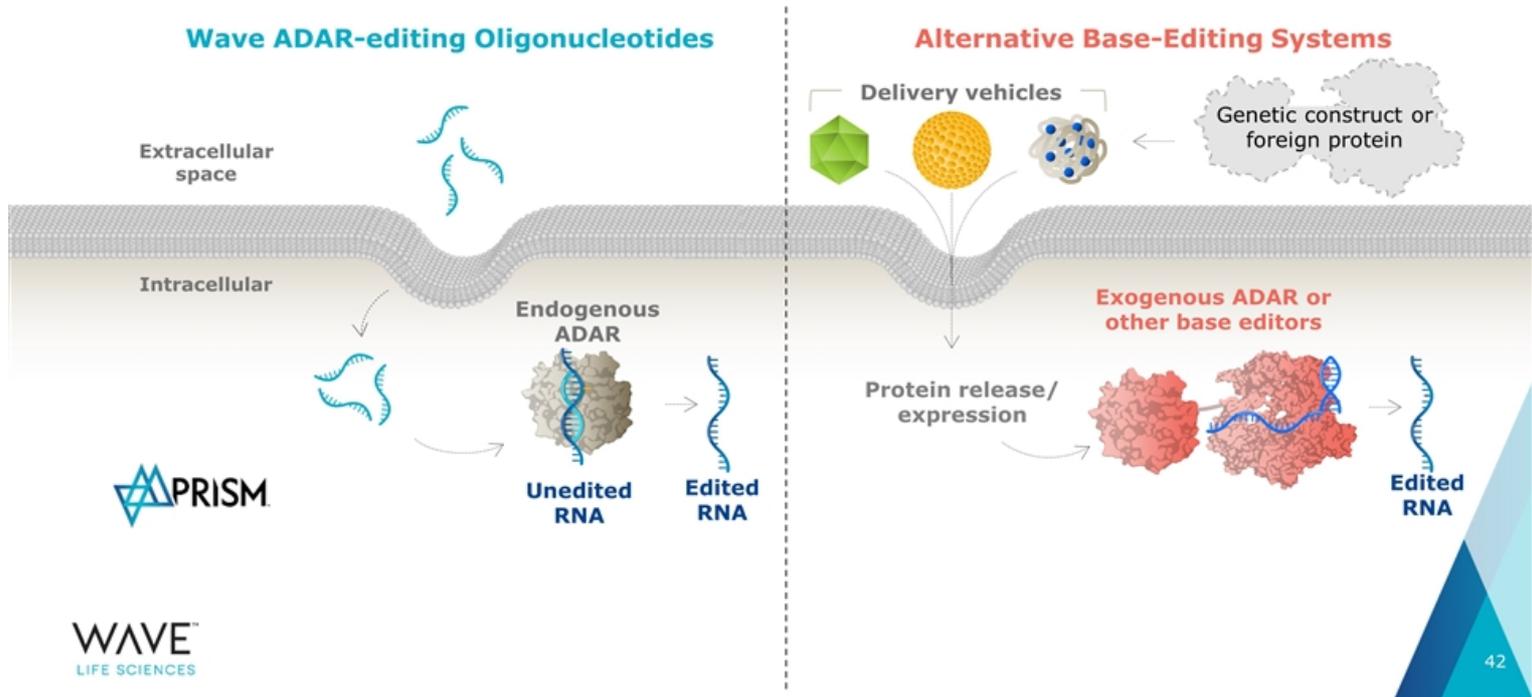
ADAR editing
Platform capability and
Alpha-1 antitrypsin deficiency

PRISM platform has unlocked ADAR editing

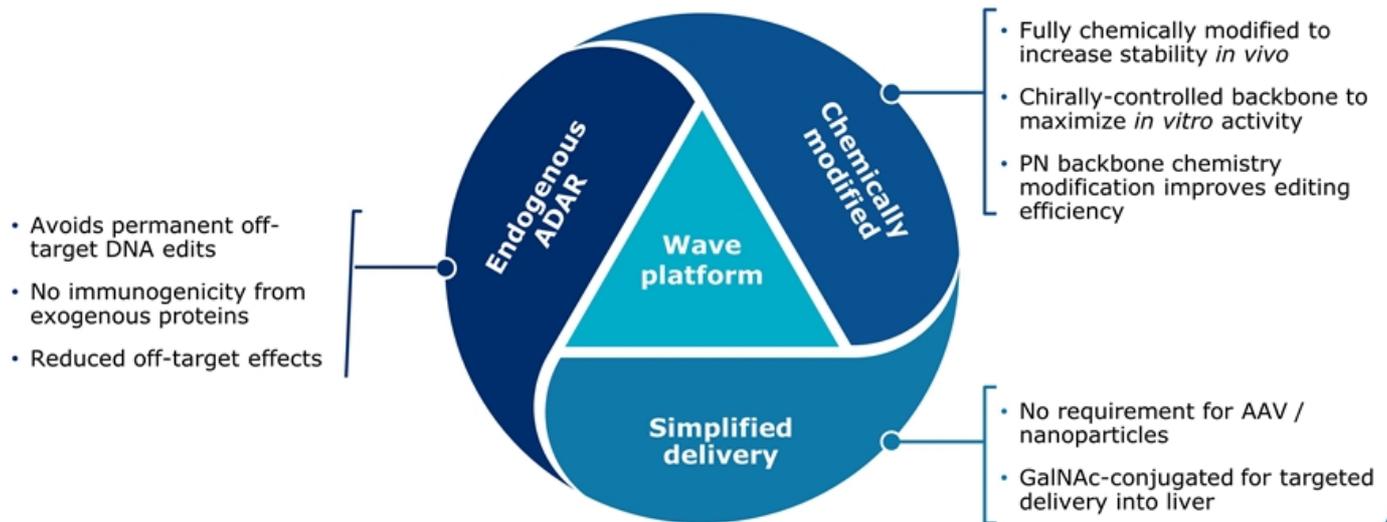


- **A-to-I** editing is one of most common post-transcriptional modifications
- ADAR is ubiquitously expressed across tissues, including liver and CNS

PRISM enables practical approach to RNA editing without need for viruses or exogenous protein

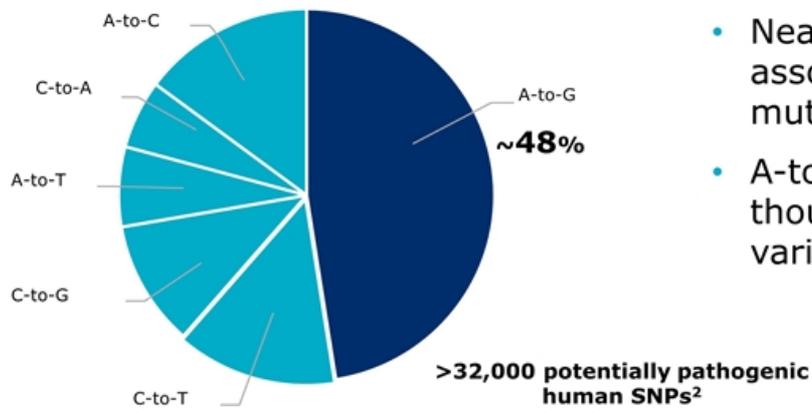


Advantages of Wave ADAR editing platform



ADAR amenable diseases represent a sizeable opportunity

Potentially pathogenic human SNPs by base pair corrections



- Nearly half of known human SNPs associated with disease are G-to-A mutations
- A-to-I(G) editing could target tens of thousands of potential disease variants¹

RNA editing opens many new therapeutic applications

Restore protein function

- Fix nonsense and missense mutations that cannot be splice-corrected
- Remove stop mutations
- Prevent protein misfolding and aggregation

Examples:

Recessive or dominant genetically defined diseases

Modify protein function

- Alter protein processing (e.g. protease cleavage sites)
- Protein-protein interactions domains
- Modulate signaling pathways

Examples:

Ion channel permeability

Protein upregulation

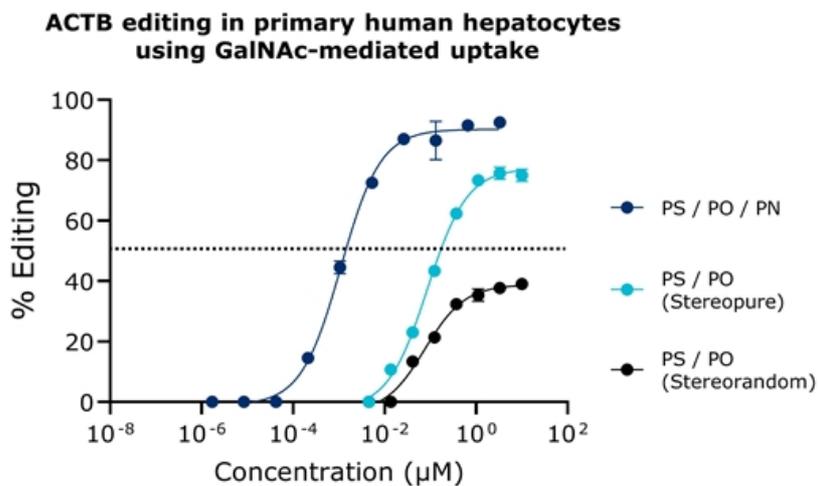
- miRNA target site modification
- Modifying upstream ORFs
- Modification of ubiquitination sites

Examples:

Haploinsufficient diseases

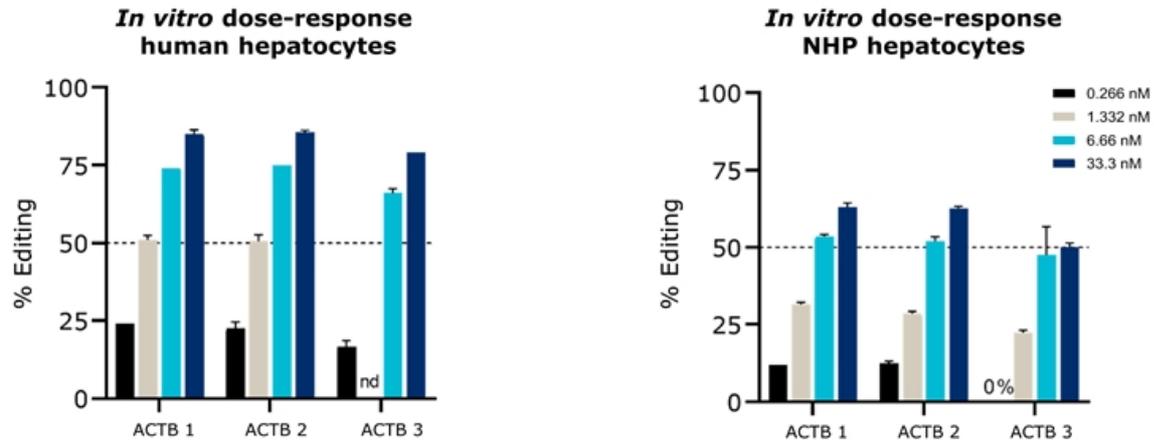
PN chemistry improves editing efficiency

PN backbone modification increased both potency and editing efficiency *in vitro*



Significant ADAR editing demonstrated *in vitro* in NHP and primary human hepatocytes

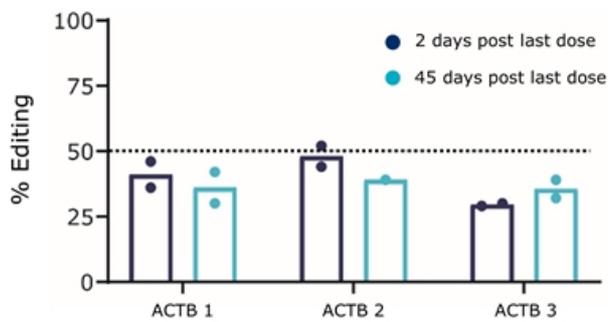
ACTB GalNAc-conjugated oligonucleotides with stereopure PN chemistry modification



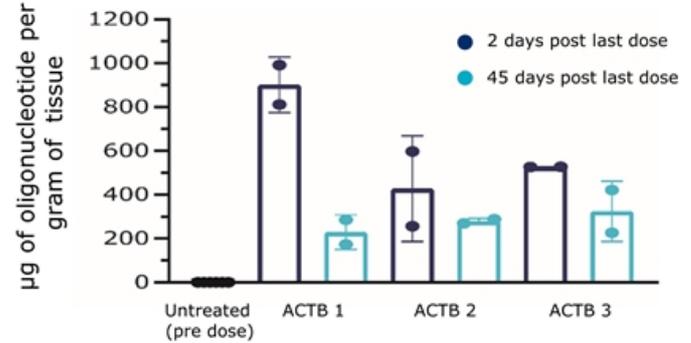
Efficient ADAR editing translated *in vivo* in non-human primate study

- Up to 50% editing efficiency observed at Day 7, 2 days post last dose
- Substantial and durable editing out to at least Day 50, 45 days post last dose

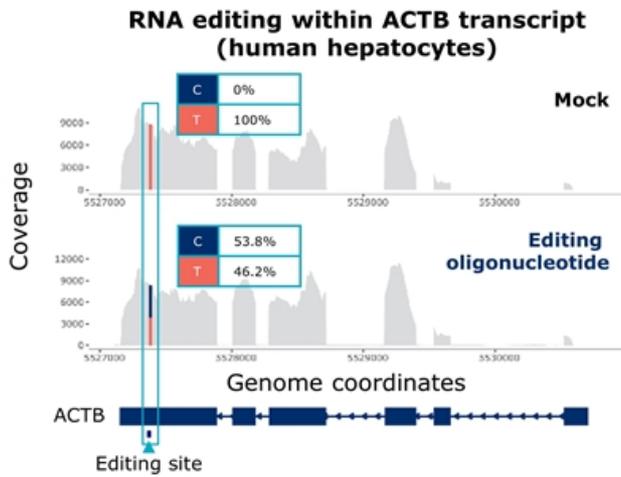
In vivo editing in NHP following subcutaneous administration



Oligonucleotide quantification in NHP following subcutaneous administration



Wave ADAR editing oligonucleotides are highly specific



Advancing Wave's first ADAR editing program in alpha-1 antitrypsin deficiency (AATD)

- Most common cause is a single G-to-A point mutation on the "Z" allele
- ~**250K** people have the ZZ genotype, which is most severe
- Current approved therapies modestly increase circulating levels of AAT in those with lung pathology; no therapies address liver pathology

Wave's approach may simultaneously address lung and liver manifestations by using ADAR editing to correct the mutation:

- Increase circulating levels of wild-type AAT protein
- Reduce aggregation in the liver
- Retain AAT physiological regulation

Loss of function in lung

Lack of functional AAT in serum:

- Insufficient levels to counteract protease levels, e.g., neutrophil elastase
- Lung damage due to unchecked proteolytic activity and inflammation
- Other tissues may be affected (e.g. skin)



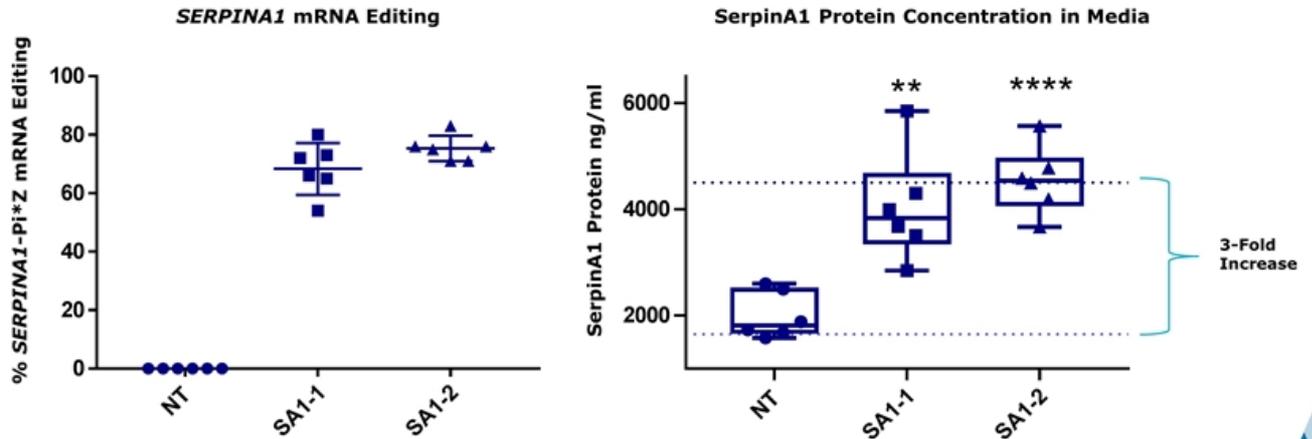
Gain of function in liver

Misfolding of AAT in hepatocytes:

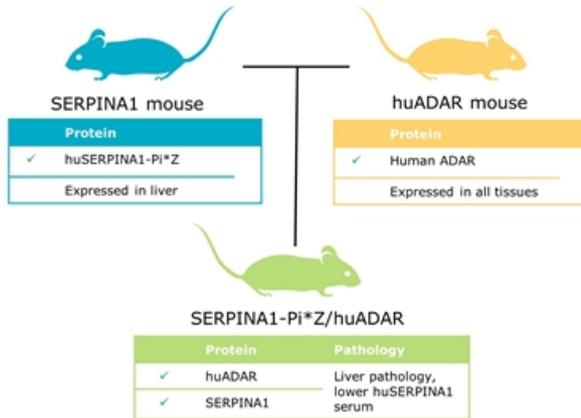
- Inability to secrete AAT
- AAT polymerizes in liver
- Liver damage/cirrhosis

SERPINA1 RNA editing increases protein concentration *in vitro*

In primary hepatocyte Pi*Z cell model, editing the Z transcript back to wild-type prevents protein misfolding and increases secretion from hepatocytes



Proprietary humanized mouse model developed to support ADAR platform

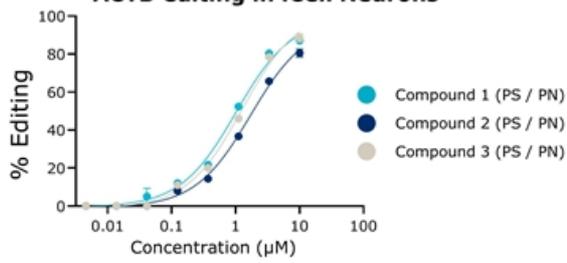


- Expression of huADAR in mouse is comparable to expression in human cells
- Expression of huADAR restores editing of endogenous targets in primary mouse cell types to levels seen in human primary cell types
- huADAR mouse model can be crossed with disease specific mouse models to provide model systems for use across Wave's ADAR editing programs

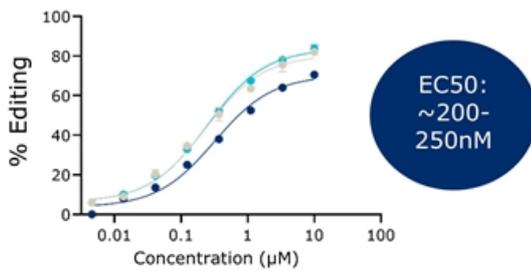
Model validation and *in vivo* data expected 1H 2021

Multiple opportunities for ADAR editing in neurology

ACTB editing in iCell Neurons



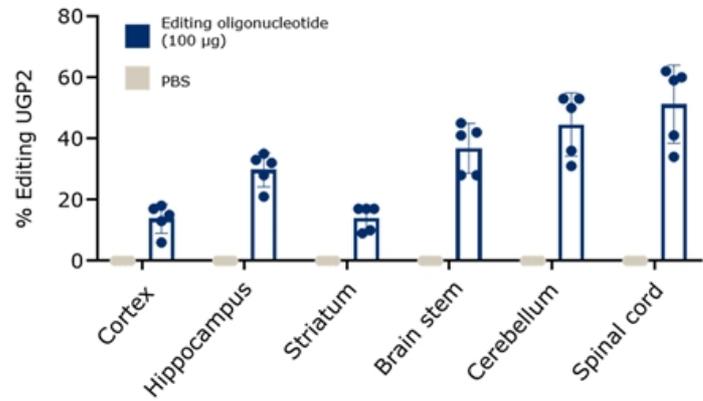
ACTB editing in human iCell Astrocytes



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Gymnotic uptake; Total RNA was harvested, reverse transcribed to generate cDNA, and the editing target site was amplified by PCR and quantified by Sanger sequencing

In vivo CNS editing in proprietary hADAR transgenic mouse (1 week)



hADAR: human ADAR; UGP2: Glucose Pyrophosphorylase 2; 5 mice in each group were injected with PBS or a single 100µg dose on day 0. Animals were necropsied on day 7. RNA was harvested and editing measured by Sanger sequencing.

PRISM

Ophthalmology

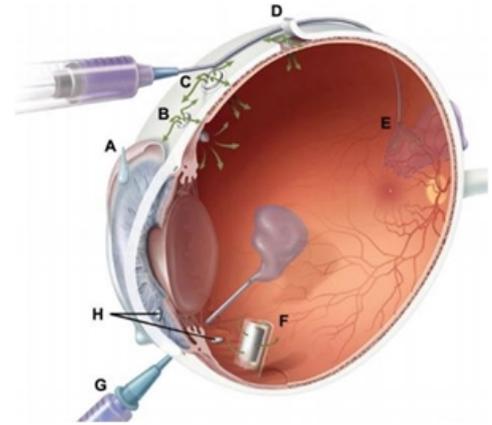
Stereopure oligonucleotides for inherited retinal diseases (IRDs)

Wave ophthalmology opportunity

- Oligonucleotides can be administered by intravitreal injection; targeting twice per year dosing
- Stereopure oligonucleotides open novel strategies in both dominant and recessive IRDs; potential for potent and durable effect with low immune response

Successful targeting of *MALAT1* is a surrogate for an ASO mechanism of action

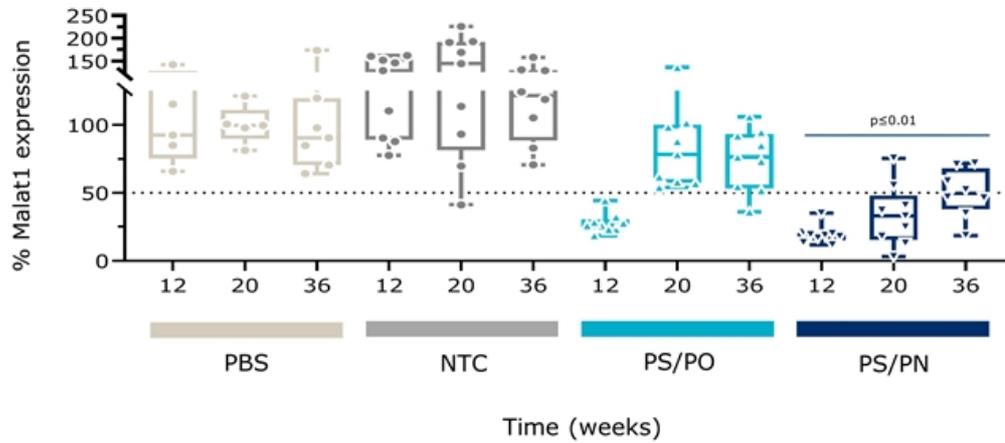
- Widely expressed in many different cell types
- Only expressed in the nucleus



Intravitreal injection

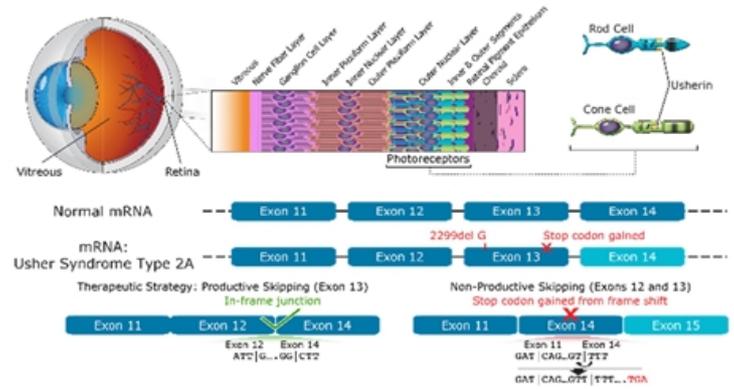
Durable Malat1 knockdown through 9 months with PN chemistry

~50% Malat1 knockdown at 36 weeks in the posterior of the eye



Usher Syndrome Type 2A: a progressive vision loss disorder

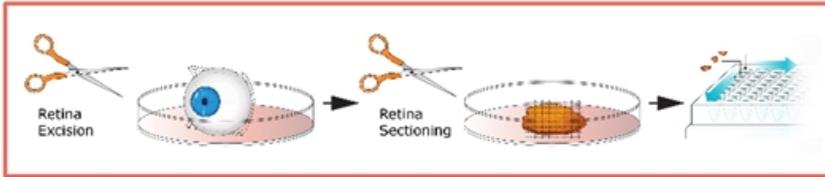
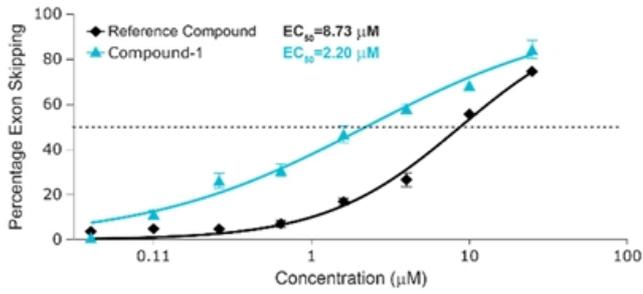
- Autosomal recessive disease characterized by hearing loss at birth and progressive vision loss beginning in adolescence or adulthood
- Caused by mutations in USH2A gene (72 exons) that disrupt production of usherin protein in retina, leading to degeneration of the photoreceptors
- No approved disease-modifying therapies
- **~5,000 addressable patients in US**



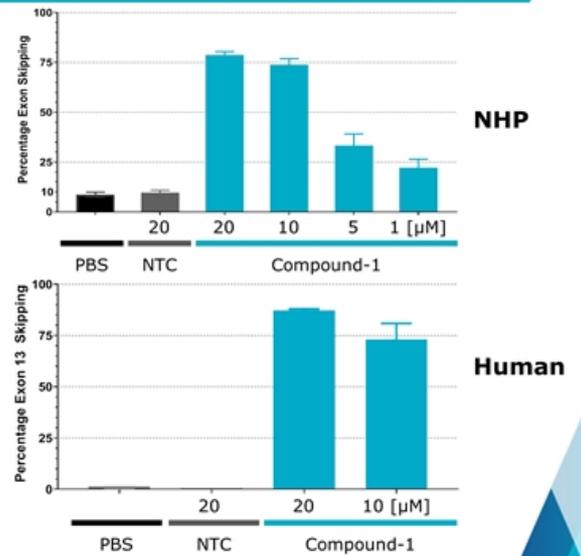
Oligonucleotides that promote USH2A exon 13 skipping may restore production of functional usherin protein

Potent USH2A exon 13 skipping with stereopure compound in *in vitro* and *ex vivo*

Enhanced potency over a stereorandom reference compound (*in vitro*)



Target engagement in NHP and human retinas (*ex vivo*)



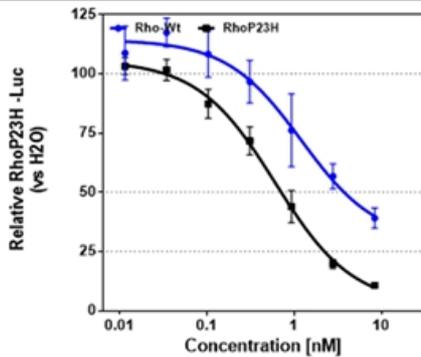
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Left: Compounds were added to Y79 cells under free-uptake conditions. Exon skipping was evaluated by Taqman assays. *USH2A* transcripts were normalized to *SRSF9*. Data are mean \pm s.d., n=2. Reference Compound: van Diepen *et al.* 2018. Antisense oligonucleotides for the treatment of eye disease, W02018055134A1. Compound-1 is a stereopure antisense oligonucleotide. Right: Whole NHP and human eyes were enucleated (n=4 and n=2, respectively) and compounds (1–20 μM) were added to extracted retinas under free-uptake conditions. Exon skipping was evaluated by 48 hrs later by Taqman assays on RNA. *USH2A* transcript levels were normalized to *SRSF9*. Data presented are mean \pm s.e.m.

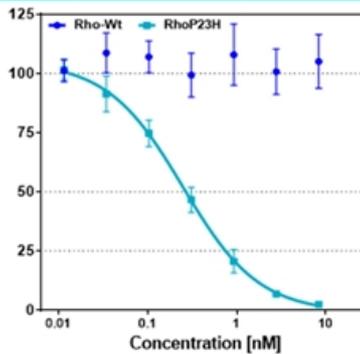
Allele-selective reduction of SNP-containing allele for adRP associated with Rhodopsin P23H mutation

- **Retinitis pigmentosa (RP)**: group of rare, genetic eye disorders resulting in progressive photoreceptor cell death and gradual functional loss; currently no cure
- ~10% of US autosomal dominant RP cases are caused by the P23H mutation in the rhodopsin gene (RHO)
- Mutant P23H rhodopsin protein is thought to misfold and co-aggregate with wild-type rhodopsin, resulting in a gain-of-function or dominant negative effect in rod photoreceptor cells

Stereorandom



Stereopure



In vivo

Collaborations in place for evaluation in transgenic human Rho P23H pig model

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Ferrari et al., *Current Genomics*. 2011;12:238-249.; Reporter assays on a Wave stereopure sequence as well as a sequence described in WO2016138353A1: ASO and luciferase reporter plasmids (wild-type and mutant rhodopsin) are transfected into Cos7 cells. 48-hours later, cells are harvested, and relative luminescence is measured.

Expected upcoming milestones

Huntington's disease

- **4Q 2020:** CTA submission for WVE-003 (SNP3)
- **1Q 2021:** PRECISION-HD1 data, including 32 mg cohort, and initial data from OLE trial
- **1Q 2021:** PRECISION-HD2 data, including 32 mg cohort, and initial data from OLE trial

Amyotrophic lateral sclerosis and frontotemporal dementia

- **4Q 2020:** CTA submission for WVE-004 (C9orf72)

Duchenne muscular dystrophy

- **1Q 2021:** CTA submission for WVE-N531 (exon 53)

ADAR editing (Alpha-1 antitrypsin deficiency)

- **1H 2021:** Humanized mouse model validation and *in vivo* data

Dosing in three new clinical trials expected in 2021

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Realizing a
brighter future
for people
affected by
genetic diseases

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