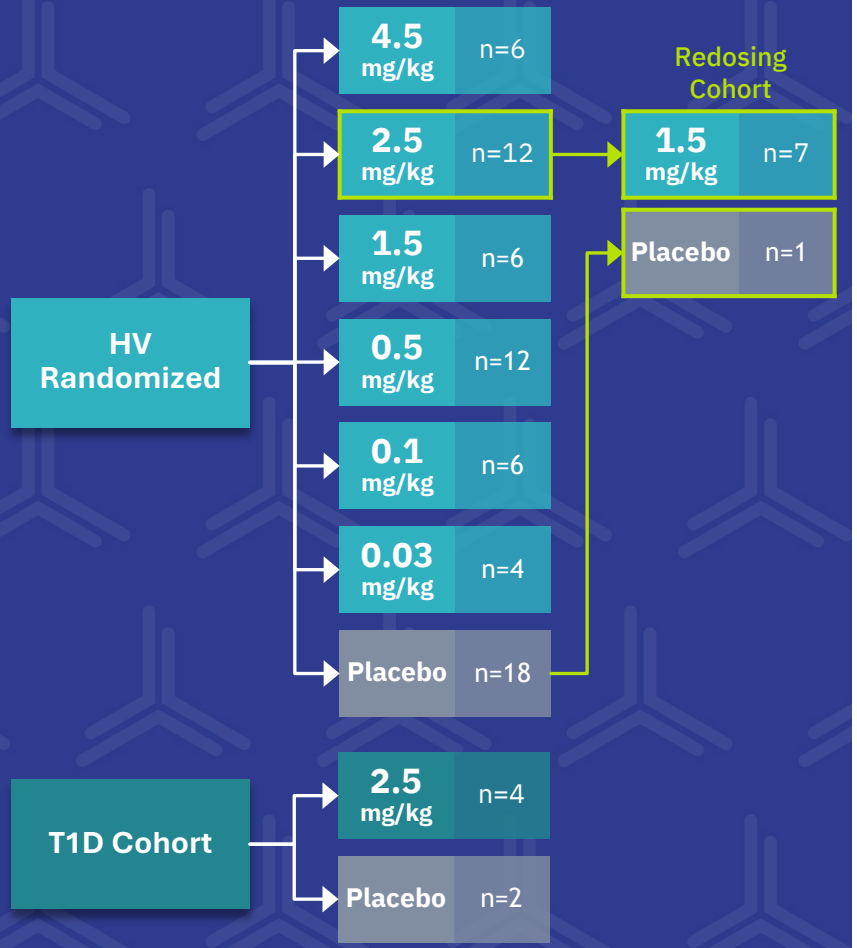
SAB-142-101

Randomized double-blind, placebo-controlled, single- and multiple-ascending dose, adaptive design clinical study



SAB-142 demonstrated clinically validated multi-specific MOA with Sustained Immunomodulation without Sustained Lymphodepletion

Safety & Tolerability

Data strongly position SAB-142 for potentially safe & reliable chronic dosing

- Does not cause lymphodepletion (no depletion of T-cells including Tregs, B cells, NK cells)
- Does not cause neutropenia, sustained decrease in RBCs or thrombocytes

PK/PD

Data demonstrate sustained "T-cell exhaustion" signature

- Clinically validated by rabbit ATG and other T1D T-cell targeting immunomodulatory drugs
- Proven to correlate with C-peptide preservation based on clinical studies in new onset T1D

No serum sickness & low/no immunogenicity

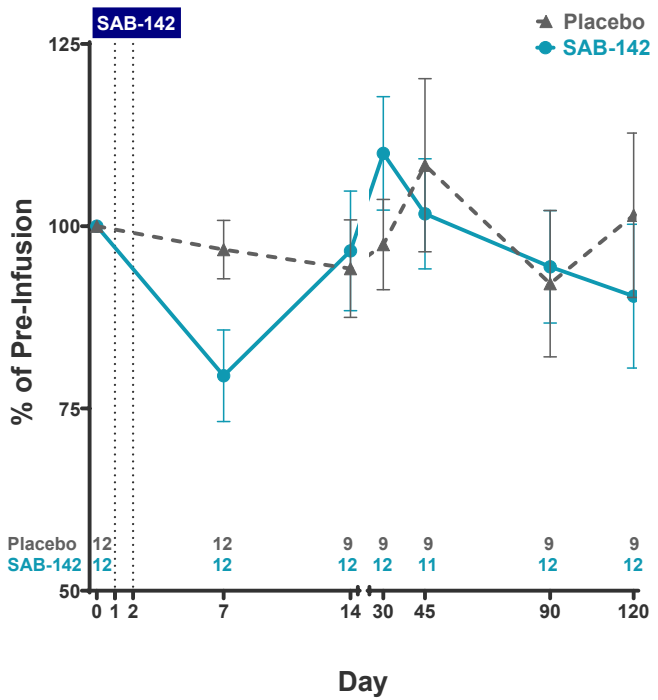
Data confirm SAB-142 is not immunogenic

- Does not cause serum sickness
- Does not induce anti-drug antibodies

SAB-142 demonstrates a comparable MOA to rabbit ATG, including the induction of key T-cell exhaustion markers that have been correlated with C-peptide preservation in prior rabbit ATG studies

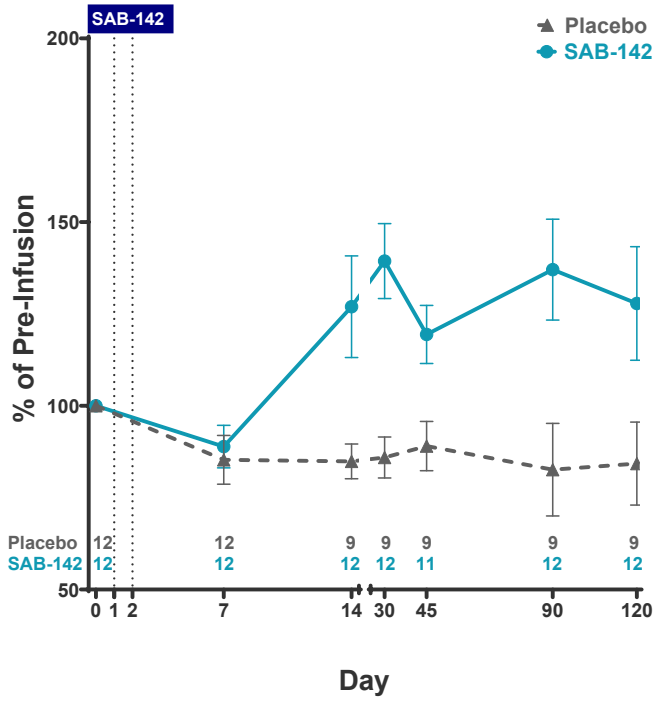
1 Treg preservation

Treg ($CD3^+$ $CD4^+$ $CD127^{lo}$ $CD25^+$ $FoxP3^+$) **± SEM**



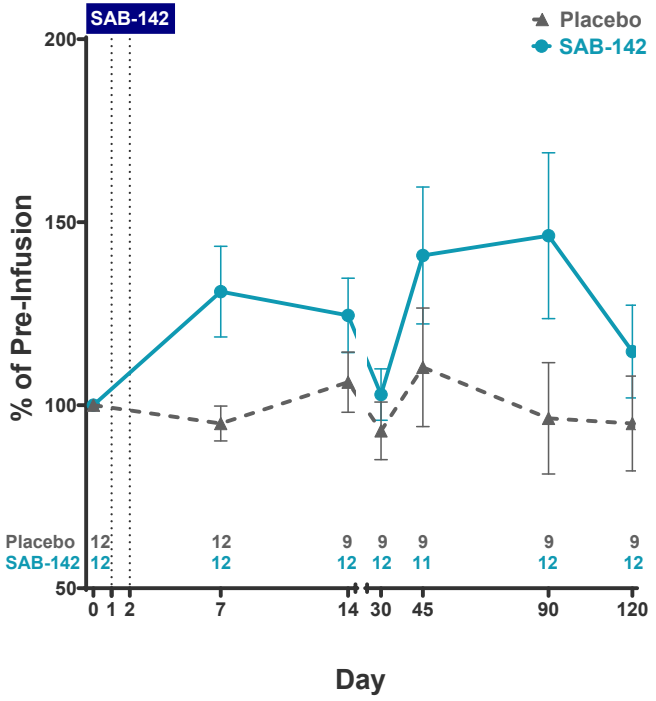
2 Dose dependent increase in CD4 exhaustion

Relative PD-1^+ Tconv Cells ± SEM



3 CD8 Differentiated Memory Shift

Relative CD8+ CM Cells ± SEM



Note: SAB-142: combined 1.5mg/kg and 2.5mg/kg dosed cohorts.

SAB-142-101
Phase 1 Top Line

No sustained lymphodepletion

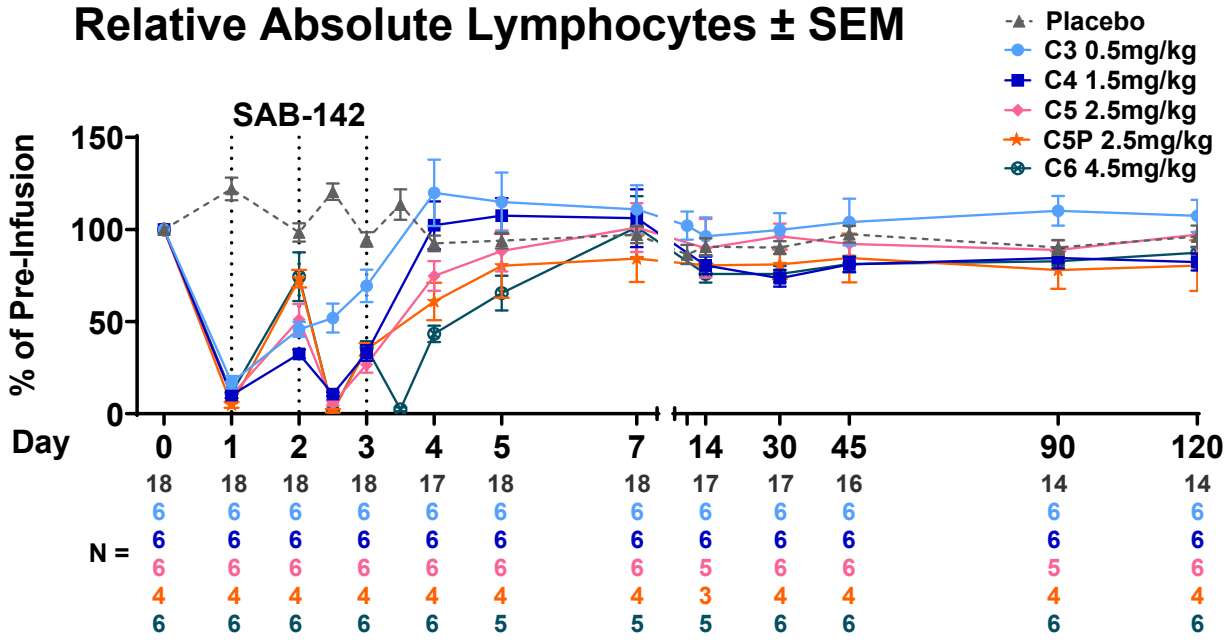
- SAB-142: Transient lymphopenia due to lymphocyte margination
- Lymphocytes recover back to baseline by Day 7

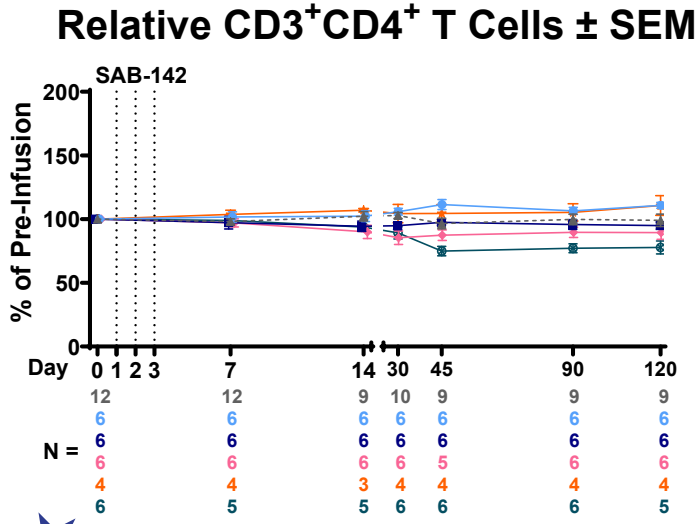
No loss of CD4⁺ or CD8⁺ T Cells

- SAB-142 results in immunomodulation with no depletion of CD8⁺ or CD4⁺ T cells, including T regulatory cells
- SAB-142 demonstrated validated MOA to deliver potentially **Best-in-Class T1D immunotherapy**

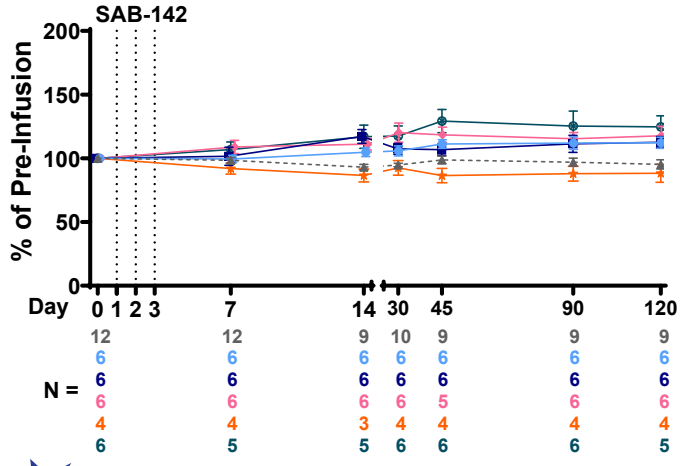
SAB BIO

SAB-142 does not cause sustained lymphodepletion





No CD4⁺ T-cell lymphodepletion



No CD8⁺ T-cell lymphodepletion