Save All Beta Cells:
Sustained Autoimmune Balance with SAB-142 Induction and Maintenance Dosing

April 22nd, 2026

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SAB-142 is a Fully Human, Multi-Specific, Targeted Anti-Thymocyte Globulin (hATG) for Delaying Onset and Progression of T1D

POSITIVE PHASE 1 DATA SUPPORT DE-RISKED MOA

Phase 1 data show SAB-142 has a clinically validated MOA showing C-peptide preservation, **with improved safety and immunogenicity profile vs. rATG and teplizumab**

PROGRAM STATUS

SAB-142 is in the Phase 2B Pivotal clinical trial SAFEGUARD designated by the FDA as a **pivotal trial in new onset T1D patients 5-40 years of age**

MANUFACTURING AND CLINICAL SUPPLIES

SAB-142 is manufactured using a process similar to rATG production.
Clinical supplies are available for new trials including trials in **participants in Stage 2**

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SAB-142: Clinically-validated, De-risked Mechanism of Action to Potentially Control or Prevent T1D Over the Entire Life Span

Rabbit anti-thymocyte globulin (rATG) tested in T1D patients across multiple studies

2013

Rabbit ATG tested in Academic Setting **(START Study)**

Dosage	6.5mg/kg
Lymphodepletion	⚠
C-peptide	✓
HbA1c	✓
Serum Sickness	⚠
Ability to redose	⊘

(Gitelman et al., 2013)

2018

Rabbit ATG tested in Academic Setting **(TN-19 Study)**

Dosage	2.5mg/kg
T-cell *Exhaustion*	✓
Lymphodepletion	⚠
C-peptide	✓
HbA1c	✓
Serum Sickness	⚠
Ability to redose	⊘

(Haller et al., 2018)

3Q 2025

Rabbit ATG tested in Academic Setting **(MELD-ATG Study)**

Dosage	Multiple
C-peptide	✓
HbA1c	✓
Lymphodepletion not an efficacy driver	✓
Serum Sickness	⚠
Ability to redose	⊘

(Mathieu et al., Lancet, 2025)

SAB-142, a human anti-thymocyte globulin (hATG), tested in healthy volunteers and T1D patients

4Q 2025

SAB-142 tested in Healthy Volunteers And T1D patients

Dosage	Multiple
T-cell *Exhaustion*	✓
C-peptide*	*N/A*
HbA1c*	*N/A*
Serum Sickness	⊘
Ability to redose	✓

(January and December 2025)

2013 — 2018 — 2025

Applied the learning that **high dose rATG (6.5 mg/kg) is ineffective to mitigate disease**

SAB Bio applied the learning that **exhaustion drives efficacy and depletion does not.** With low immunogenicity and no serum sickness, SAB-142 profile enables safe and reliable redosing

*Not measurable in healthy volunteers.

Rabbit ATG: De-Risked Mechanism of Action

MELD-ATG: Minimal Effective Low Dose of Rabbit ATG* Preserved C-peptide in New Onset T1D 1 year post-treatment

MELD-ATG replicated results from Haller's TN19 study with ≤2.5 mg/kg with statistically significant C-peptide preservation and glycemic control

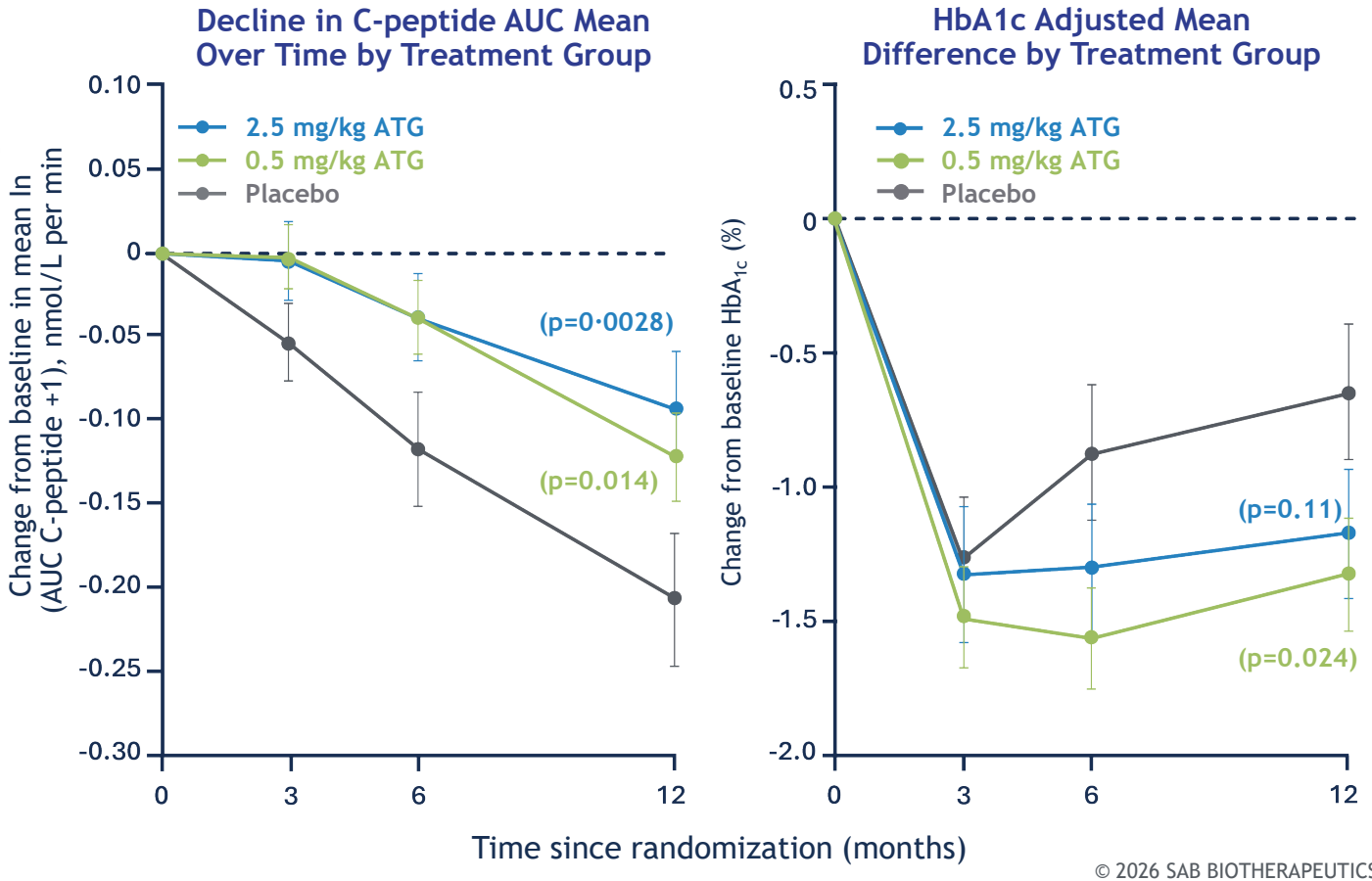
*Mathieu C, Wych J, Hendriks AEJ, Van Ryckeghem L, Tree T, Chmura P, Möller C, Casteels K, Danne T, Reschke F, Šmigoc Schweiger D, Battelino T, Johannesen J, Rami-Merhar B, Pieber T, De Block C, Evans M, Hilbrands R, Bosi E, Willemsen RH, Basu S, Pulkkinen MA, Knip M, Cnop M, Nitsche A, Schulte AM, Niemöller E, Peakman M, Wilhelm-Benartzi C, Gillespie D, Overbergh L, Mander AP, Marcovecchio ML; INNODIA. Minimum effective low dose of antithymocyte globulin in people aged 5-25 years with recent-onset stage 3 type 1 diabetes (MELD-ATG): a phase 2, multicentre, double-blind, randomised, placebo-controlled, adaptive dose-ranging trial. Lancet. 2025 Sep 18:S0140-6736(25)01674-5. doi: 10.1016/S0140-6736(25)01674-5. Epub ahead of print. PMID: 40976248.

Thymoglobulin®
Anti-thymocyte Globulin (Rabbit)

MELD-ATG

ATG is the only mechanism of action that has consistently reproduced clinical data demonstrating preservation of C-peptide and improvements in glycemic control

(Mathieu et al., Lancet. 2025 Sep 18:S0140-6736(25)01674-5)



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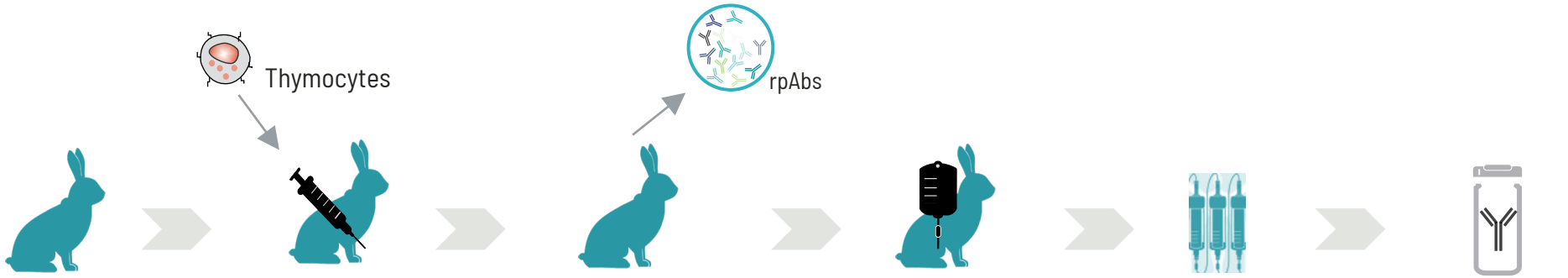
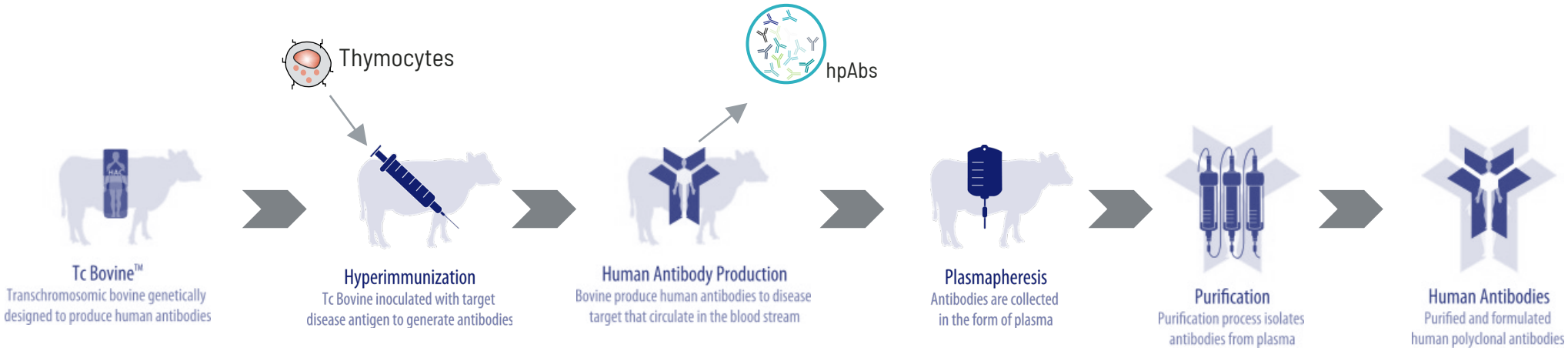
SAB-142 Production Analogous to FDA-Approved Rabbit ATG

Thymoglobulin
Anti-thymocyte Globulin (Rabbit)



SAB-142
Anti-Thymocyte Globulin (Human)



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SAB-142
In vitro binding data

SAB-142 binds to CD2, CD3, CD4, and CD8 receptor surface markers similar to rATG

Data generated by Judith Leitner from the laboratory of Peter Steinberger lab based on published methodology.

American Journal of Transplantation 2013; 13: 3103–3113
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doi: 10.1111/ajt.12514

A Comprehensive and Quantitative Analysis of the Major Specificities in Rabbit Antithymocyte Globulin Preparations

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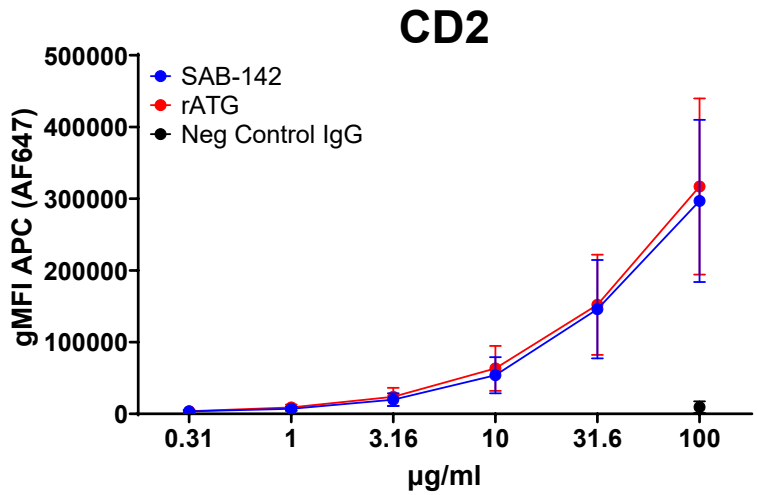
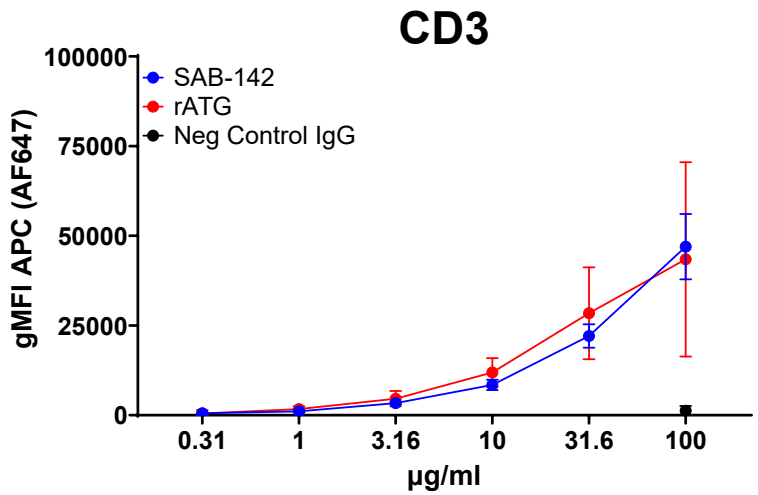
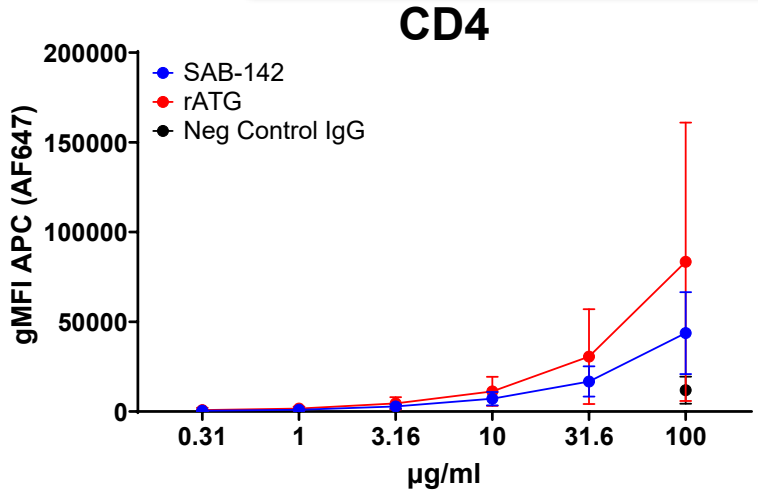
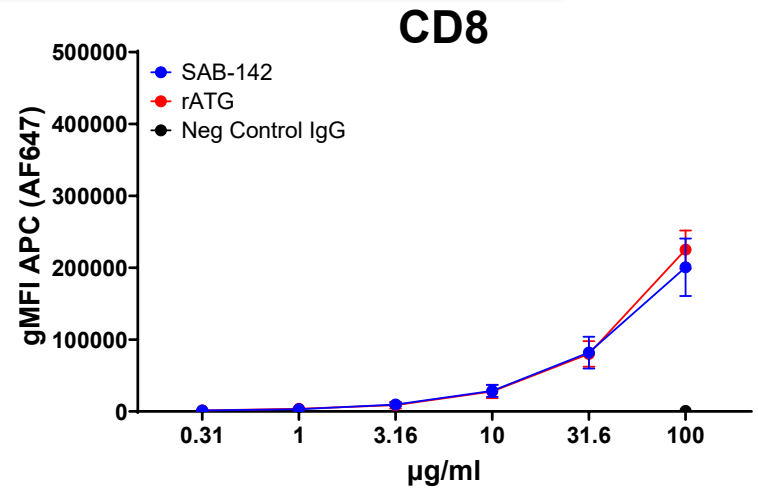
SAB-142 Binds to the Same Receptors as rATG





Binding of Directly Labeled SAB-142 and rATG to CD2, CD3, CD4 and CD8 Cell Lines





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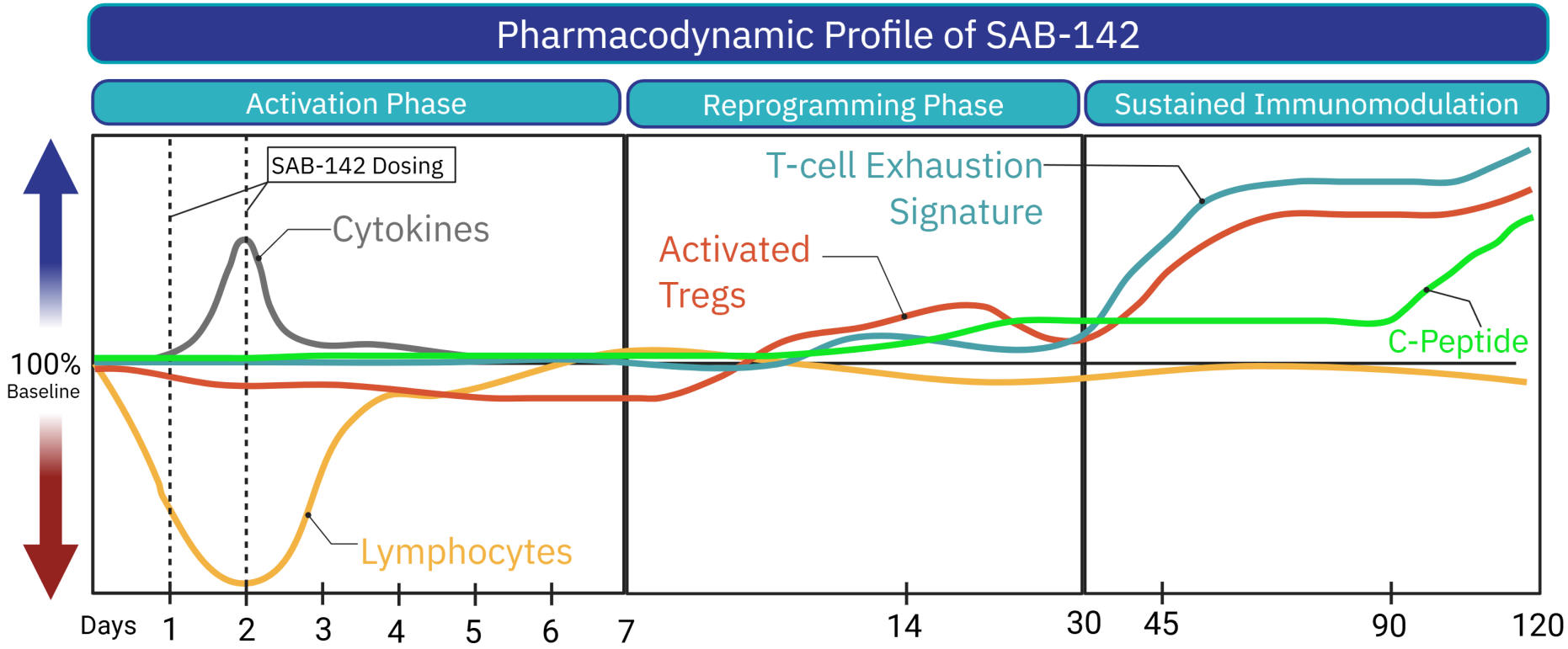
SAB-142 has a competitive well-characterized MOA resulting in sustained immunomodulation without liability of lymphodepletion



Mechanism of Action of SAB-142

- Transient Cytokine Increase
- Transient Lymphocyte Margination

- Treg preservation and activation

- C-Peptide Preservation
- Sustained T-cell Exhaustion Signature
- Restoring Immune Tolerance

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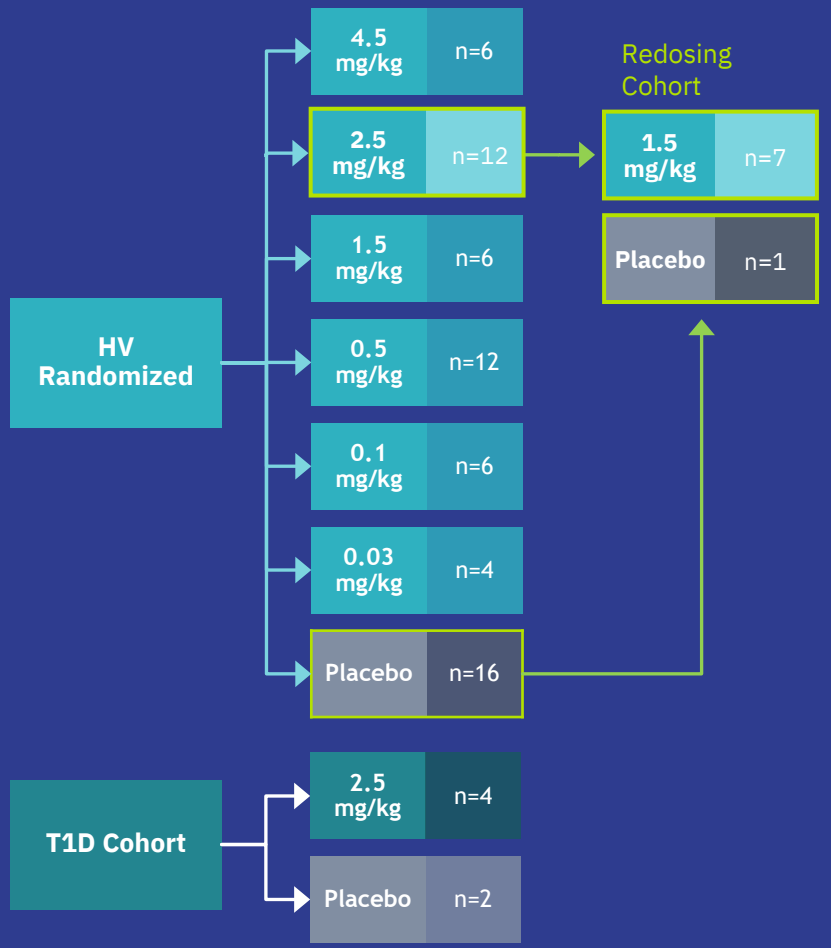
Phase 1: HUMAN* Trial Study Design

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



SAB-142's Phase 1 Data Demonstrated Encouraging Efficacy Signals with Clinically Validated, Multi-specific MOA with Sustained Immunomodulation

Efficacy — Encouraging early signals of C-peptide preservation in established T1D patients

- Early C-peptide signal consistent with beta cell preservation

Immunogenicity — Confirm SAB-142 has low immunogenicity

- Low immunogenicity
- Enables safe and reliable redosing

PK/PD — Demonstrate sustained "T-cell exhaustion" signature

- Clinically validated by rATG and other T1D T-cell targeting biologics
- Demonstrated correlation with C-peptide preservation based on precedent rATG studies and natural course of T1D

Safety and Tolerability — Position SAB-142 for a convenient, potentially twice a year dosing regimen

- No sustained lymphodepletion leading to immuno-suppression; no neutropenia
- No serum sickness

*HUman anti-thymocyte biologic in first-in-MAN clinical study

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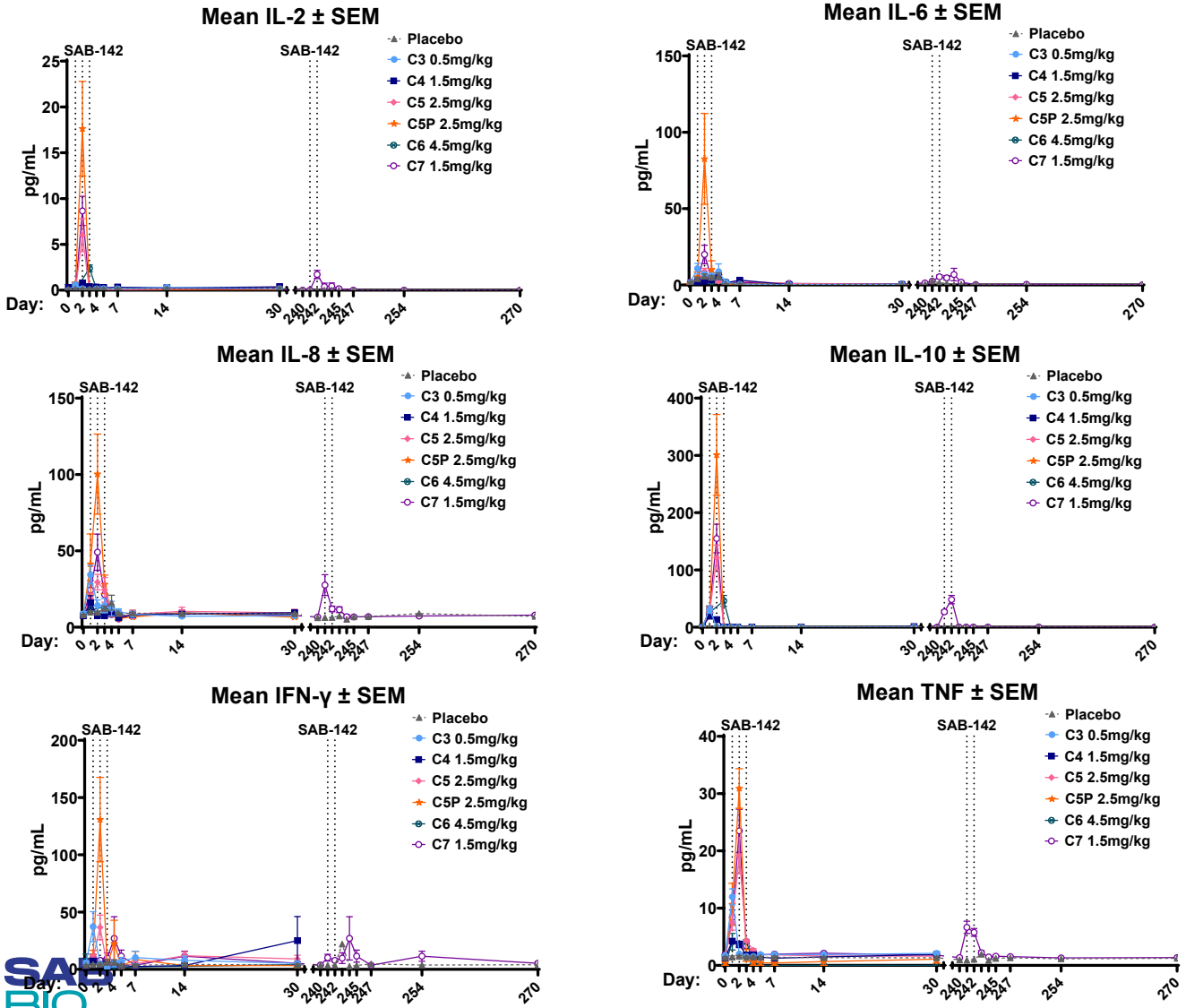
Cytokine Response following SAB-142 Demonstrates MOA Analogous to Rabbit ATG Correlative to C-peptide Preservation



JCI insight CLINICAL MEDICINE

Responders to low-dose ATG induce CD4⁺ T cell exhaustion in type 1 diabetes

Laura M. Jacobsen,[1,2] Kirsten Diggins,[3] Lori Blanchfield,[3] James McNichols,[2] Daniel J. Perry,[2] Jason Brant,[2] Xiaoru Dong,[2,4] Rhonda Bacher,[4] Vivian H. Gersuk,[3] Desmond A. Schatz,[1] Mark A. Atkinson,[1,2] Clayton E. Mathews,[1,2] Michael J. Haller,[1] S. Alice Long,[3] Peter S. Linsley,[3] and Todd M. Brusko[1,2]

[1]Department of Pediatrics, College of Medicine, University of Florida, Gainesville, Florida, USA. [2]Department of Pathology, Immunology, and Laboratory Medicine, University of Florida Diabetes Institute, Gainesville, Florida, USA. [3]Benaroya Research Institute at Virginia Mason, Seattle, Washington, USA. [4]Department of Biostatistics, University of Florida, Gainesville, Florida, USA.

RESULTS. Treatment with low-dose ATG preserved regulatory T cells (Tregs), as measured by stable methylation of *FOXP3* Treg-specific demethylation region (*TSDR*) and increased proportions of CD4⁺FOXP3⁺ Tregs ($P < 0.001$) identified by flow cytometry. While treatment effects were consistent across participants, not all maintained C-peptide. Responders exhibited a transient rise in IL-6, IP-10, and TNF-α ($P < 0.05$ for all) 2 weeks after treatment and a durable CD4⁺ exhaustion phenotype (increased PD-1⁺KLRG1⁺CD57⁻ on CD4⁺ T cells [$P = 0.011$] and PD1⁺CD4⁺ Temra MFI [$P < 0.001$] at 12 weeks, following ATG and ATG/G-CSF, respectively). ATG nonresponders displayed higher proportions of senescent T cells (at baseline and after treatment) and increased methylation of *EOMES* (i.e., less expression of this exhaustion marker).

CONCLUSION. Altogether in these exploratory analyses, Th1 inflammation-associated serum and CD4⁺ exhaustion transcript and cellular phenotyping profiles may be useful for identifying signatures of clinical response to ATG in T1D.

[Responders to low-dose ATG induce CD4+ T cell exhaustion in type 1 diabetes - PubMed]

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SAB-142-101
Phase 1 Top Line

SAB-142 CD4+ T conv Cell Single Exhaustion Markers

SAB-142 induced sustained expression of inhibitory receptor PD-1 on CD4+ T conv cells indicative of an exhausted phenotype.

SAB-142 CD4+ T conv Cell Dual Exhaustion Markers

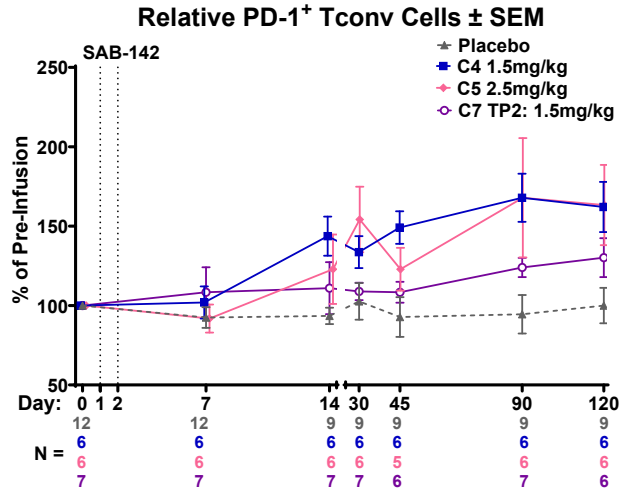
SAB-142 induced sustained expression of co-inhibitory receptors on CD4+ T conv cells.

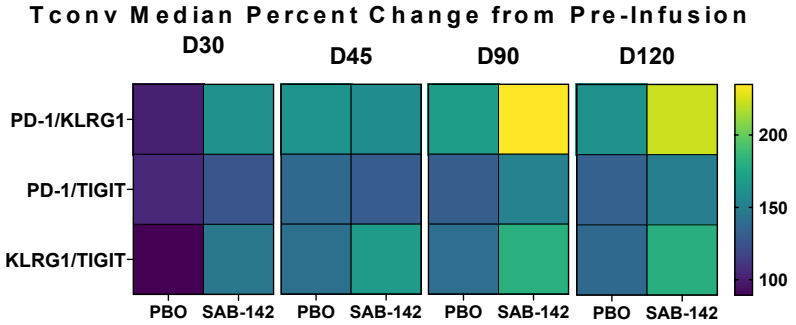
SAB-142: combined 1.5mg/kg and 2.5mg/kg dosed cohorts.

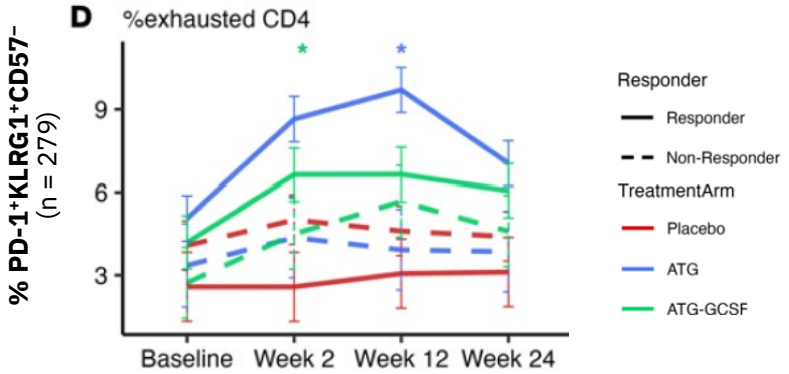
Rabbit ATG CD4+ T Cell Dual Exhaustion Markers

Low-dose ATG induced sustained expression of co-inhibitory receptors (PD-1, KLRG1) on CD4+ cells indicating exhaustion-like phenotype which correlates with C-Peptide preservation.

SAB-142 Demonstrates Sustained CD4+ T Conventional Cell Exhaustion Analogous to rATG







JCI insight CLINICAL MEDICINE

Responders to low-dose ATG induce CD4+ T cell exhaustion in type 1 diabetes

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SAB-142-101
Phase 1 Top Line

SAB-142 Does Not Cause Sustained Lymphodepletion

No sustained lymphodepletion

- SAB-142: Transient lymphopenia due to lymphocyte margination
- Lymphocytes recover back to baseline by Day 7 after Induction and Maintenance Doses of SAB-142

Rabbit ATG causes sustained lymphodepletion up to 2 years


JCI insight

CLINICAL MEDICINE

Responders to low-dose ATG induce CD4+ T cell exhaustion in type 1 diabetes

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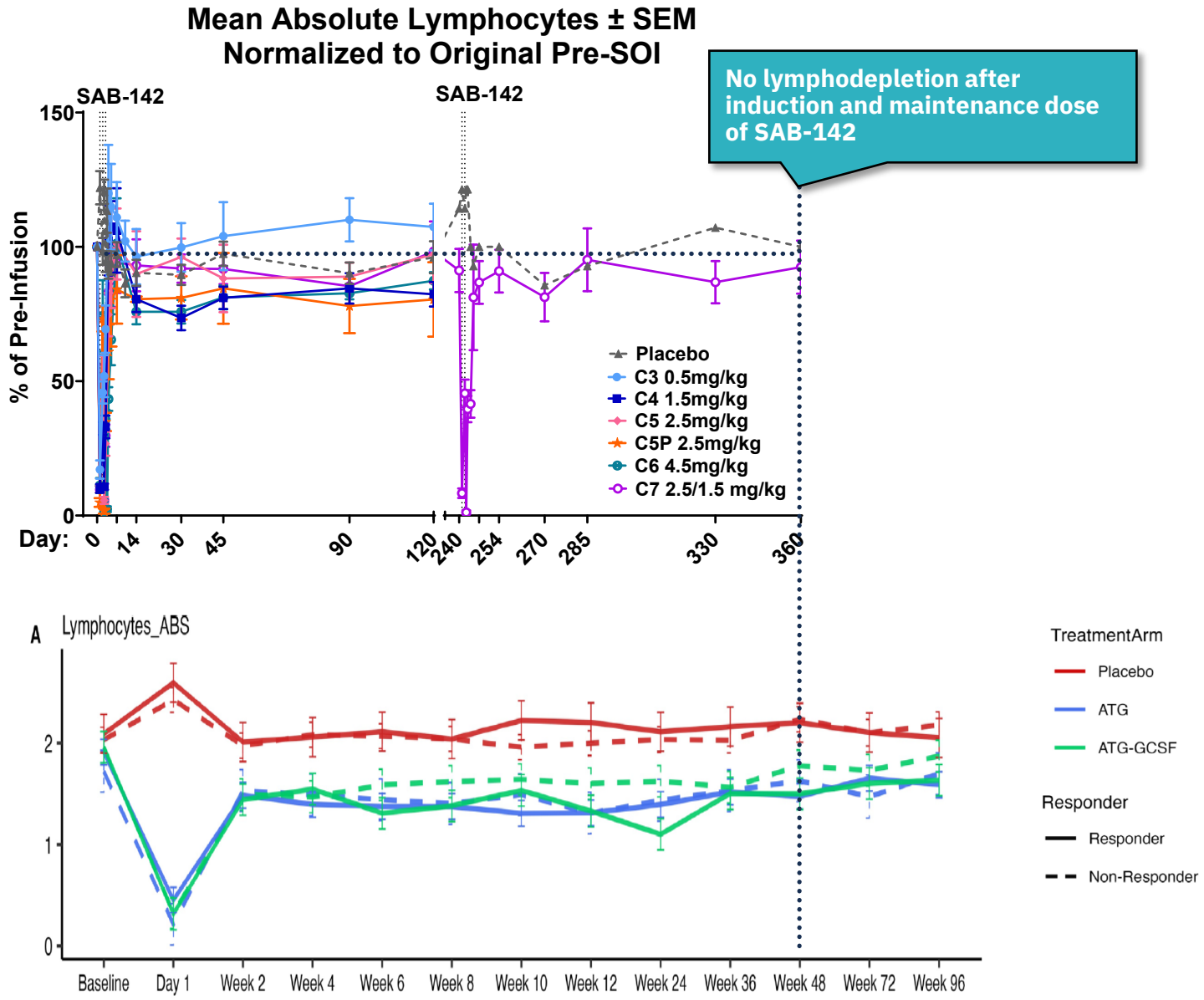

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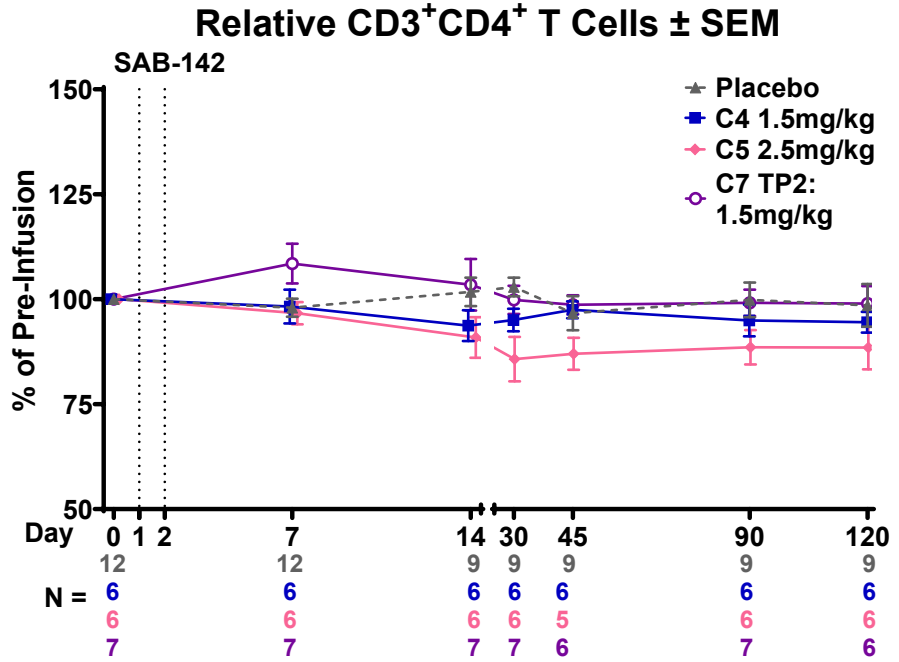
SAB-142-101
Phase 1 Top Line

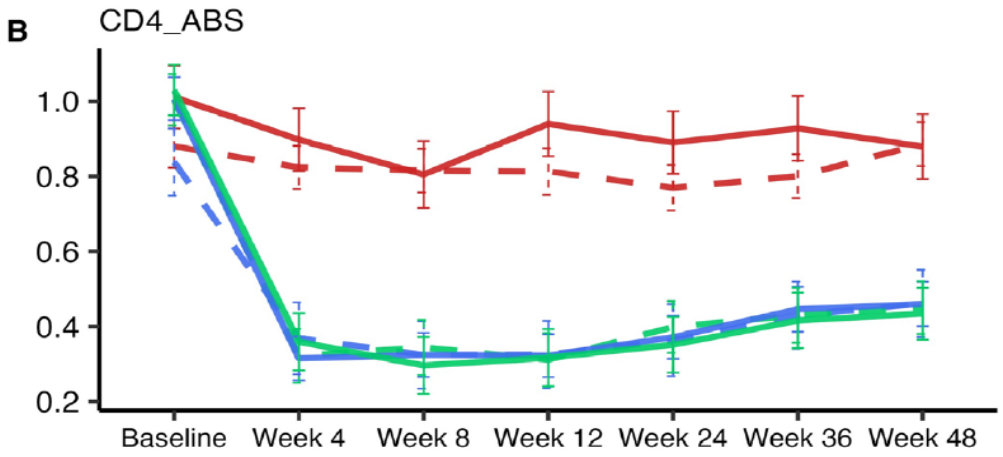
SAB-142 Does Not Cause Sustained Lymphodepletion

No loss of CD4⁺ T Cells

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



Rabbit ATG causes sustained depletion of CD4⁺ T cells.




JCI insight
CLINICAL MEDICINE

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Induction Dose: SAB-142 Safety Profile Enables Ambulatory Dosing, with Safety Profile Comparable to PBO from Day 8 Onwards

Majority of adverse events (AEs) are mild, associated with Day 1-2 infusions, and resolved by the end of the first week

Safety profile enables ambulatory dosing

- 9 Cohorts of Healthy Volunteers (HVs) and 1 Cohort of T1D
- Total n=68; 50 on SAB-142 and 18 on Placebo
- Most frequent AEs:
  - Headaches: typical for all T-cell-engaging therapies, associated with infusion; onset within ~24 hours from 1st or 2nd day of infusion
  - Transient lymphopenia:
    - Anticipated PD effect which rapidly self-resolves within 1-3 days
    - On target effect that accounts for 100% of Grade 4 TEAEs
    - Defined as a lab value change and not associated with clinical symptoms
  - Infusion-related reactions (IRRs):
    - CRS: flu-like symptoms, Grade 1 (mild) only, temporarily associated with SAB-142 infusions with the onset up to 24 hours
    - Infusion-site reactions (ISR): erythema, tenderness, phlebitis
- No drug-related SAEs
- No serum sickness, no AEs associated with ADAs
- No decrease in RBCs, no neutropenia, no lymphopenia, or thrombocytopenia from Day 7 on

Overall summary of treatment emergent adverse events (safety analysis set)

Part A: Induction Dose	Day 1 to 7		Day 8 to 180	
Category	Pooled Placebo HV+T1D (N=18) n (%)	Pooled SAB-142 HV+T1D (N=50) n (%)	Pooled Placebo HV (N=18) n (%)	Pooled SAB-142 HV (N=50) n (%)
Number of participants with any:				
TEAEs	12 (66.7%)	46 (92.0%)	11 (61.1%)	27 (54.0%)
TEAEs by Severity:				
Grade 1	8 (44.4%)	2 (4.0%)	5 (27.8%)	17 (34.0%)
Grade 2	4 (22.2%)	3 (6.0%)	5 (27.8%)	9 (18.0%)
Grade 3	0	16 (32.0%)	1 (5.6%)	1 (2.0%)
Grade 4	0	25 (50.0%) 28	0	0
Grade 5	0	0	0	0
Treatment-related TEAEs by Severity:				
Grade 1	4 (22.2%)	1 (2.0%)	0	6 (12.0%)
Grade 2	2 (11.1%)	3 (6.0%)	1(5.6%)	2 (4.0%)
Grade 3	0	16 (32.0%)	0	0
Grade 4	0	25 (50.0%)	0	0
Grade 5	0	0	0	0

Transient lymphopenia: On target effect not observed past Day 7

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Maintenance Dose: SAB-142 Safety Profile of Maintenance Dosing is comparable to Safety of the Induction Dosing

Majority of adverse events (AEs) are mild, associated with Day 1-2 infusions, and resolved by the end of the first week

Safety profile enables ambulatory dosing

- 1 Cohort of Healthy Volunteers (HVs)
  - Total n=8, 7 on SAB-142 and 1 on Placebo
- Most frequent AEs:
  - Headaches: typical for all T-cell-engaging therapies, associated with Days 1-2
  - Transient lymphopenia:
    - Anticipated PD effect which rapidly self-resolves within 1-3 days
    - On target effect that accounts for 100% of Grade 4 TEAEs
    - Defined as a lab value change and not associated with clinical symptoms
  - Infusion-related reactions (IRRs):
    - No CRS
    - Infusion-site reactions (ISR): phlebitis and pruritus
- No drug-related SAEs
- No serum sickness, no AEs associated with ADAs
- No decrease in RBCs, no neutropenia, no lymphopenia, or thrombocytopenia from Day 7 on

Overall summary of treatment emergent adverse events (safety analysis set)

Part B: Maintenance Dose	Day 1 to 7		Day 8 to 180	
Category	Pooled Placebo HV (N=1) n (%)	Pooled SAB-142 HV (N=7) n (%)	Pooled Placebo HV (N=1) n (%)	Pooled SAB-142 HV (N=7) n (%)
Number of participants with any:				
TEAEs	1 (100.0%)	7 (100.0%)	0	4 (57.1%)
TEAEs by Severity:				
Grade 1	1 (100.0%)	0	0	2 (28.6%)
Grade 2	0	0	0	1 (14.3%)
Grade 3	0	5 (71.4%)	0	1 (14.3%)
Grade 4	0	2 (28.6%)	0	0
Grade 5	0	0	0	0
Treatment-related TEAEs by Severity:				
Grade 1	0	0	0	2 (28.6%)
Grade 2	0	0	0	0
Grade 3	0	5 (71.4%)	0	0
Grade 4	0	2 (28.6%)	0	0
Grade 5	0	0	0	0

Transient lymphopenia: On target effect not observed past Day 7

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SAB-142 is a Fully Human Biologic: Low Immunogenicity and Does not Cause Serum Sickness

SAB-142: Low immunogenicity

- At target doses (1.5 or 2.5mg/kg), SAB-142 did not generate anti-SAB-142 antibodies above background level in HVs and T1Ds out to day 120/End of Treatment.
- This demonstrates that SAB-142 is less immunogenic than rATG

rATG: Grade 3-4 serum sickness in >50% of subjects following the very first course

Adverse events

Adverse effect category	ATG only Events	ATG only Patients	Placebo Events	Placebo Patients
All immune system disorders	38	23 (79.3)	0	0 (0)
Serum sickness only	21	21 (72.4)	0	0 (0)

Adverse events grades 3 and 4

Adverse effect category	ATG only Events	ATG only Patients	Placebo Events	Placebo Patients
All immune system disorders	15	15 (51.7)	0	0 (0)
Serum sickness only	15	15 (51.7)	0	0 (0)
Cytokine release syndrome only	0	0 (0)	0	0 (0)

Low-Dose ATG Preserves C-Peptide in T1D Diabetes Care Volume 41, September 2018

https://diabetesjournals.org/care/article/41/9/1917/40730/Low-Dose-Anti-Thymocyte-Globulin-ATG-Preserves

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T1D Cohort Data

Adult T1D Cohort >2 Years from Onset: Baseline Characteristics

T1D >2 Years from Onset

All study participants met SAFEGUARD inclusion criteria with residual beta cell function and at least one T1D autoantibody at baseline

	SAB-142 2.5 mg/kg T1D (n=4)	Placebo T1D (n=2)*
Age range (mean)	19-40 (28.75)	19-34 (26.5)
Sex	2 Female & 2 Male	2 Female
C-peptide AUC for 2-hr MMTT (nmol/L) / min		
n	4	1*
Mean (SD)	0.302 (0.032)	0.432
Fasting Glucose (mmol/L)		
n	4	2
Mean (SD)	6.53 (1.773)	5.95 (1.344)
Time from T1D diagnosis to randomization (months)		
n	4	2
Mean (SD)	40.2 (11.39)	28 (9.9)
Average Total Insulin per day by Weight (IU/day/kg)		
n	4	2
Mean (SD)	0.406 (0.287)	0.323 (0.225)
GAD Autoantibodies Positive N (%)	4 (100%)	0 (0%)
IA-2 Autoantibodies Positive N (%)	2 (50%)	2 (100%)
ZNT8 Autoantibodies Positive N (%)	3 (75%)	0 (0%)

*One placebo subject discontinued after Day 45
Note: SD = Standard deviation

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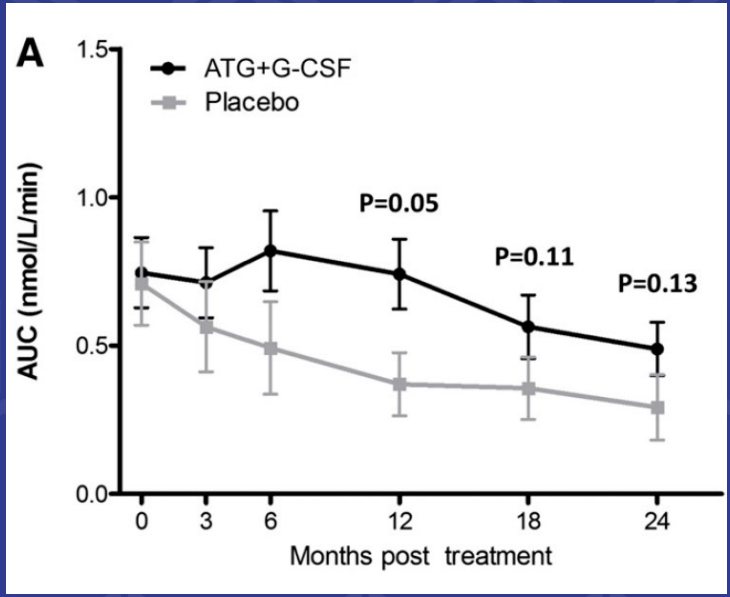
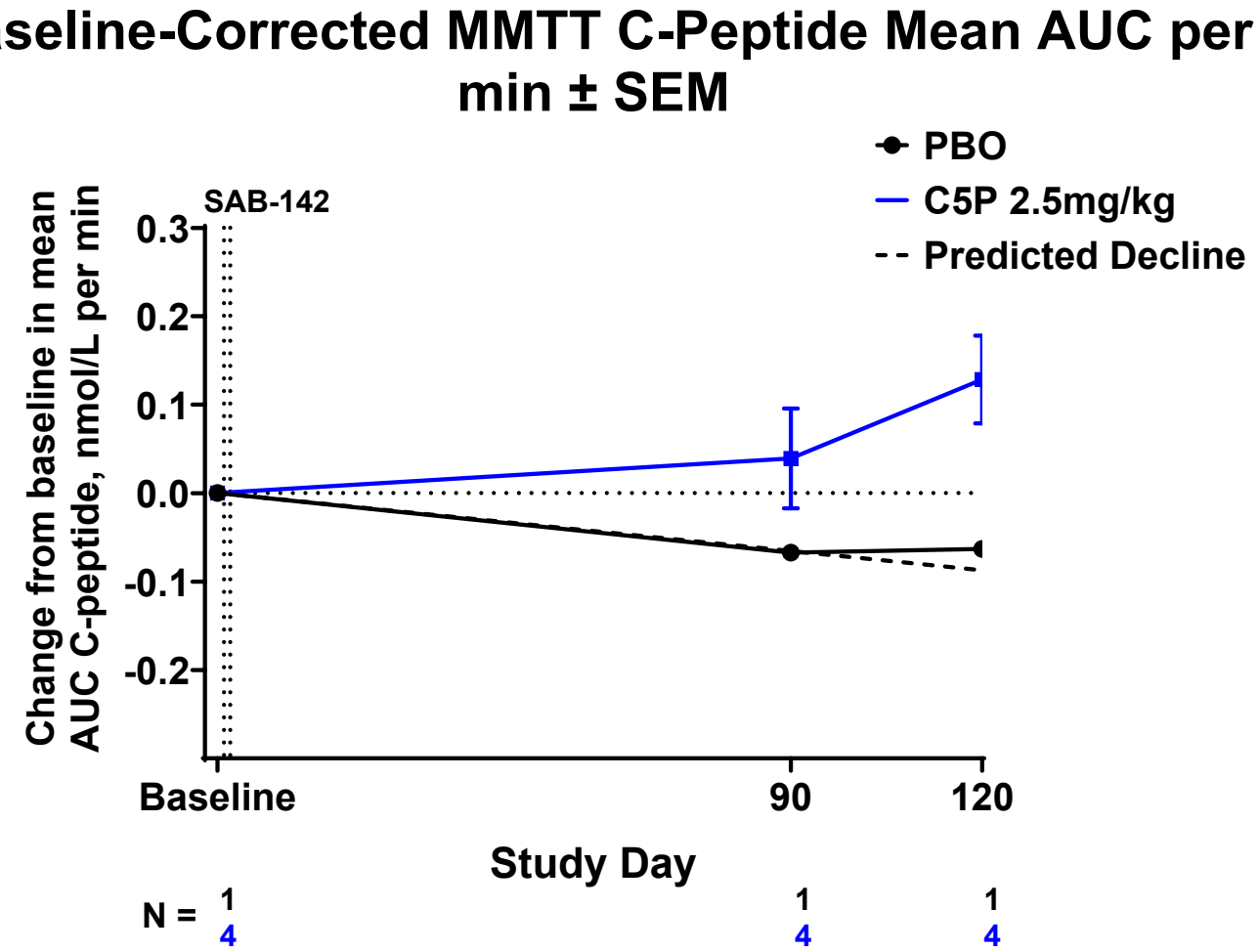
SAB-142-101:
T1D Cohort at 2.5mg/kg

"Antithymocyte Globulin Plus G-CSF Combination Therapy Leads to Sustained Immunomodulatory and Metabolic Effects in a Subset of Responders With Established Type 1 Diabetes."



Haller MJ, Gitelman SE, Gottlieb PA, Michels AW, Perry DJ, Schultz AR, Hulme MA, Shuster JJ, Zou B, Wasserfall CH, Posgai AL, Mathews CE, Brusko TM, Atkinson MA, Schatz DA. Antithymocyte Globulin Plus G-CSF Combination Therapy Leads to Sustained Immunomodulatory and Metabolic Effects in a Subset of Responders With Established Type 1 Diabetes. Diabetes. 2016 Dec;65(12):3765-3775. doi: 10.2337/db16-0823. Epub 2016 Sep 26. PMID: 27669730; PMCID: PMC5127248.

T1D Cohort: C-Peptide Response



Predicted decline was estimated by first calculating the incremental AUC of TN19 PBO subject C-peptide MMTT data (n=26) for Weeks 48-96 with post-2hr values masked. The linear slope was used to calculate the predicted rate of decline in days: AUC_{BL} – (-0.6108*(Study Day/7))

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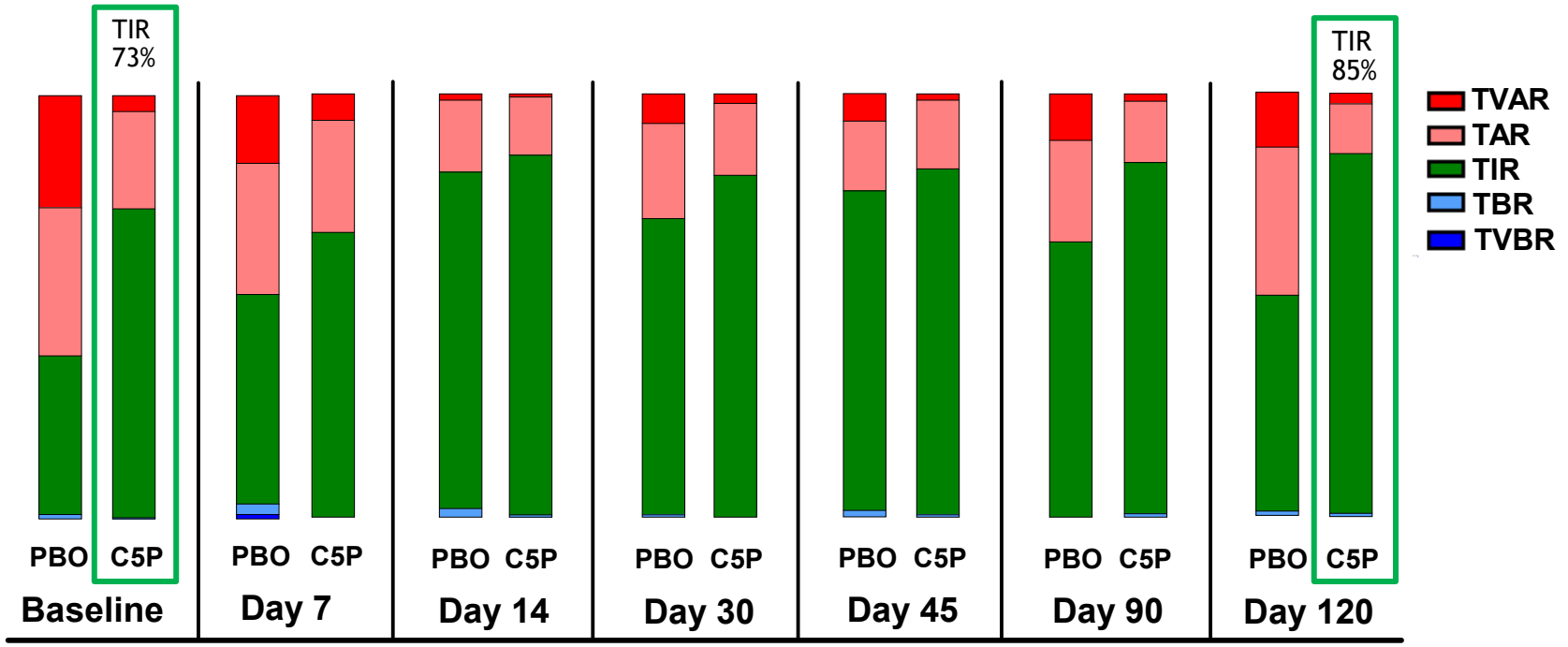
SAB-142-101

T1D Cohort at 2.5mg/kg

SAB-142 effects on glycemic control are consistent with C-peptide response

Continuous Glucose Monitoring (CGM): SAB-142-treated patients improved glycemic control vs. baseline



Data are based on the patients' individual CGM devices

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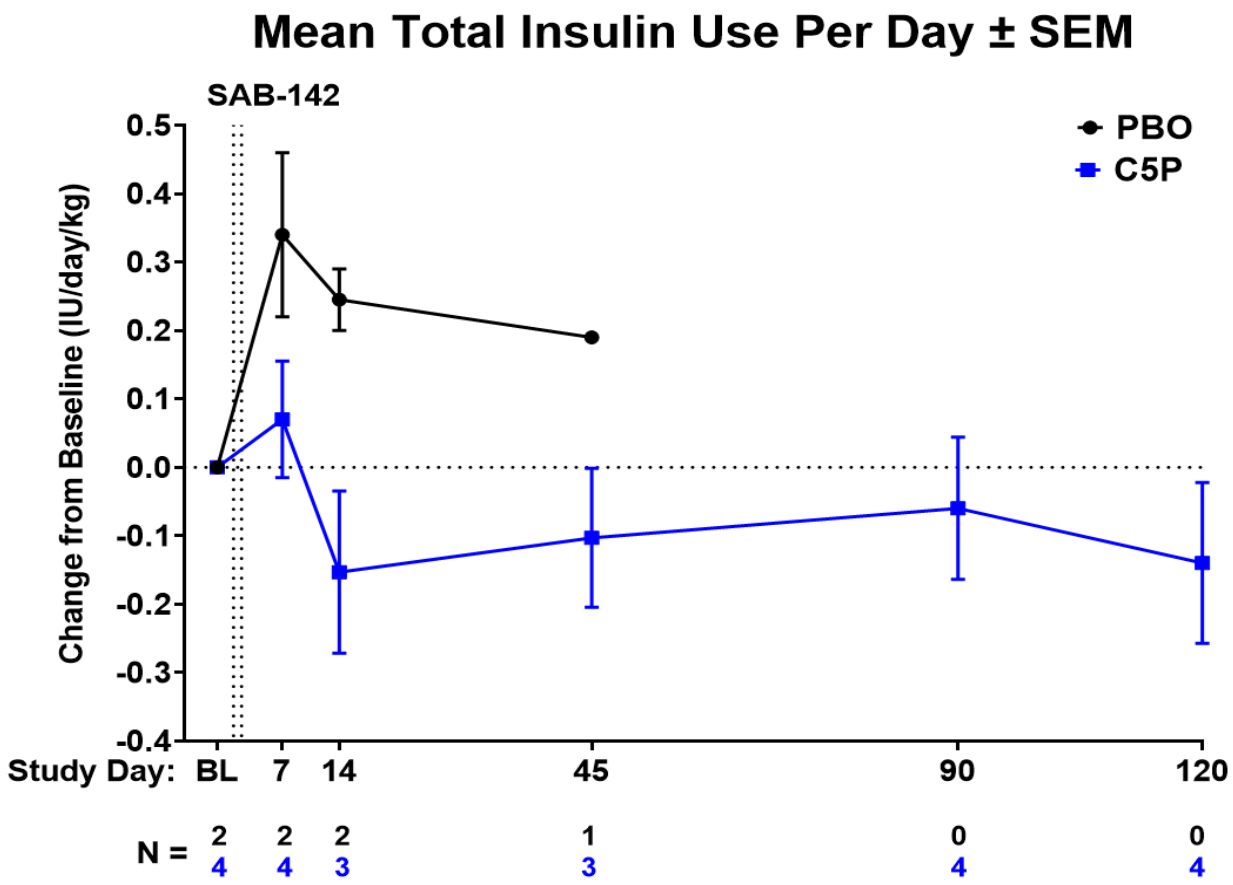
SAB-142-101

T1D Cohort at 2.5mg/kg

SAB-142 improvements in glycemic control were not driven by increase in insulin doses

Insulin doses decreased over time in SAB-142 group

Total Insulin per day and participant weight (IU/day/kg): Insulin use decreased in SAB-142 group



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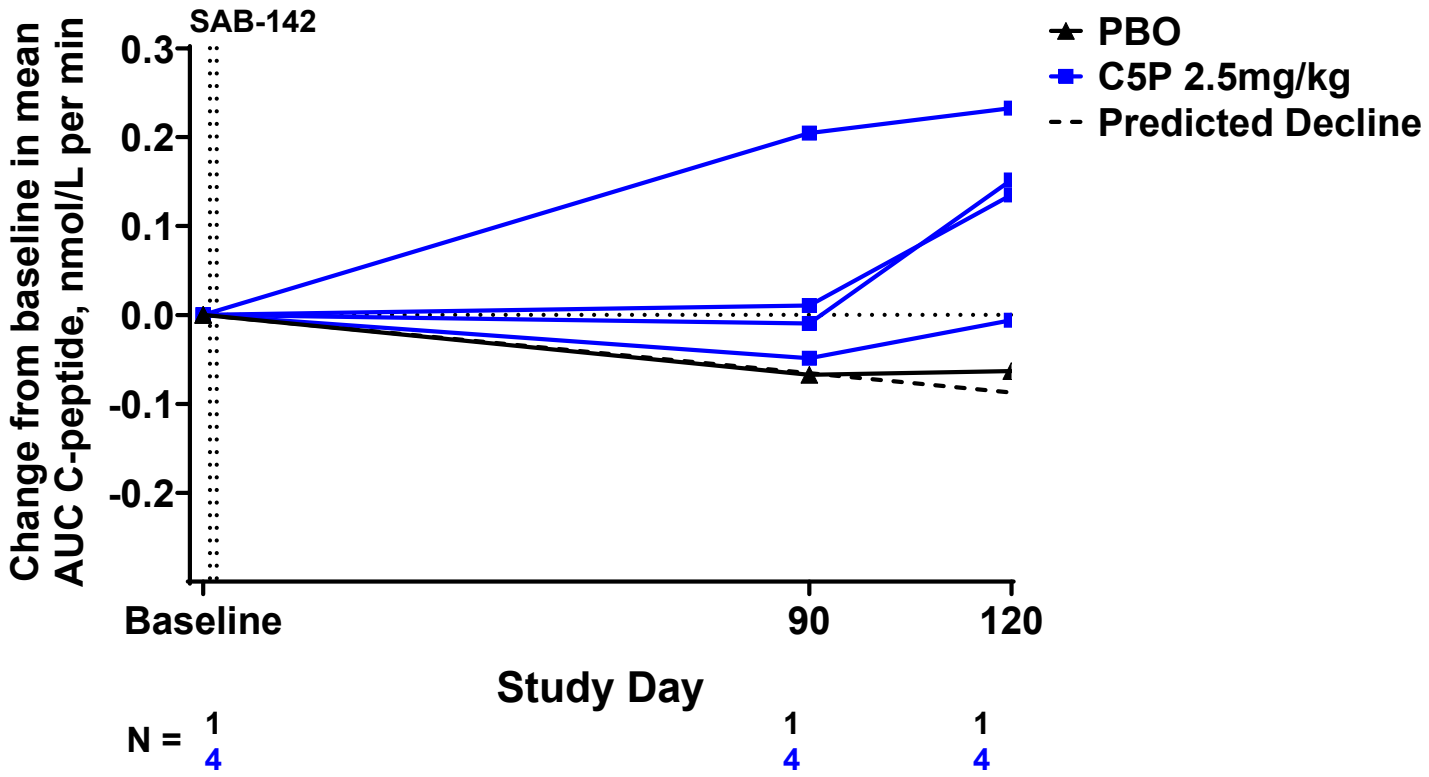
SAB-142-101

T1D Cohort at 2.5mg/kg

SAB-142 exhibits C-Peptide preservation profile, similar to rATG.

T1D Cohort: Individual C-Peptide Response

Baseline-Corrected MMTT C-Peptide Mean AUC ± SEM



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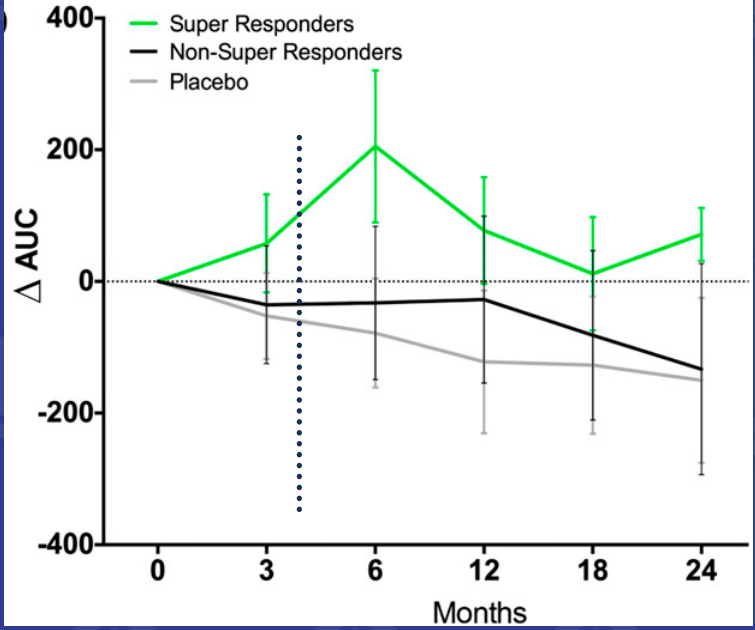
SAB-142-101

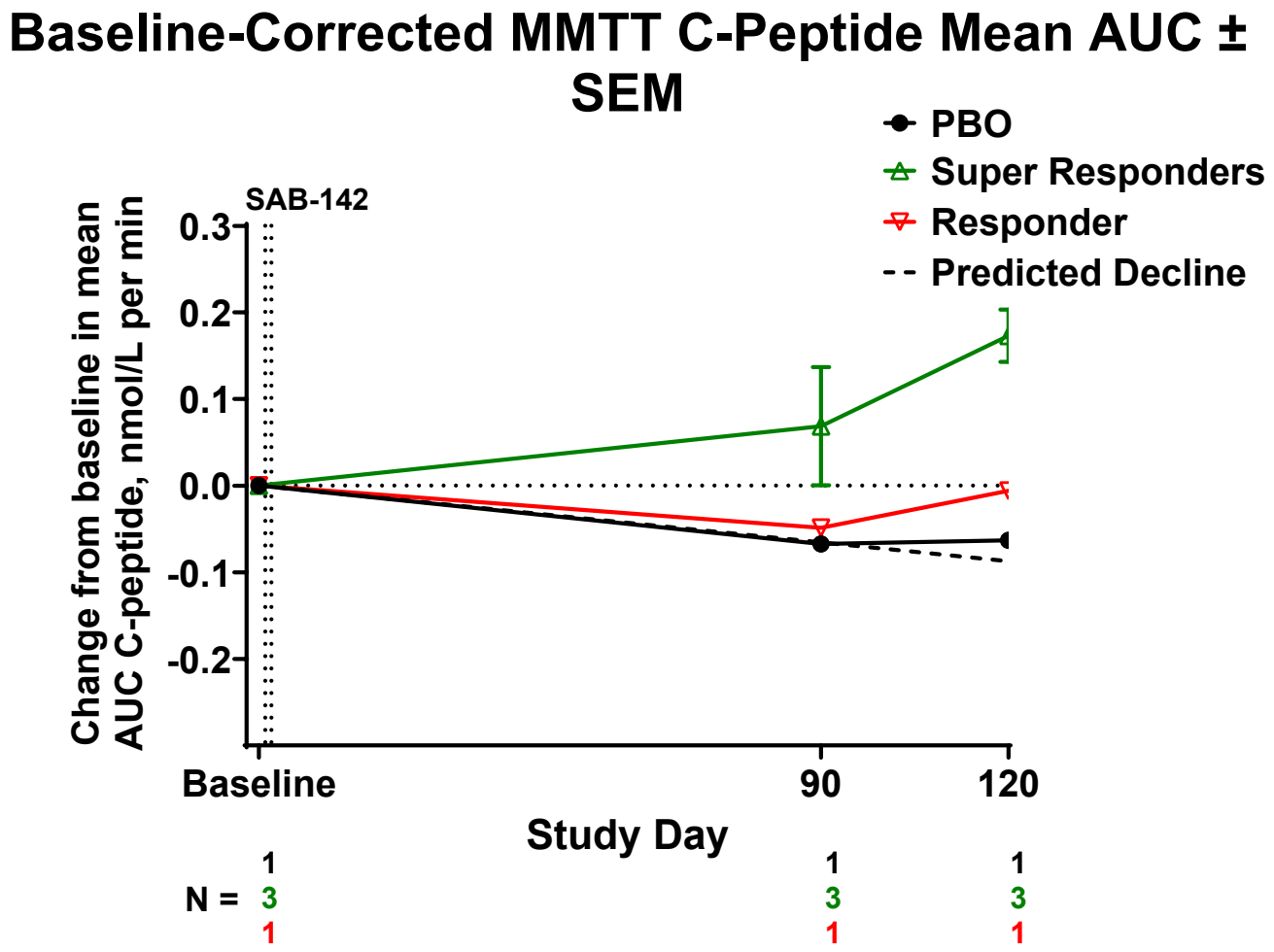
T1D Cohort at 2.5mg/kg

"Antithymocyte Globulin Plus G-CSF Combination Therapy Leads to Sustained Immunomodulatory and Metabolic Effects in a Subset of Responders With Established Type 1 Diabetes."



Haller MJ, Gitelman SE, Gottlieb PA, Michels AW, Perry DJ, Schultz AR, Hulme MA, Shuster JJ, Zou B, Wasserfall CH, Posgai AL, Mathews CE, Brusko TM, Atkinson MA, Schatz DA. Antithymocyte Globulin Plus G-CSF Combination Therapy Leads to Sustained Immunomodulatory and Metabolic Effects in a Subset of Responders With Established Type 1 Diabetes. Diabetes. 2016 Dec;65(12):3765-3775. doi: 10.2337/db16-0823. Epub 2016 Sep 26. PMID: 27669730; PMCID: PMC5127248.

SAB-142 exhibits super responder vs responder C-Peptide profile, similar to rATG



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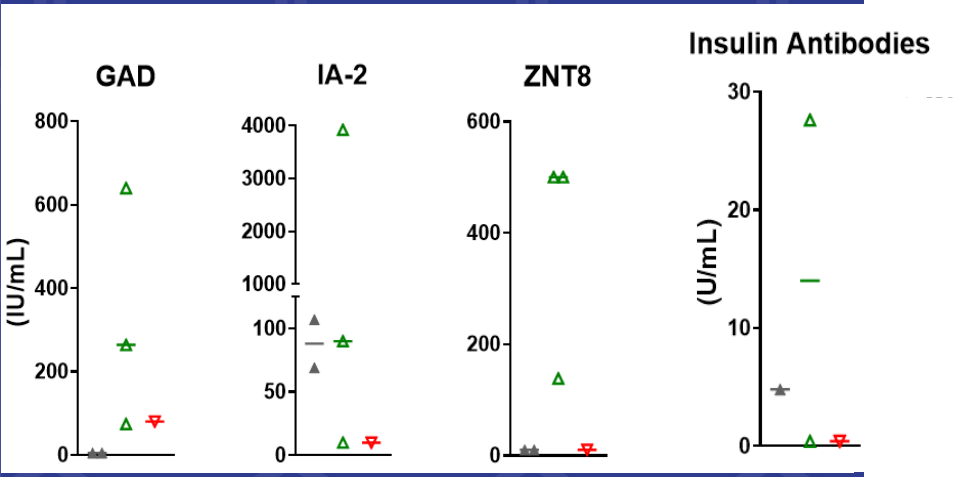
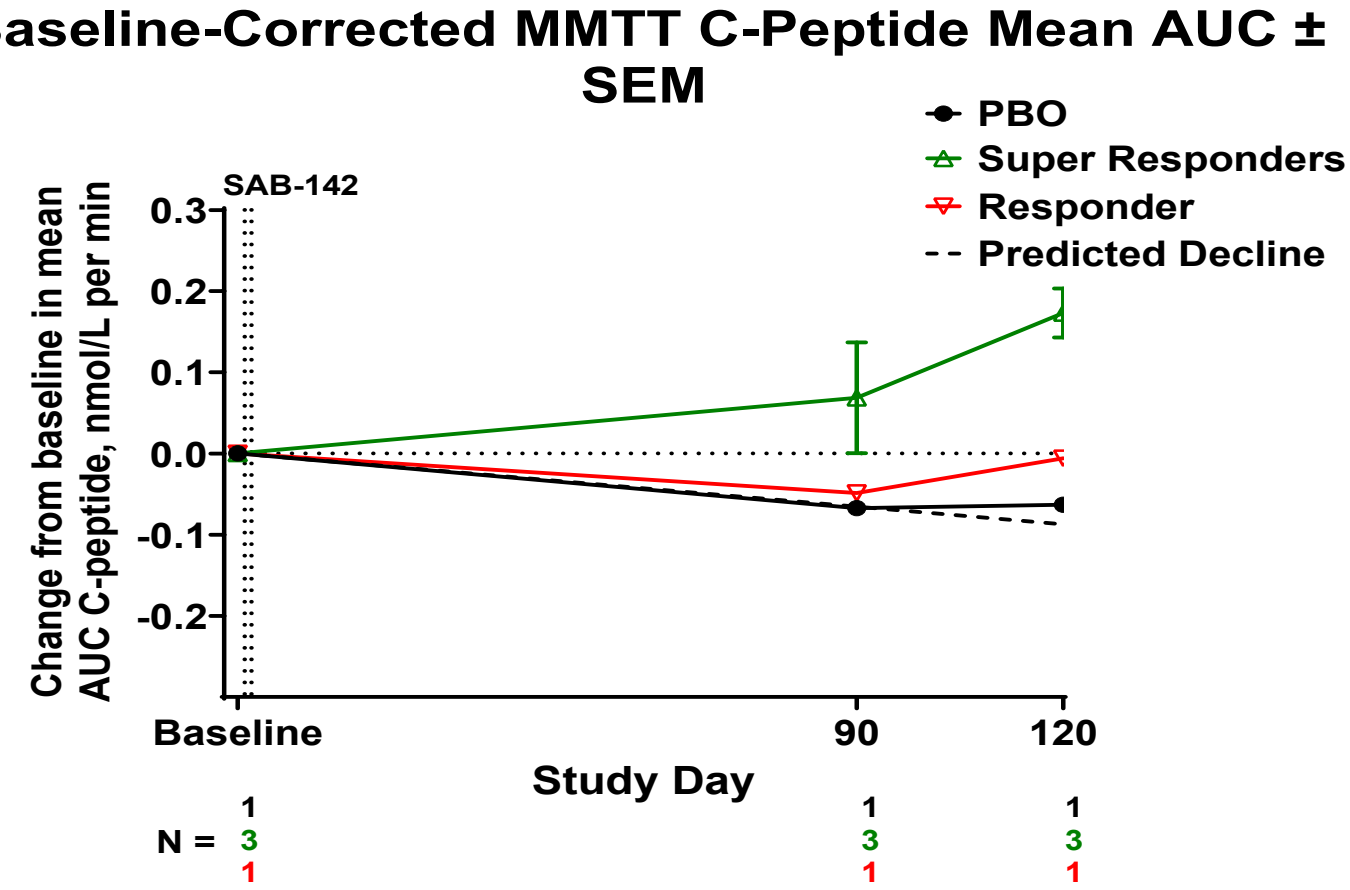
SAB-142-101
T1D Cohort at 2.5mg/kg



SAB-142 exhibits super responder vs responder C-Peptide profile, similar to rATG



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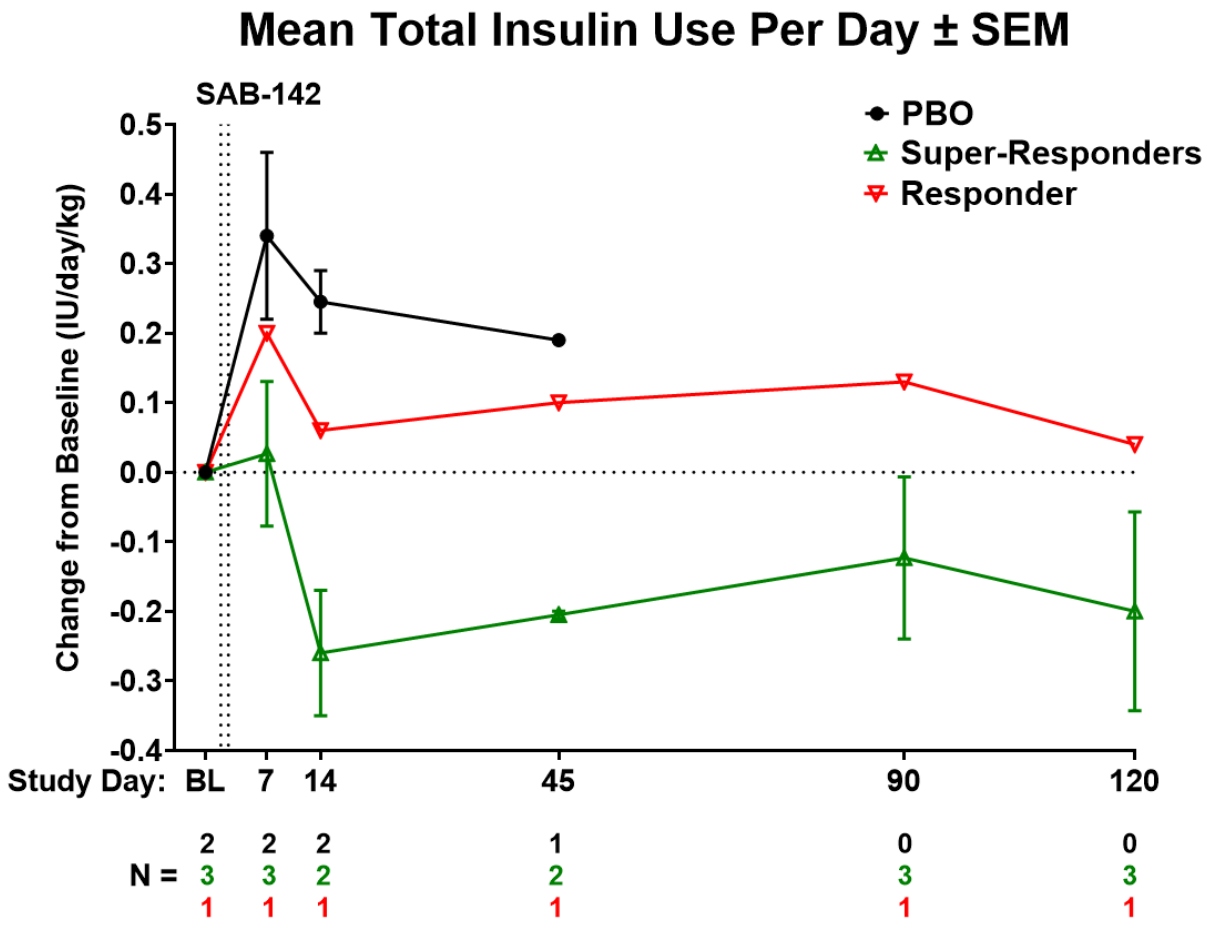
SAB-142-101

T1D Cohort at 2.5mg/kg

SAB-142 improvements in glycemic control were not driven by increase in insulin doses

Insulin doses decreased over time in SAB-142 group

Total Insulin per day and participant weight (IU/day/kg): Insulin use decreased in SAB-142 group



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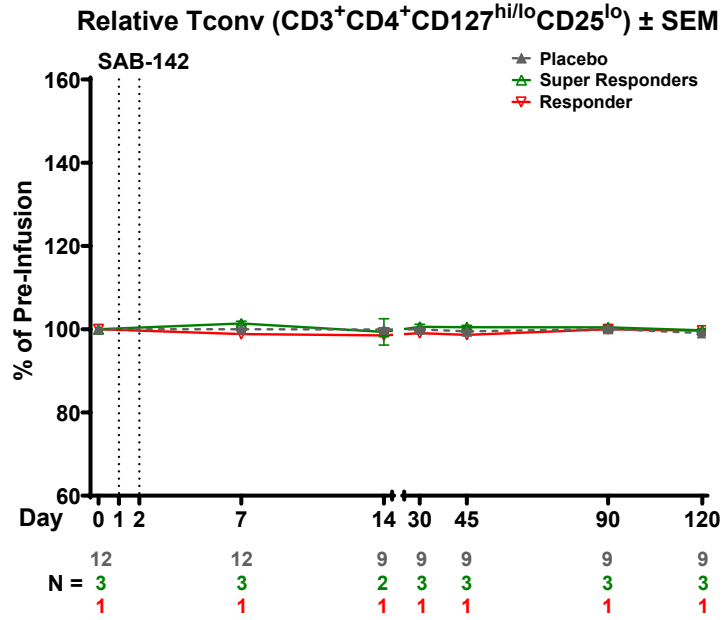
SAB-142-101

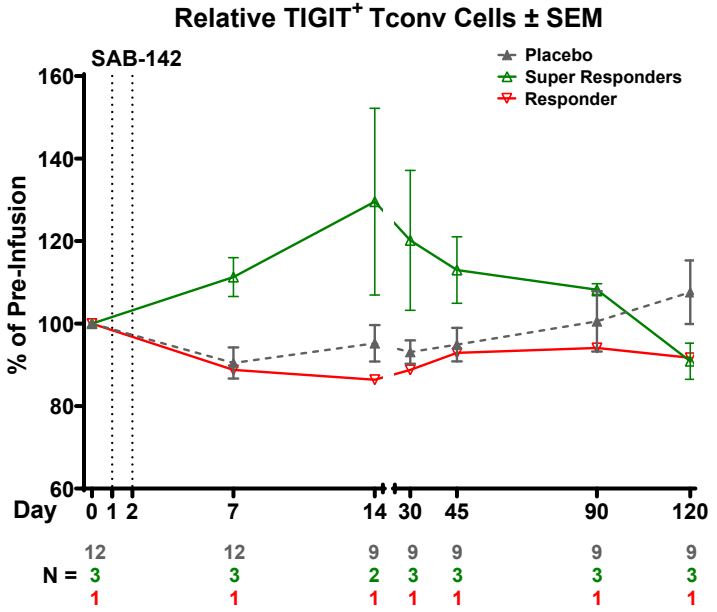
PD profile of T1D Cohort responders at 2.5mg/kg

SAB-142 preserves CD4⁺ Tconv cells

SAB-142 induced Tconv cell exhaustion correlative to anticipated C-Peptide response, similar to rATG

T1D Cohort: Effect on CD4⁺ Tconv Cells





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SAFEGUARD study

SAFEGUARD: Multicenter, Global Phase 2b Safety and Efficacy Trial of SAB-142 in Stage 3 Type 1 Diabetes Patients

SAFEGUARD Phase 2b Study

SAFety and Efficacy of human anti-thymocyte immunoGlobUlin SAB-142 ARresting progression of Type 1 Diabetes

Trial design:

- 159 pediatric, adolescent, and adult patients (5-40 years)
  - **Part A:** 12 patients – dose-ranging study for 12 months
  - **Part B:** 147 patients – randomized, double-blind, placebo-controlled, dose-ranging study for 12 months
- All patients including placebo eligible for 12-month long-term extension study upon completion

Inclusion criteria:

- New onset Stage 3 T1D: within 100 days of diagnosis
- Baseline C-peptide ≥200 pmol/L

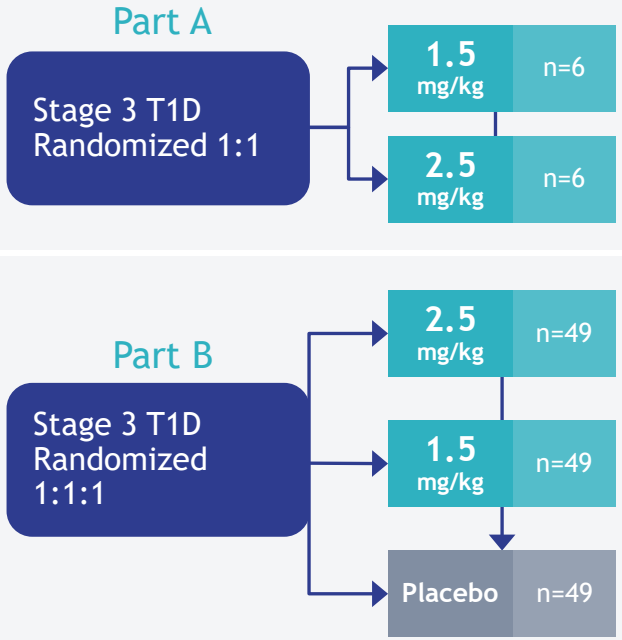
Dosing regimen:

- Intravenous (IV)
- 0.5 mg/kg on Day 1 and remainder of dose Day 2
- Induction dose levels: 1.5 and 2.5mg/kg; Maintenance dose: 1.5mg/kg q6 month

Global study initiated, first patient dosed in **December 2025 Topline results expected 2H 2027**

United States (FDA) NCT07187531 | **Europe** (EMA) | **United Kingdom** (MHRA) | **Australia** (TGA) | **New Zealand** (MEDSAFE)

Phase 2b Study Design



Primary Endpoint:

Stimulated C-peptide
following 2-hr MMTT at 12 months
(detect at least 40% difference with 80% power)

Secondary Endpoint:

Leading Clinical Endpoint:
HbA1C

Other secondary Endpoints:

- Time in Tight Range, Time in Range, Time Above and Below Range
- Hypoglycemic episodes
- Safety

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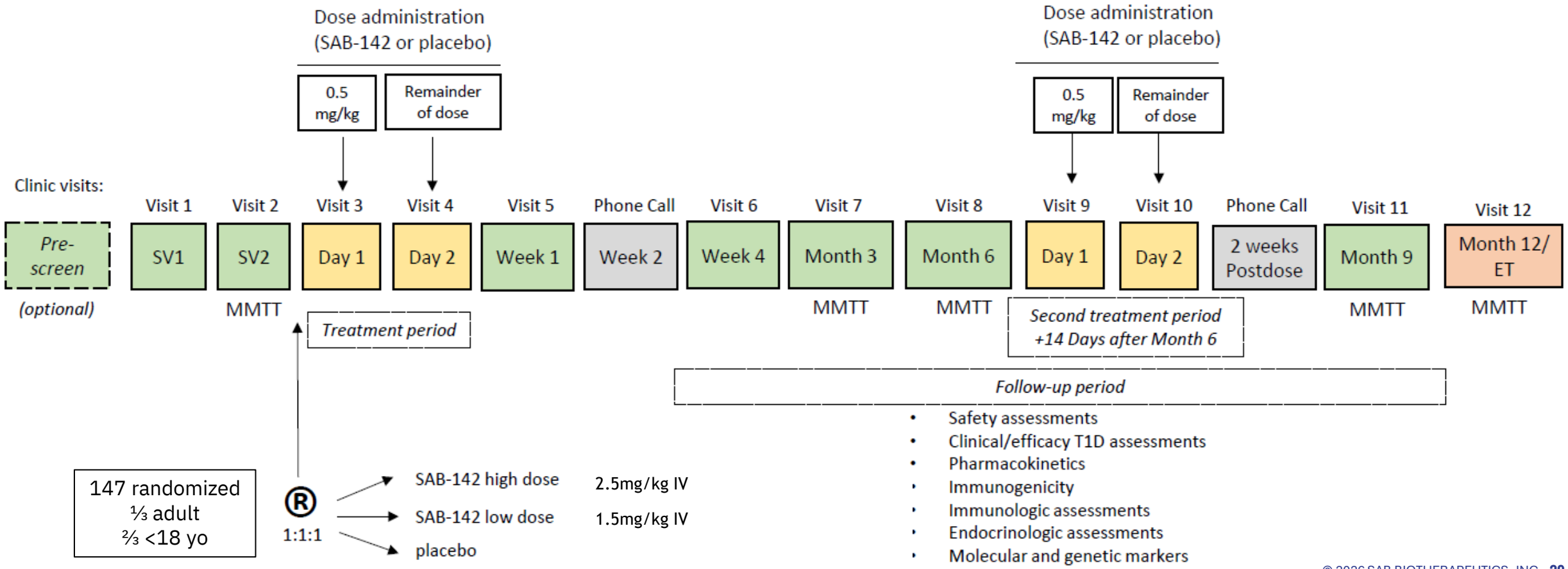
SAFEGUARD Study Design: Part A and B

A Phase 2B, Randomized, Double-Blind, Placebo-Controlled, Dose-Ranging Study Evaluating the Efficacy and Safety of SAB-142 for the delay of progression of Type 1 Diabetes in new/recent onset Stage 3 T1D patients



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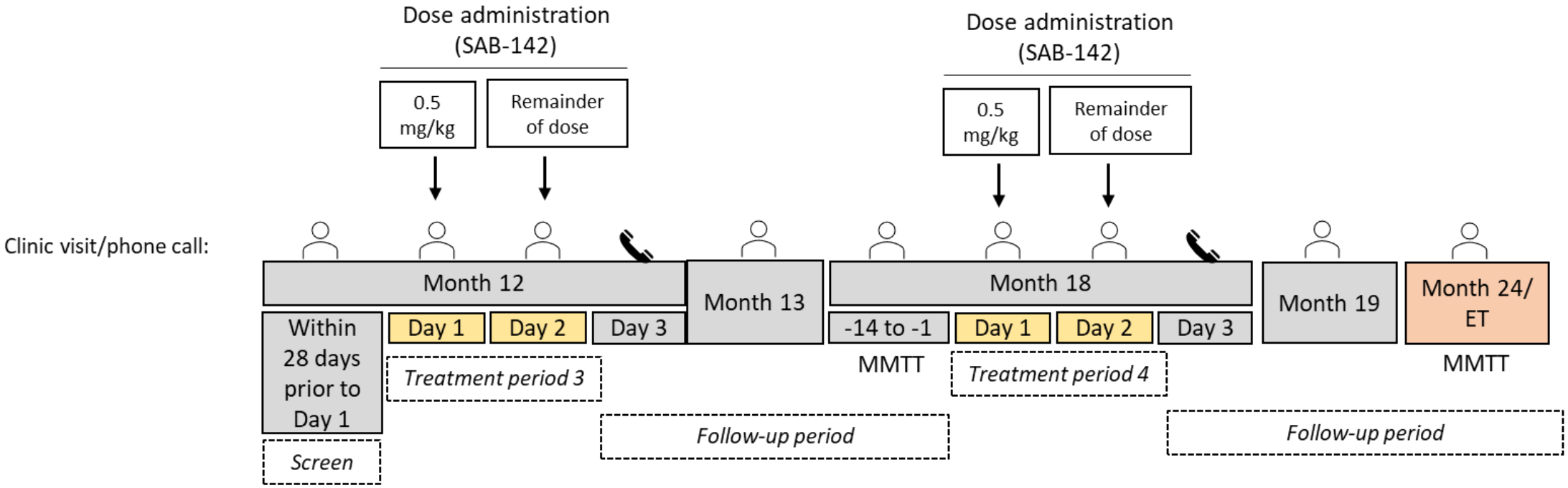
SAFEGUARD Study Design: Part C

Randomized Study to Establish Maintenance Safety and Efficacy of SAB-142 over 24 months



= in person clinic visit

= telephone call

- Safety assessments

Abbreviations: ET = Early Termination; MMTT = mixed meal tolerance test; ® = randomisation; SV = Screening Visit; T1D = type 1 diabetes.

*Optional clinic visit or mandatory phone call for participants who choose not to attend the optional clinic visit