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): January 9, 2026

INTELLIA THERAPEUTICS, INC.
(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-37766**	**36-4785571**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

40 Erie Street, Suite 130 **Cambridge, Massachusetts**	**02139**
(Address of Principal Executive Offices)	**(Zip Code)**

Registrant's Telephone Number, Including Area Code: (857) 285-6200

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

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:

☐ 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(s)	Name of each exchange on which registered
Common Stock (Par Value $0.0001)	NTLA	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.

On January 9, 2026, Intellia Therapeutics, Inc. (the "Company") updated its corporate presentation for use in meetings with investors, analysts and others. A copy of the presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information under this Item 7.01, including Exhibit 99.1 hereto, is being furnished herewith and shall not be deemed "filed" for the purposes of Section 18 of the Exchange Act, or otherwise subject to the liabilities of that section, nor shall such information be deemed incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing.

Item 8.01. Other Events.

As the Company reported on October 27, 2025, Grade 4 liver transaminases and increased total bilirubin were reported in a patient who was dosed with nexiguran ziclumeran ("nex-z") in the MAGNITUDE trial of nex-z for the treatment of transthyretin ("ATTR") amyloidosis with cardiomyopathy ("ATTR-CM"). This case met the trial's protocol-defined pausing criteria, and the United States Food and Drug Administration (the "FDA") subsequently placed a clinical hold on the Investigational New Drug applications for the MAGNITUDE and MAGNITUDE-2 Phase 3 clinical trials of nex-z.

As previously reported, the patient passed away on November 5, 2025. It was reported by the principal investigator that the patient died due to septic shock secondary to a perforated duodenal ulcer. The patient's complicated clinical course also included acute liver injury and its treatment with corticosteroids. An autopsy report supported the clinical diagnoses.

To date, more than 650 patients with ATTR-CM are enrolled in MAGNITUDE, and 47 patients with hereditary ATTR amyloidosis with polyneuropathy ("ATTRv-PN") are enrolled in MAGNITUDE-2. Grade 4 liver transaminase elevations have been reported in less than one percent of all patients enrolled in MAGNITUDE, and no Grade 4 liver transaminase elevations have been reported in MAGNITUDE-2. The onset of each of the Grade 4 events occurred within 3-5 weeks of dosing and, apart from the aforementioned case, resolved within several weeks of onset and without reported clinical sequelae.

The Company plans to provide an update after it has finalized a plan with regulators on the path forward for nex-z.

Forward-Looking Statements

This Current Report on Form 8-K and certain of the materials furnished or filed herewith contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended. The words "may," "will," "could," "would," "should," "expect," "plan," "anticipate," "intend," "believe," "estimate," "predict," "project," "potential," "continue," "target" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

These forward-looking statements include, but are not limited to, express or implied statements regarding Intellia's beliefs and expectations regarding: the safety, tolerability, efficacy, success and advancement of its clinical programs for nex-z for ATTR amyloidosis, including its MAGNITUDE Phase 3 study of nex-z for the treatment of ATTR-CM and its MAGNITUDE-2 Phase 3 study of nex-z for the treatment of ATTRv-PN; and its ability to resolve the clinical hold and finalize a plan with regulators on the path forward for nex-z.

Any forward-looking statements in this current report on Form 8-K are based on management's current expectations and beliefs of future events and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements. These risks and uncertainties include, but are not limited to: risks related to Intellia's ability to protect and maintain its intellectual property position; risks related to valid third party intellectual property; risks related to Intellia's relationship with third parties, including its licensors and licensees; risks related to the ability of its licensors to protect and maintain their intellectual property position; uncertainties related to regulatory agencies' evaluation of regulatory filings and other information related to our product candidates, including nex-z; uncertainties related to the authorization, initiation and conduct of studies and other development requirements for our product candidates, including uncertainties related to regulatory approvals to conduct clinical trials; the risk that any one or more of Intellia's product candidates, including nex-z, will not be successfully developed and commercialized; the risk that the results of preclinical studies or clinical studies will not be predictive of future results in connection with future studies for the same product candidate or Intellia's other product candidates; and risks related to Intellia's reliance on collaborations, including that its collaboration with Regeneron Pharmaceuticals, Inc. will not continue or will not be successful. For a discussion of these and other risks and uncertainties, and other important factors, any of which could cause Intellia's actual results to differ from those contained in the forward-looking statements, see the section entitled "Risk Factors"

in Intellia's most recent annual report on Form 10-K and quarterly report on Form 10-Q, as well as discussions of potential risks, uncertainties, and other important factors in Intellia's other filings with the Securities and Exchange Commission. All information in this current report on Form 8-K is as of the date of the report, and Intellia undertakes no duty to update this information unless required by law.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Corporate Presentation
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 thereunto duly authorized.

Intellia Therapeutics, Inc.

Date: January 9, 2026

By: /s/ John M. Leonard
Name: John M. Leonard
Title: Chief Executive Officer and President

Exhibit 99.1

INTELLIA THERAPEUTICS

Corporate Overview

January 2026

SHANNA
Living with hereditary angioedema type 1

Intellia Therapeutics' Legal Disclaimer

This presentation contains "forward-looking statements" of Intellia Therapeutics, Inc. ("Intellia", "we" or "our") within the meaning of the Private Securities Litigation Reform Act of 1995. These forward-looking statements include, but are not limited to, express or implied statements about Intellia's beliefs and expectations regarding: our ability to successfully develop and commercialize nexiguran ziclumeran ("nex-z"), also known as NTLA-2001, for the treatment of transthyretin ("ATTR") amyloidosis and lonvoguran ziclumeran ("lonvo-z"), also known as NTLA-2002, for the treatment of hereditary angioedema ("HAE") to address the significant unmet needs of patients and prescribers in ATTR amyloidosis and HAE, respectively; our ability to achieve upcoming objectives, including presenting topline data from the Phase 3 HAELO of lonvo-z by mid-2026, submitting a biologics license application for lonvo-z for the treatment of HAE in the second half of 2026, successfully launching lonvo-z for the treatment of HAE in the U.S. in the first half of 2027, and resolving the clinical holds on the MAGNITUDE and MAGNITUDE-2 trials of nex-z for the treatment of ATTR amyloidosis and finalizing a plan with regulators on the path forward; our ability to optimize the impact of our collaborations on our development programs, including our collaboration with Regeneron Pharmaceuticals, Inc. ("Regeneron") and our co-development program for ATTR amyloidosis, and to advance additional development candidates; our expectations regarding our uses of capital, expenses, and ability to fund operations into mid-2027; the potential commercial opportunities for our product candidates, including the value and market potential for our product candidates, including the potential of nex-z and lonvo-z to be single-dose treatments administered in an outpatient setting, the potential of nex-z to transform the standard of care for ATTR amyloidosis, provide patients with consistently rapid, deep and durable TTR reduction, stability or improvement in the disease for most patients, improved quality of life, and reduced cardiovascular events and mortality, and represent a meaningful opportunity for significant revenues and healthcare system savings, and the potential of lonvo-z to eliminate HAE attacks and burdensome ongoing therapy for most patients; and our ability to leverage our *in vivo* and *ex vivo* technology for pipeline expansion efforts and collaborations.

Any forward-looking statements in this presentation are based on management's current expectations and beliefs of future events, and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements. These risks and uncertainties include, but are not limited to: risks related to the ability to develop and commercialize any one or more of Intellia's product candidates successfully, including risks related to our ability to present a topline data readout from the HAELO study by mid-2026, generate data to support lonvo-z's potential to be a one-time treatment for HAE, address the clinical hold on the MAGNITUDE and MAGNITUDE-2 trials of nex-z for ATTR amyloidosis and to resume those clinical trials; risks related to Intellia's ability to protect and maintain its intellectual property position; risks related to Intellia's relationship with third parties, including our contract manufacturers, licensors and licensees; risks related to the ability of our licensors to protect and maintain their intellectual property position; uncertainties related to the authorization, initiation and conduct of preclinical and clinical studies and other development requirements for our product candidates, including uncertainties related to regulatory approvals to conduct clinical trials; risks related to the results of preclinical studies or clinical studies not being predictive of future results in connection with future studies; the risk that clinical trial results will not be positive; risks related to the development and advancement of *in vivo* and *ex vivo* technologies for pipeline expansion and collaborations; risks related to Intellia's future financial condition and our ability to fund our operations; risks related to Intellia's collaborations with Regeneron or our other collaborations not continuing or not being successful; and risks related to Intellia's ability to execute its strategic plans, including completing pivotal clinical trials and commercial launch of its product candidates. For a discussion of these and other risks and uncertainties, and other important factors, any of which could cause Intellia's actual results to differ from those contained in the forward-looking statements, see the section entitled "Risk Factors" in Intellia's most recent Annual Report of Form 10-K and Quarterly Report on Form 10-Q as well as discussions of potential risks, uncertainties, and other important factors in Intellia's other filings with the Securities and Exchange Commission. All information in this presentation is as of the date on its cover page, and Intellia undertakes no duty to update this information unless required by law.

Intellia THERAPEUTICS®

Our Vision: Transform the Lives of Patients Leveraging Gene Editing Technology

Treat patients at the **root cause of their disease**

Single dose treatment with potential **lifelong benefit**

Reduce burden for the patient **and** the healthcare system

Best outcomes for patients

Intellia THERAPEUTICS

Intellia is Leading a New Era of Medicine

Working diligently to bring the **first-ever *in vivo* CRISPR-based therapies** to patients living with severe diseases

3 **Phase 3 Trials**
in hereditary angioedema (HAE) and transthyretin amyloidosis (ATTR-CM and ATTRv-PN)

600+ **Patients Dosed**
with Intellia's investigational *in vivo* CRISPR-based therapies

4+ **Years of Follow-Up**
in earliest dosed patients

5 Publications in The NEW ENGLAND JOURNAL of MEDICINE

AUG 5 2021	CRISPR-Cas9 *In Vivo* Gene Editing for Transthyretin Amyloidosis
JAN 31 2024	CRISPR-Cas9 *In Vivo* Gene Editing of *KLKB1* for Hereditary Angioedema
OCT 24 2024	CRISPR-Based Therapy for Hereditary Angioedema
NOV 16 2024	CRISPR-Cas9 Gene Editing with Nexiguran Ziclumeran for ATTR Cardiomyopathy
SEP 25 2025	Nexiguran Ziclumeran Gene Editing in Hereditary ATTR with Polyneuropathy

CRISPR: clustered regularly interspaced short palindromic repeats; Cas9: CRISPR-associated protein 9; ATTR-CM: ATTR amyloidosis cardiomyopathy; ATTRv-PN: hereditary ATTR amyloidosis polyneuropathy; *KLKB1*: kallikrein B1

Intellia THERAPEUTICS

Pipeline With Significant, Near-Term Opportunities

PROGRAM	APPROACH	Research and Preclinical	Early-Stage Clinical	Late-Stage Clinical	PARTNERS
***In Vivo*: CRISPR is the therapy**					
Lonvo-z*: Hereditary Angioedema	Knockout				Intellia THERAPEUTICS
Nex-z**: Transthyretin Amyloidosis	Knockout				LEAD Intellia THERAPEUTICS REGENERON
Hemophilia B****	Insertion				Intellia THERAPEUTICS REGENERON LEAD
Research Programs for Other Targets	Various				Intellia*** THERAPEUTICS REGENERON
***Ex Vivo*: CRISPR creates the therapy**					
Research Programs	Allogeneic and other				Intellia*** THERAPEUTICS VENCELL kyverna

Lead refers to lead development and commercial party. * Lonvo-z (lonvoguran ziclumeran), formerly referred to as NTLA-2002. ** Nex-z (nexiguran ziclumeran), formerly referred to as NTLA-2001; Regeneron shares in approximately 25% of worldwide development costs and commercial profits for the ATTR program and has an option to enter into a co-promotion agreement for the U.S. commercialization. *** Intellia is advancing both wholly owned and partnered programs. **** Hemophilia B is being advanced by Regeneron – Intellia is eligible for milestones and royalties.
CRISPR: clustered regularly interspaced short palindromic repeats.

Intellia THERAPEUTICS*

Two Late-Stage Assets: Breakthrough Profiles and Blockbuster Potential

	Lonvo-z	Nex-z
Target Indication	Hereditary Angioedema (**HAE**)	Transthyretin Amyloidosis (**ATTR**)
Unique Proposition	Potential to be the first to offer **lifelong freedom** from attacks and prophylaxis with a **single dose**	Potential to be the first to **stabilize or reverse** disease progression with a **single dose**
Program Status	Phase 3 trial fully enrolled with 80 patients | RMAT, ODD, PRIME designation Expect to present **Phase 3 topline results** by **mid-2026** **BLA submission** planned in **second half 2026**	Phase 3 trials currently on clinical hold | RMAT & ODD designation **>90% patients enrolled** in polyneuropathy Phase 3 **>50% patients enrolled** in cardiomyopathy Phase 3
Total Market	Worldwide prevalence: **~150,000**[1] HAE market expected to reach **$6.3B**[2] **by 2030**	Worldwide prevalence: **250,000 to 500,000**[4-7] ATTR market expected to reach **$16.8B**[3] **by 2030**

1. Zuraw et al. NEJM, 2008. 2. Evaluate Pharma Consensus Analyst forecasts (Oct. 2025). 3. FactSet Consensus Analyst forecasts (Dec. 2025). 4. Hawkins et al. Annals of Medicine, 2015. 5. Maurer et al. Circulation: Heart Failure, 2019. 6. Nativi-Nicolau et al. ESC Heart Failure, 2021. 7. Gillmore et al. American Heart Association Scientific Sessions, 2022.
B: billion; BLA: Biologics License Application; ODD: Orphan Drug Designation; PRIME: Priority Medicine; RMAT: Regenerative Medicine Advanced Therapy.

Intellia THERAPEUTICS®

Key 2025 Accomplishments and Upcoming Objectives

Lonvo-z **HAE**	✓ Presented longer-term data from Phase 1/2 clinical trial
	✓ Completed enrollment of 80 patients in global Phase 3 HAELO trial
	○ Present topline Phase 3 HAELO data by mid-2026
	○ Planned BLA submission in second half of 2026
	○ Planned U.S. commercial launch in first half of 2027
Nex-z **ATTR**	✓ Presented longer-term data from Phase 1 clinical trials in cardiomyopathy and polyneuropathy
	✓ Enrolled >650 CM patients in the global Phase 3 MAGNITUDE trial
	✓ Enrolled 47 PN patients in the global Phase 3 MAGNITUDE-2 trial
	○ Resolve clinical holds on MAGNITUDE and MAGNITUDE-2

ATTR: transthyretin amyloidosis; BLA: biologics license application; HAE: hereditary angioedema

Lonvoguran Ziclumeran (lonvo-z) for Hereditary Angioedema

Intellia THERAPEUTICS

Hereditary Angioedema (HAE): Currently a Life-Long Genetic Condition with Significant Burden

Rare, genetic and life-threatening disease

- Patients have unpredictable, recurrent, painful and potentially life-threatening swelling attacks[1,2]
- Average age of diagnosis is 20 years old[3]
- Symptoms often begin in the first decade of life and typically worsen in puberty[4,5]
- Attacks can be triggered by stress, trauma, infection, fatigue and hormones[2]
- Approximately 7,000 patients treated in the U.S.[6]

Despite available treatments, significant unmet need persists

- Many patients only achieve partial clinical control[7,8,9]
- Patients make lifestyle modifications to manage fear and anxiety[10]
- Treatment burden negatively affects patients, especially those taking injectable medications[11]
- Insurance delays and denials associated with maintaining access have significant impacts on individuals with HAE[12]

1. Zuraw et al. NEJM, 2008. 2. Busse and Christiansen, NEJM, 2020. 3. Farkas et al. Allergy, 2017. 4. Norris et al. Allergy Asthma Proc., 2022. 5. Pancholy et al. Curr Opin. Pediatr., 2019. 6. Castaldo et al. Ann Allergy Asthma Immunol, 2025. 7. Banerji et al. JAMA, 2018. 8. Zuraw et al. Allergy Clin. Immunol, 2021. 9. Longhurst et al. NEJM, 2017. 10. Bork et al. Allergy Asthma Clin. Immunol, 2021. 11. Radojicic et al. Allergy Asthma Proc., 2021. 12. Arora et al. JACI In Practice, 2023.

HAE: Significant Market Opportunity – Ripe for Disruptive Innovation

Rapidly Growing Global Market[1]

Global HAE market projected to double from 2024 to 2030

Sizable Addressable Patient Population in the U.S.

APPROX. **7,000** patients treated[2]

~60% on prophylaxis[3,4]

U.S. represents 68%
of the global HAE market value[1]

1. Evaluate Pharma Consensus Analyst forecasts (October 2025). 2. Castaldo et al. Allergy Asthma Immunol, 2025. 3. Mendivil et al. Allergy, Asthma & Clinical Immunology, 2023. 4. Lumry et al. ACAAI poster, 2022.
B: billion; HAE: hereditary angioedema.

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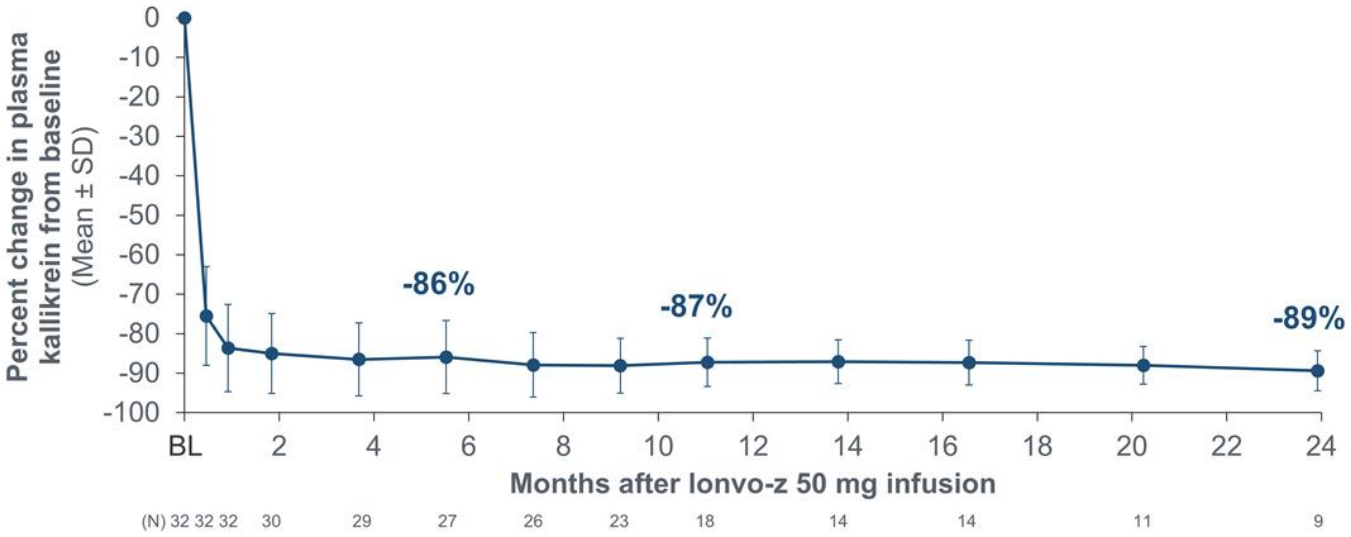
Lonvo-z Has the Potential to be a One-Time Treatment for Hereditary Angioedema

- First and only investigational therapy that **targets the *KLKB1* gene**, to reduce production of kallikrein protein at its source
- Observations from Phase 1/2 trial:
  - Consistently **rapid, deep and durable kallikrein reductions**
  - **Freedom from HAE attacks** and **ongoing therapy** for most patients
  - **Well-tolerated** safety profile
- Lonvo-z is being developed as a **one-time IV infusion** administered in an **outpatient setting**

Based on interim lonvo-z Phase 1 data as of data cutoff February 12, 2025. Studies are ongoing to assess this investigational product.
IV: intravenous; *KLKB1*: kallikrein B1.

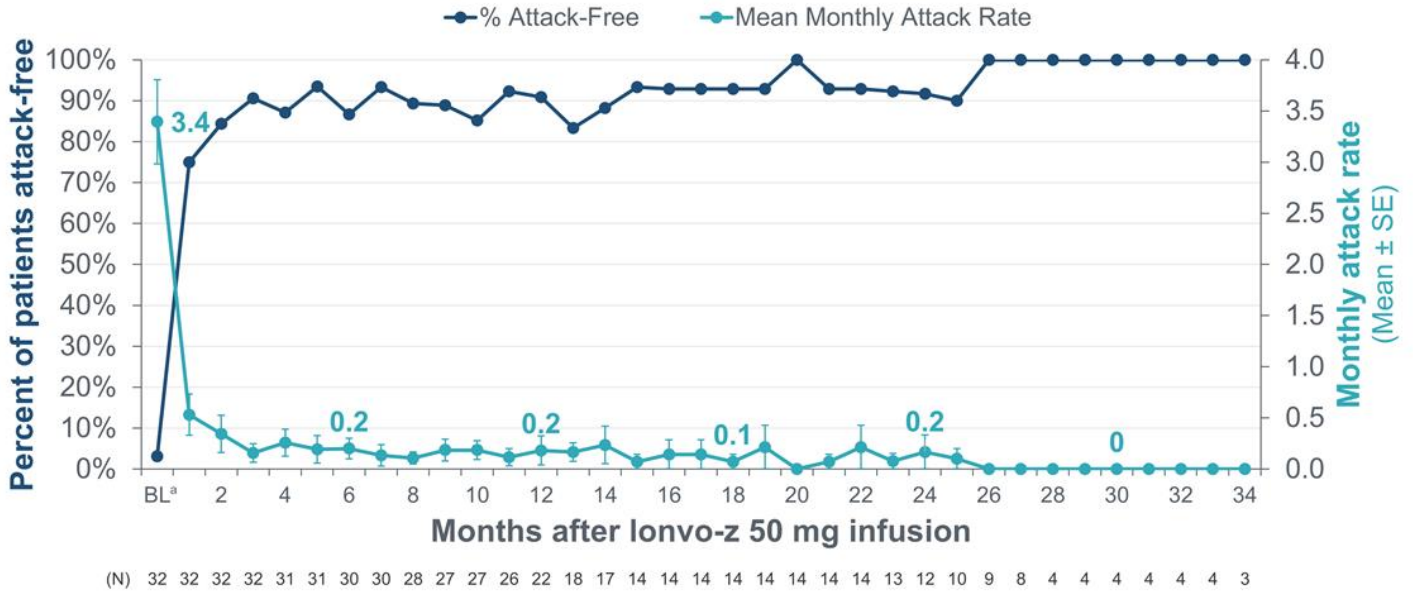
Pooled Analysis of Phase 1/2 Clinical Data: Deep Kallikrein Reduction Remained Stable After a One-Time Treatment with Lonvo-z 50 mg



Data cutoff: August 29, 2025. One month = 30.4375 days. This presentation includes data for an investigational product not yet approved by regulatory authorities.
BL: baseline; mg: milligram; SD: standard deviation.

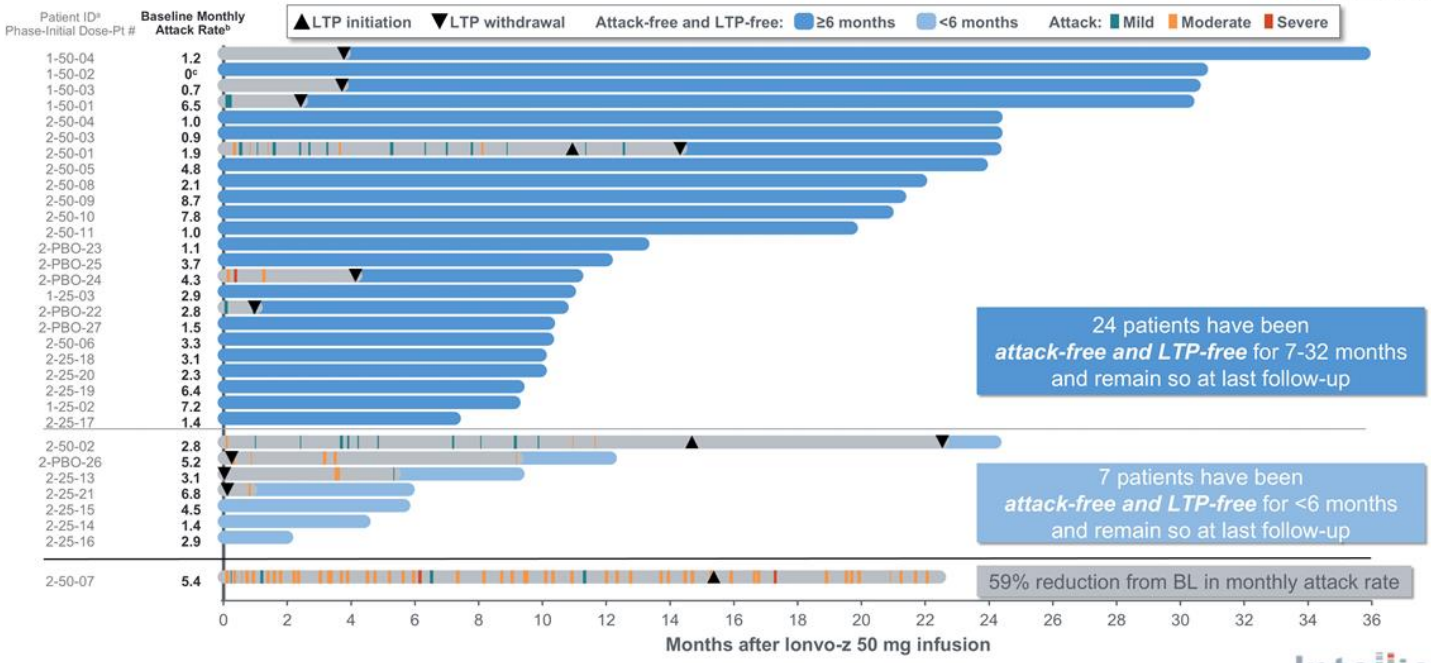
Most Patients were Attack-Free After a One-Time Treatment with Lonvo-z 50 mg; Attack Rate was Low and Stable with Up to 3 Years of Follow-Up

Pooled Phase 1/2 Analysis



Data cutoff date: August 29, 2025. The monthly attack rate is calculated as number of attacks that occurred during each 28-day interval. Timepoints with data from at least 3 patients are presented. a. One patient had no attacks during the screening period. This patient was receiving long-term prophylaxis until 19 days prior to lonvo-z infusion. 1 month = 28 days. This presentation includes data for an investigational product not yet approved by regulatory authorities.
BL: baseline; mg: milligram; SE: standard error.

Pooled Analysis of Phase 1/2 Clinical Data: After Becoming Attack-Free and LTP-Free for ≥6 Months, All Patients Maintained Their Response



Data cutoff date: August 29, 2025. Phase 1 eligibility was determined by historical attack period. a. Patient IDs align with prior Phase 1 and Phase 2 publications. b. Baseline is defined as the screening period (50 mg initial dose or 25 mg to 50 mg) or for PBO to 50 mg as the time from informed consent to 50 mg infusion or start of any LTP, whichever occurred first. c. Patient had 0.9 attacks per month in the 3 months prior to screening. This presentation includes data for an investigational product not yet approved by regulatory authorities.
BL: baseline; LTP: long-term prophylaxis; mg: milligram; PBO: placebo; Pt: patient.

A One-Time Treatment of Lonvo-z 50 mg was Well Tolerated with No Long-Term Risks Observed with Up to 3 Years of Follow-Up

Pooled Phase 1/2 Analysis

	Patients treated with lonvo-z 50 mg in the Phase 1/2 trial (N=32)[a]	
	Reported within 28 days of infusion, n (%)	Reported >28 days after infusion up to LTFU, n (%)
Any TEAE (≥10% of patients)	27 (84)	30 (94)
Infusion-related reaction	17 (53)	0
Fatigue	11 (34)	0
Headache	6 (19)	1 (3)
Abdominal pain	2 (6)	2 (6)
Nasopharyngitis	1 (3)	8 (25)
Upper respiratory tract infection	1 (3)	6 (19)
Arthralgia	1 (3)	4 (13)
COVID-19	1 (3)	4 (13)
Back pain	0	5 (16)
Any SAE	0	1 (3)
Pulmonary embolism	0	1 (3)[b]

- Safety of lonvo-z 50 mg after receiving the suboptimal dose (25 mg) was consistent with the overall population
- No clinically significant shifts in coagulation parameters
  - Grade 1 bleeding AEs: epistaxis (n=2) and vaginal hemorrhage (n=1)
  - One SAE (pulmonary embolism) occurred in a patient with multiple risk factors[b] one year after the infusion; the event resolved without sequelae
- No clinically significant shifts in liver enzymes
  - Grade 2 AST elevation occurred in one patient (Day 1-4)[c]
- In the LTFU study (n=17), there were no SAEs or treatment-related AEs reported with lonvo-z 50 mg

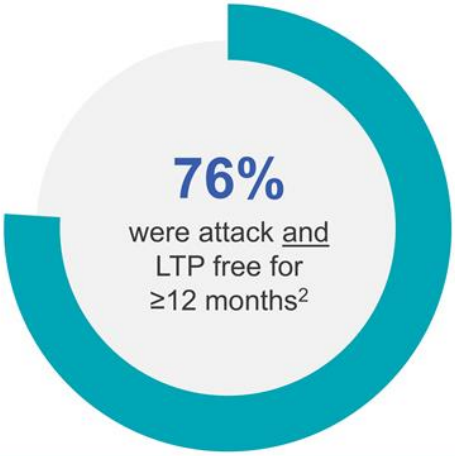
Data cutoff date: August 29, 2025. a. AEs that occurred after each patient received lonvo-z 50 mg are reported. b. The patient had multiple risk factors which included recent COVID infection, ongoing history of smoking, and obesity. c. Occurred following lonvo-z 50 mg infusion in a patient previously treated with lonvo-z 25 mg. As previously reported, two patients treated with lonvo-z 25 mg experienced transient, asymptomatic Grade 2 liver transaminase elevations, with peak values at Day 22 (Cohn, et al. NEJM., 2024) and Week 156 (Longhurst, et al. EAACI, 2025), respectively. All events resolved spontaneously without intervention. This presentation includes data for an investigational product not yet approved by regulatory authorities.
AE: adverse event; AST: aspartate aminotransferase; LTFU: long-term follow-up; mg: milligram; SAE: serious adverse event; TEAE: treatment-emergent adverse event.

Comparison of HAE Patient Survey vs. Lonvo-z Clinical Data

Most Surveyed Patients Reported They Continue to Have HAE Attacks[1]

89% of surveyed patients were on LTP therapies

Most Lonvo-z Patients Experienced Prolonged Disease Control[2]



Among the 17 patients ≥12 months since receiving lonvo-z 50 mg

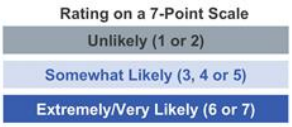
Data cutoff date: August 29, 2025. 1. Busse, P et al. ACAAI poster, 2025. N=100 2. Cohn, DM, et al. Phase 1/2 pooled analysis of patients receiving a 50 mg dose of lonvo-z presented at American College of Allergy, Asthma & Immunology Annual Scientific Meeting, Orlando, FL., 2025, November 6–10. This presentation includes data for an investigational product not yet approved by regulatory authorities.
HAE: hereditary angioedema; LTP: long term prophylaxis; mg: milligram.

Intellia THERAPEUTICS

Intellia Market Research: Most Surveyed Patients Were Very Likely to Use "Product X" (Lonvo-z), Including Those on Leading LTPs

Majority of Polled Patients Reported Being Very Likely to Take Lonvo-z (N=104)[1]

"I think this treatment could bring a sense of freedom from the constant fear of attacks."



Patients on Other Therapies Who Reported Being Extremely/Very Likely Switch to Lonvo-z[1]

- 50% Patients on ORLADEYO
- 53% Patients on TAKHZYRO
- 60% Patients on CINRYZE
- 71% Patients on HAEGARDA
- 76% Patients only on On-Demand

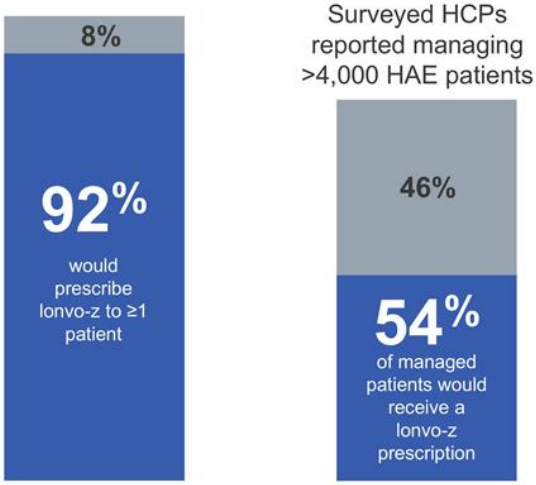
Lonvo-z is an investigational product that has not been approved by FDA or any Health Authority. Its efficacy and safety have not been established. These market research results are based on a target product profile derived from Phase 1/2 data for lonvo-z.

1. Intellia Commissioned Market Research Study Conducted with 104 US Patients and Caregivers in November and December 2025.
LTP: long term prophylaxis.

Intellia THERAPEUTICS®

Intellia Market Research: Vast Majority of 151 Surveyed Physicians Were Willing to Prescribe "Product X" (Lonvo-z)

Physicians Reported a Willingness to Prescribe Lonvo-z to Most Patients[1]



Surveyed HCPs reported managing >4,000 HAE patients

Physicians Reported a High Degree of Enthusiasm for Lonvo-z's Target Profile[1]

"APPEARS TO BE A GAME CHANGER
and could obliterate the current Rx regimens available if it truly works as well as claimed."

"Excellent and novel approach for genetic one-time therapy of HAE..."
IF APPROVED, WILL BE MY FIRST CHOICE."

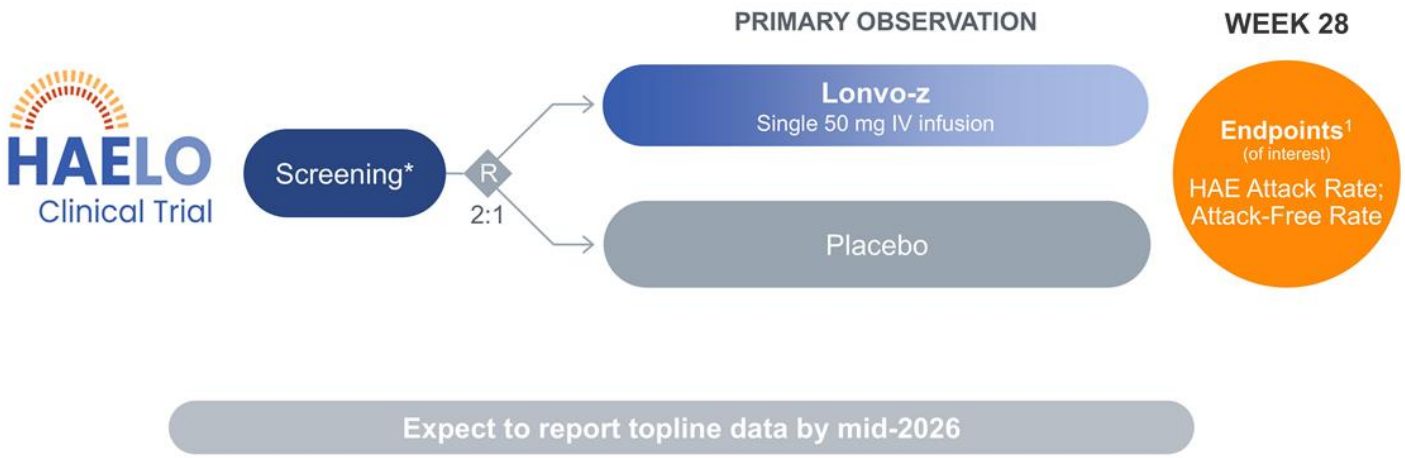
"VERY COMPELLING TREATMENT. CLOSEST THING TO A CURE."

Lonvo-z is an investigational product that has not been approved by FDA or any Health Authority. Its efficacy and safety have not been established. These market research results are based on a target product profile derived from Phase 1/2 data for lonvo-z.

1. Intellia Commissioned Market Research Study (N=151) US HAE Prescribers in November and December 2025.
HAE: hereditary angioedema; HCP: healthcare provider; Rx: prescription.

Intellia THERAPEUTICS

Fully Enrolled With 80 Patients: Phase 3 Clinical Trial of Lonvoguran Ziclumeran (Lonvo-z) in Patients with Hereditary Angioedema (HAE)



Expect to report topline data by mid-2026

Clinicaltrials.gov ID: NCT06634420. * Patients on long-term prophylaxis are required to wash out of therapy prior to the run-in period of screening. 1. Week 28 data expected to support BLA filing in second half of 2026. After week 28, participants will be eligible for an optional blinded crossover, in which participants who received placebo would receive a single dose of lonvo-z. Patients will be observed in extended follow-up. IV: intravenous; mg: milligram; R: randomized.

Intellia THERAPEUTICS

Preparing for a Successful Planned Commercial Launch in 1H 2027

- **Core commercialization team in place**
- **Field medical team deployed and engaging with KOLs**
- **Payer engagement underway**
- **Overall launch strategy in place**
- **Relationships established with HAEA and medical societies**

Priorities in 2026…

- Scale field sales and reimbursement teams
- Finalize distribution model
- Identify treatment centers
- Finalize pricing
- Contracting strategy

HAEA: Hereditary Angioedema Association; KOL: key opinion leader.

Lonvo-z Has the Unique Potential to Eliminate Attacks and Burdensome Ongoing Therapy

CROSS TRIAL COMPARISON*

Product	Study Phase	% of Patients Attack-Free*	% of Patients Attack-Free w/o chronic prophylaxis	Dosing Regimen
Lonvo-z (investigational)	Phase 2[1]	73% at 16 weeks	73% at 16 weeks	1x infusion / lifetime
DAWNZERA (donidalorsen) 80 mg/0.8 mL injection	Phase 3[2]	35-43% at 24 weeks	0%	6–12 injections / year
ANDEMBRY garadacimab-gxii	Phase 3[3]	62% at 26 weeks	0%	12 injections / year
TAKHZYRO (lanadelumab-flyo) injection	Phase 3[4]	31-44% at 26 weeks	0%	13–26 injections / year
orladeyo (berotralstat) capsules 150 mg	Phase 3[5]	No statistical difference	0%	Daily oral tablets x365
HAEGARDA C1 Esterase Inhibitor Subcutaneous (Human)	Phase 3[6]	Not measured	0%	104 injections / year x104

For illustrative purposes only.

* This graphic includes data from the blinded time periods of distinct clinical trials with their own enrollment criteria and methodologies. Cross-trial comparisons have inherent limitations and should be interpreted with caution. 1. Cohn et al. NEJM, 2024. 2. Riedl et al. NEJM., 2024. 3. Craig et al. Lancet, 2023. 4. Banerji, et al. JAMA, 2018. 5. Zuraw et al. J. All. Clin. Imm., 2021. 6. Longhurst et al. NEJM, 2017. 8. CINRYZE FDA Package Insert.

Intellia THERAPEUTICS*

Nexiguran Ziclumeran (nex-z) for ATTR Cardiomyopathy and ATTR Polyneuropathy

Intellia THERAPEUTICS

Transthyretin Amyloidosis (ATTR): Large and Growing Market with Significant Unmet Need

Severe, fatal, progressive disease with shortened life expectancy

- CM patients have debilitating shortness of breath, arrythmias, reduced mobility and quality of life, as well as a high rate of hospitalization
- Wild-type disease, the most common form, occurs with aging and manifests as heart failure; inherited TTR mutations lead to rapidly progressive heart failure and/or polyneuropathy
- 250,000 to 500,000 ATTR patients worldwide[1-4]; increasing rate of diagnosis due to an aging population and improved disease awareness
- PN presents as motor and sensory dysfunction, muscle wasting, weight loss, as well as autonomic neuropathy with severe GI symptoms

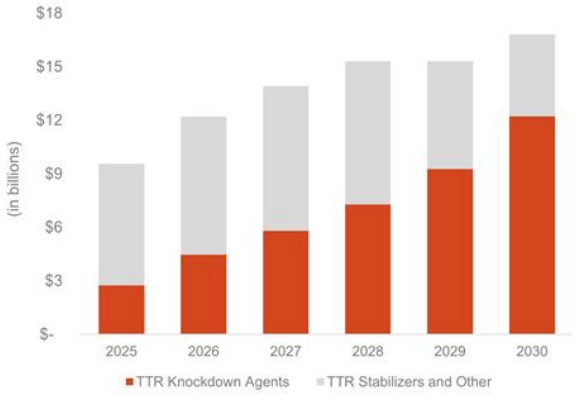
Despite available treatments, significant unmet need persists

- Inconsistent and slow TTR lowering response observed with silencers[5]
- In Phase 3 trials of silencer or stabilizer therapies for CM, the annual rate of CV events or death is high at ~15% of enrolled patients in the first year[5,6]
- Even on existing therapies, CM patients have a marked decline in quality of life and functional capacity as measured by 6MWT[5,6]
- Treatment adherence due to frequent administration/polypharmacy remains an issue

1. Hawkins et al, Annals of Medicine, 2015. 2. Maurer et al, Circulation: Heart Failure, 2019. 3. Nativi-Nicolau et al, ESC Heart Failure, 2021. 4. Gillmore et al, American Heart Association Scientific Sessions, 2022. 5. Fontana et al, NEJM, 2024. 6. Gillmore et al, NEJM, 2024.
CM: cardiomyopathy; CV: cardiovascular; GI: gastrointestinal; PN: polyneuropathy; TTR: transthyretin; 6MWT: 6-Minute Walk Test.

Seeking to Meet Patient and Provider Needs in a Large and Growing ATTR Market

Global ATTR market projected to reach **~$16.8B dollars by 2030**[1]



Patients want a **highly effective** therapy **and freedom** from chronic treatment[2]

*"It would be incredible to have a **one-time therapy**. This would get rid of the mental energy and anxiety I get from going to infusion centers."*

U.S. ATTRv-PN Patient

*"My number one wish would be a **cure**."*

U.S. ATTR-CM Patient

*"This treatment could help me get my life back. I would feel more comfortable going back to work knowing there is a **permanent treatment**."*

UK ATTR-CM Patient

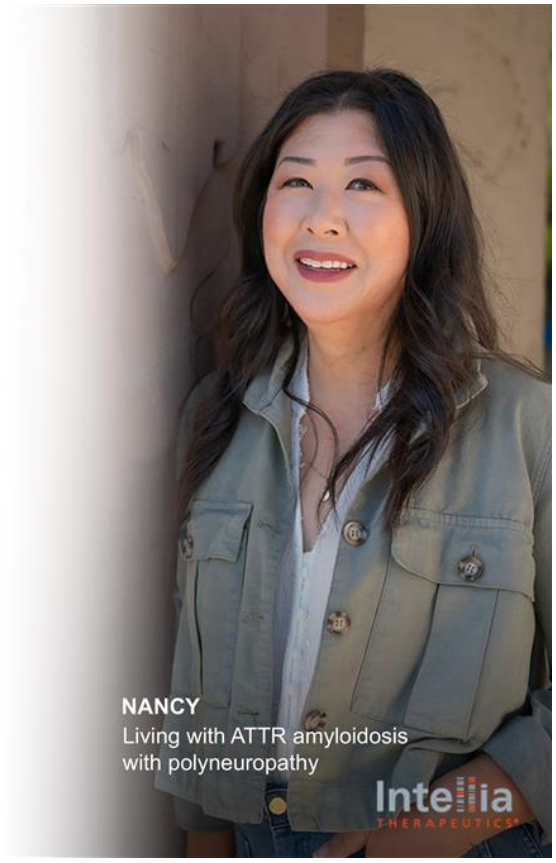
If approved, nex-z would present an opportunity for significant revenues and healthcare system savings

1. Consensus analyst forecasts per FactSet (Dec. 2025). 2. Intellia commissioned ATTR patient and caregiver interviews (n=46). 3. Intellia commissioned physician quantitative survey (n=232) based on nex-z target product profile.
ATTR-CM: ATTR amyloidosis cardiomyopathy; ATTRv-PN: hereditary ATTR amyloidosis polyneuropathy; TTR: transthyretin.

REGENERON Intellia THERAPEUTICS

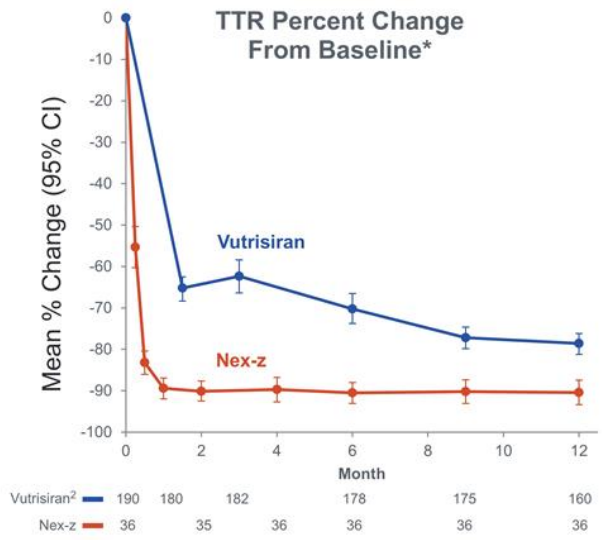
Nex-z Has the Potential to Transform the Standard of Care for ATTR Amyloidosis

- First and only investigational therapy that **targets the *TTR* gene**, to reduce production of TTR protein at its source
- Potential to provide patients with:
  - Consistently rapid, deep and durable TTR reduction
  - Stability or improvement in disease measures
  - Improved quality of life
  - Reduced CV events and mortality
- Nex-z is being developed as a **one-time IV infusion** administered in an **outpatient setting**



Based on interim nex-z Phase 1 data as of data cutoff August 21, 2024. Studies are ongoing to assess this investigational product.
ATTR amyloidosis: transthyretin amyloidosis; CV: cardiovascular; IV: intravenous.

Nex-z Led to Consistent Rapid, Deep, and Durable Reductions in Serum TTR: Cross-Trial Comparison to Vutrisiran TTR Profile from HELIOS-B

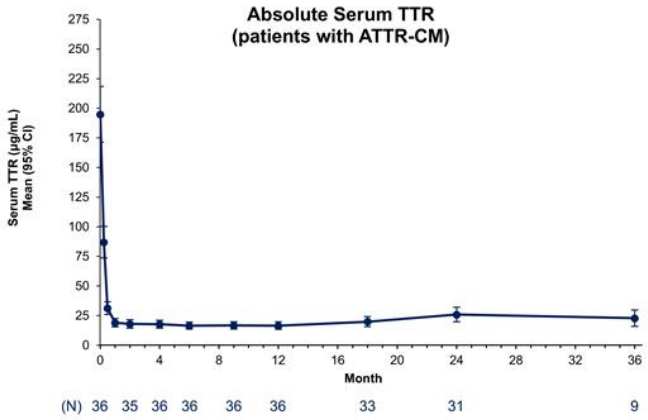


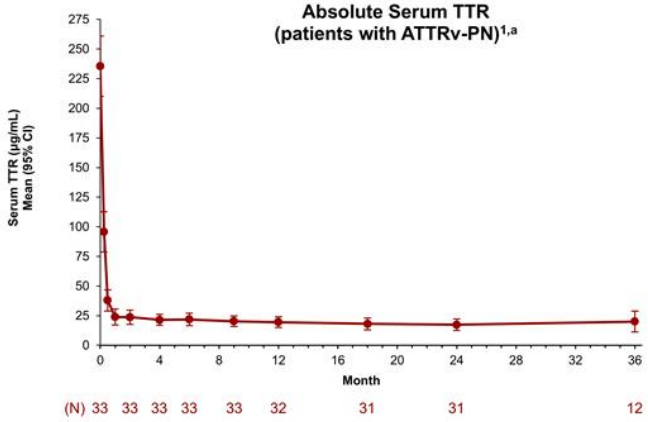
Research has shown a correlation between deeper reductions in TTR and increased clinical benefit[1-5]

* This graphic includes data from distinct clinical trials with their own enrollment criteria and methodologies. Cross-trial comparisons have inherent limitations and should be interpreted with caution. Vutrisiran data digitized from HELIOS-B: Fontana et al, NEJM, 2024. Nex-z data from: Gillmore et al. NEJM, 2024. 1. Gillmore JD, et al. Lancet, 2001. 2. Lachmann HJ, et al. Br J Haematol, 2003. 3. Palladini G, et al. J Clin Oncol., 2012. 4. Lachmann HJ, et al. NEJM, 2007.
CI: confidence interval; TTR: transthyretin.

REGENERON Intellia THERAPEUTICS*

Phase 1 Clinical Data: One-time Nex-z Dose Led to Consistent, Rapid, Deep and Durable Serum TTR Reduction



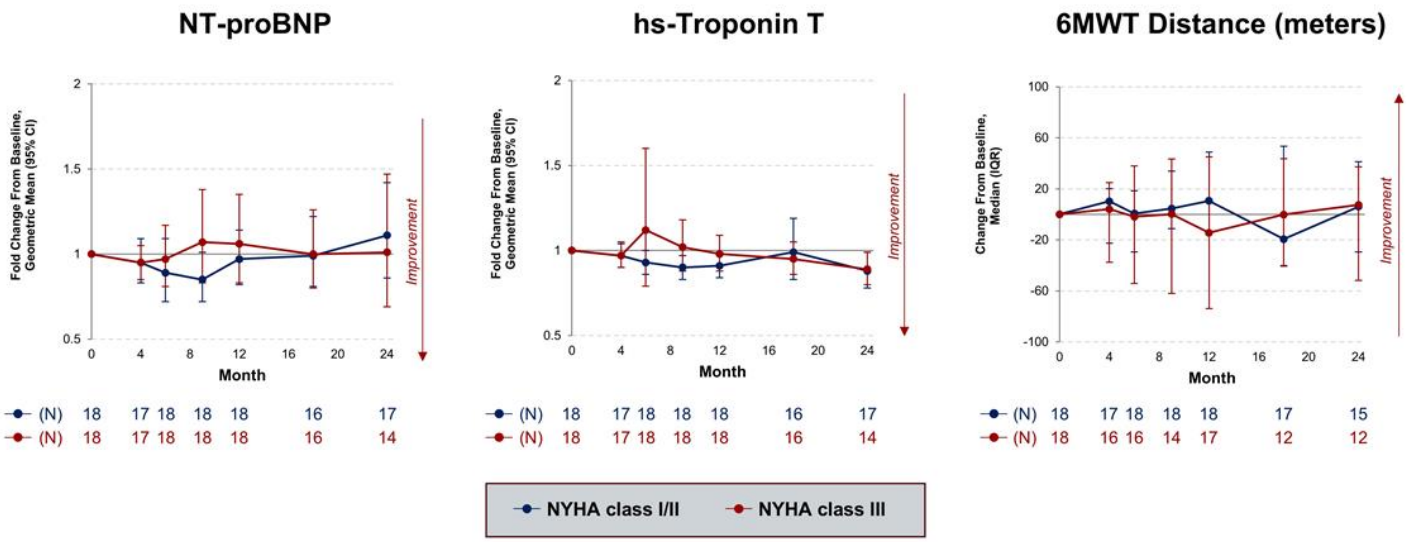


From *The New England Journal of Medicine*, Gillmore JD, et al, Nexiguran ziclumeran gene editing in hereditary ATTR with polyneuropathy, Volume 393, Page no. 1375-1386. Copyright © 2025 Massachusetts Medical Society. Reprinted with permission from Massachusetts Medical Society.

Across patients with ATTR-CM and ATTRv-PN, durable reductions in serum TTR have been observed for up to 36 months (n=21)

Data cutoff date: August 23, 2025. Data at Month 36 collected from patients who entered the long-term follow-up safety monitoring study (data-cutoff date: August 21, 2025).
Changes in N from total population (N=36) reflect patient death (n=2), withdrawal (n=1), or missing assessment. a. Results shown for patients with ATTRv-PN who received nex-z at a dose > 0.1 mg/kg. 1. Gillmore D, et al. NEJM, 2025.
ATTR-CM: ATTR amyloidosis with cardiomyopathy; ATTRv-PN: hereditary transthyretin amyloidosis with polyneuropathy; CI: confidence interval; TTR: transthyretin.

Phase 1 ATTR-CM Clinical Data: Improvement/Stabilization of Disease Progression Maintained Regardless of NYHA Class



Data cutoff date: August 23, 2025. Changes in N from total population (N=36) reflect patient death (n=2), withdrawal (n=1), or missing assessment.
ATTR-CM: ATTR amyloidosis cardiomyopathy; CI: confidence interval; hs: high sensitivity; IQR: interquartile range; NT-proBNP: N-terminal pro-B-type natriuretic peptide; NYHA: New York Heart Association. 6MWT: 6-Minute Walk Test.

Evaluation of Mortality in Patients Treated with Nex-z Compared with a Matched Cohort of Patients

American Heart Association. Scientific Sessions
November 7-10, 2025 | Scientific Sessions
November 8-10, 2025 | Exhibits
Ernest N. Morial Convention Center | New Orleans, LA

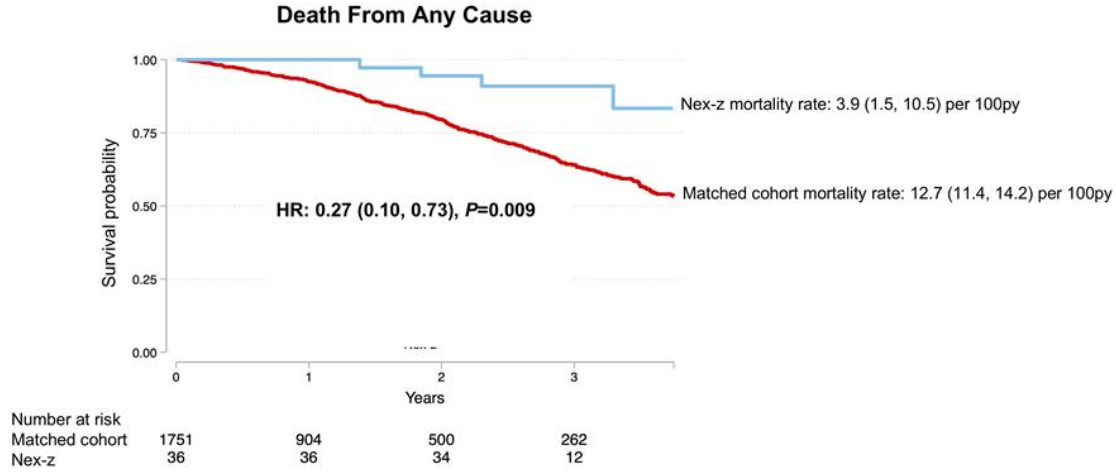
- A cohort of ATTR-CM patients from the National Amyloidosis Centre (NAC) who were not receiving stabilizers or silencers at baseline was compared to patients treated with nex-z (also from NAC) in a post-hoc analysis
- From a database of 3277 patients, propensity scores were used to identify 1751 contemporaneous NAC patients that were matched to the 36 patients who received nex-z based on their baseline characteristics
- Mortality outcomes of patients treated with nex-z were compared to the matched ATTR-CM controls from the NAC

Characteristic[a]	Patients With ATTR-CM		
	Matched cohort (N=1751)	Treated with nex-z (N=36)	*P* value
Age, mean (SD), y	77.9 (7.6)	76.5 (8.4)	0.28
Sex, Female, n (%)	43 (2.5)	1 (2.8)	0.90
Baseline year (SD)	2022 (2.7)	2022 (0.6)	0.94
NT-proBNP, geometric mean	2606	2466	0.74
***TTR* genotype, n (%)[b]**			
Wild type	1395 (79.7)	25 (69.4)	0.13
p.V142I	257 (14.7)	7 (19.4)	0.42
Echocardiogram measurements			
Septum thickness, mean (SD), mm	16.9 (2.7)	16.4 (1.6)	0.27
LVEF, mean (SD), %	49.4 (70.9)	49.2 (10.6)	0.99
eGFR, mean (SD), mL/min/1.73m^2	58.9 (17.8)	60.7 (15.3)	0.53

Patients were well matched between cohorts

a. Numbers for patients treated with nex-z represent values at trial baseline. b. Nex-z patient population includes 2 homozygous patients.
ATTR-CM: ATTR amyloidosis cardiomyopathy; CKD-EPI: chronic kidney disease epidemiology; eGFR: estimated glomerular filtration rate by CKD-EPI equation; LVEF: left ventricular ejection fraction; mL: milliliter; NAC: National Amyloidosis Center; NT-proBNP: N-terminal pro-B-type natriuretic peptide; SD: standard deviation; *TTR*: transthyretin.

Phase 1 ATTR-CM Clinical Data: All-Cause Mortality Rate was ~3-Fold Lower than that Observed in a Matched Cohort of Patients



- **A sensitivity analysis incorporating tafamidis initiation[a] as a time varying covariate yielded comparable results (HR: 0.3, 95% CI: 0.11, 0.80, *P*=0.016)**
- **Results will need to be confirmed in a prospective randomized controlled trial**

a. Tafamidis was initiated in patients in both cohorts shortly after it became available in the UK. Follow up truncated to the last follow up time available for nex-z patients (44 months).
ATTR-CM: ATTR amyloidosis cardiomyopathy; HR: hazard ratio; NAC: National Amyloidosis Center; PY: patient-year.

Phase 1 ATTR-CM Safety Summary

Event	n (%)
At least one AE	36 (100)
AEs occurring in ≥15% of patients	
Cardiac failure	13 (36)
COVID-19	8 (22)
Upper respiratory tract infection	7 (19)
Atrial fibrillation	6 (17)
Urinary tract infection	6 (17)
Treatment-related AEs in ≥5% of patients	
Infusion-related reaction	5 (14)
Aspartate aminotransferase increased	2 (6)
Any AE leading to treatment discontinuation	0
Any SAE[a]	15 (42)
SAEs occurring in ≥5% of patients	
Cardiac failure	8 (22)
Acute myocardial infarction	2 (6)
Cardiac failure congestive	2 (6)
Atrial flutter	2 (6)
Urinary tract infection	2 (6)
Pneumonia	2 (6)
Any event leading to death[b]	4 (11)

In this Phase 1 Trial

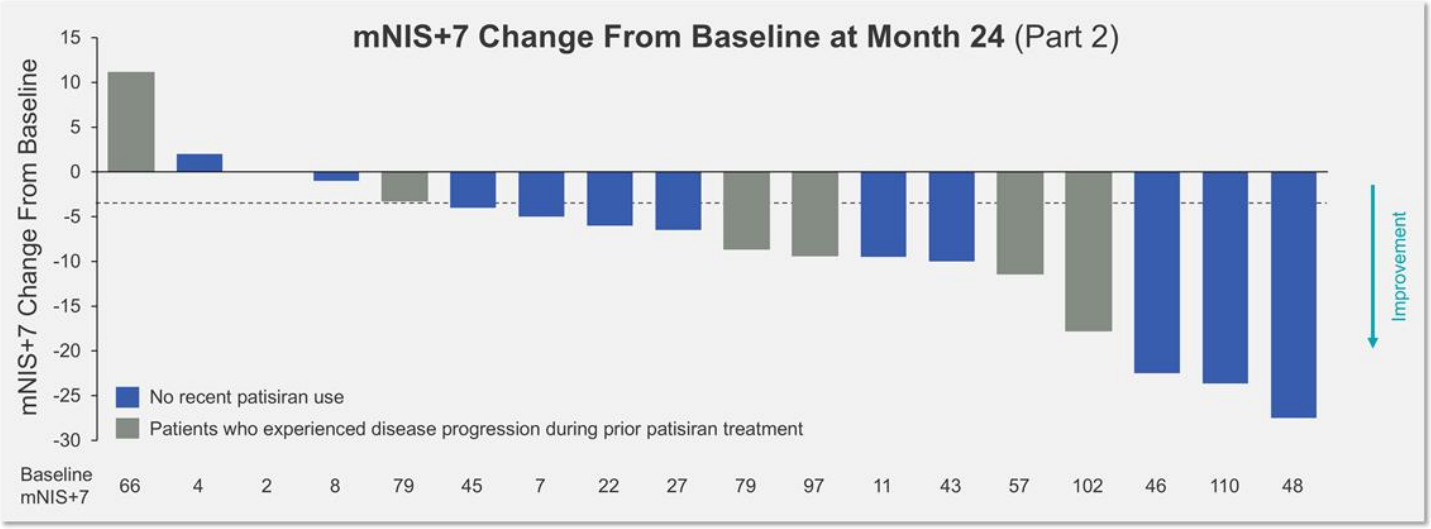
- Nex-z was generally well tolerated with IRRs being the most frequent related AE
- In the first 8 weeks post-dose, all liver enzyme elevations were transient, generally mild and no elevation was above Grade 2
- Two patients had AST elevations assessed by investigators as related to nex-z
  - One case occurred on Day 1 and the other case occurred on Day 22 post-dose
  - These elevations peaked at Grade 2 and resolved within approximately 10 days without medical intervention

Important safety update from Phase 3 MAGNITUDE Trial

- As disclosed, there have been cases of Grade 4 liver enzyme elevations (including one patient who subsequently died due to septic shock secondary to a perforated duodenal ulcer) in the Phase 3 MAGNITUDE ATTR-CM trial. These cases are under evaluation and enrollment in the trial is currently on hold

Data cutoff date: August 23, 2025. a. In addition, 1 patient in the long-term follow-up had unrelated serious adverse events. b. One death was due to ischemic heart disease on Day 506, one due to decompensated heart failure on Day 675, one due to decompensated congestive heart failure on Day 790, and one due to heart failure, cardiac amyloidosis, and hypertension on Day 1204; all were unrelated to treatment. At each level of summarization (any event and preferred term), subjects reporting more than one adverse event are counted only once.
AE: adverse event; AST: aspartate aminotransferase; ATTR-CM: ATTR amyloidosis cardiomyopathy; IRR: infusion-related reaction; SAE: serious AE.

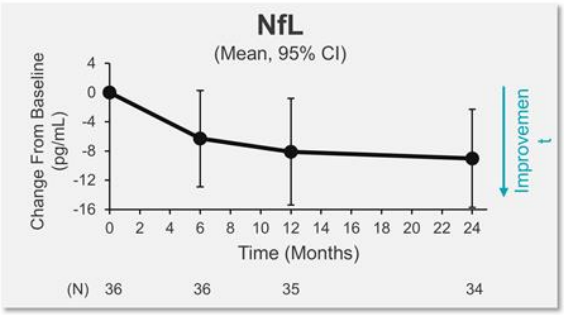
At Month 24, Majority of Patients With ATTRv-PN Experienced Improvements in mNIS+7

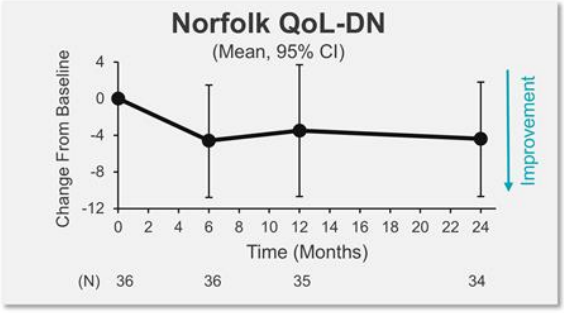


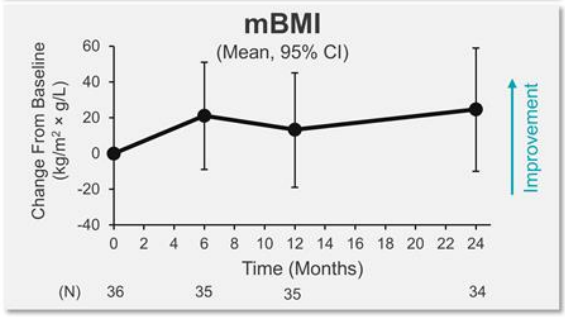
- The mean change in mNIS+7 at Month 24 was -8.5 points
- 13/18 (72%) patients had improvements in mNIS+7 which exceeded the clinically meaningful threshold of a ≥4-point reduction[1]

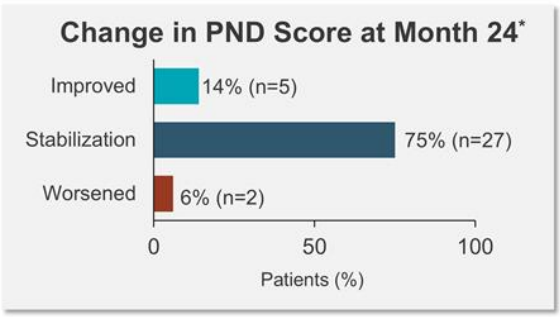
Data cutoff date: April 11, 2025. Gillmore JD, et al. NEJM, 2025. Copyright © 2025 Massachusetts Medical Society. Reprinted with permission from Massachusetts Medical Society. Dotted line indicates cutoff for clinically meaningful improvement (Folkvaljon F, et al. Muscle Nerve, 2025). 1. mNIS+7 ranges from 0 to 304, with higher values indicating increased impairment.
ATTRv-PN: hereditary ATTR amyloidosis polyneuropathy; mNIS+7: modified neuropathy impairment score +7.

Multiple ATTRv-PN Disease-Related Clinical Measures Show Stability or Improvement Through Month 24









Data cutoff date: April 11, 2025. Gillmore JD, et al. NEJM, 2025. Copyright © 2025 Massachusetts Medical Society. Reprinted with permission from Massachusetts Medical Society. Norfolk QoL-DN total score ranges from -4 to 136, with lower scores indicating better QoL. * Improvement, No Change, or Worsened in PND score is relative to the measurement at baseline. PND score were missing for 2 patients at Month 24. In the patient who died and the patient who discontinued, PND score remained unchanged from baseline at the last available assessment, Month 6 and Month 12, respectively.

ATTRv-PN: hereditary ATTR amyloidosis polyneuropathy; mBMI: modified body mass index; NfL: neurofilament light chain; Norfolk QoL-DN: Norfolk Quality of Life-Diabetic Neuropathy questionnaire; PND: Polyneuropathy Disability; QoL: quality of life.

Safety Summary in Patients with ATTRv-PN Treated with Nex-z

Safety Events	All Patients (N=36) n (%)
At least 1 AE	36 (100)
AEs occurring in ≥15% of patients	
IRR	21 (58)
Headache	10 (28)
Diarrhea	8 (22)
Thyroxine decreased	8 (22)[a]
AST increased	6 (17)[b]
Any serious AE	11 (31)
Treatment-related SAEs	3 (8)[c]
Death	1 (3)[d]

- All patients received the intended dose of nex-z
- All IRRs were Grade ≤2 and resolved
- Three patients had ALT and/or AST elevations >5× ULN
  - No symptoms, changes in hepatic synthetic function, prolonged prothrombin time, or clinical sequelae; Hy's Law criteria were not met
  - Onset occurred 24 to 35 days following infusion and all returned to normal levels without intervention within 31 to 58 days
  - Two patients received an 80mg dose and one patient received a 55 mg dose (selected as the Phase 3 dose)
- The safety profile in patients with prior disease progression on patisiran was comparable to the overall study population

Data cutoff date: April 11, 2025. Gillmore JD, et al. NEJM, 2025. Copyright © 2025 Massachusetts Medical Society. Reprinted with permission from Massachusetts Medical Society. a. Not accompanied by thyroid-stimulating hormone elevation or symptoms of hypothyroidism. No patient had clinical hypothyroidism or TSH elevation. b. 3 patients had Grade ≥3 liver enzyme elevations. c. One patient had grade 3 vomiting lasting 12 days, another had grade 2 ileus (Days 2-4), and the third patient had esophageal adenocarcinoma (Day 513) and prostate cancer (Day 610). This third patient had multiple risk factors for esophageal adenocarcinoma, including older age of 73 years, occupational chemical exposure including asbestos, a long history (>15 years) of smoking, heavy alcohol use, gastroesophageal reflux and recently diagnosed Barrett's esophagus. d. One patient died from sudden cardiac death associated with cardiac amyloidosis at Month 9, not considered treatment-related.
AE: adverse event; ALT: alanine aminotransferase; AST: aspartate aminotransferase; ATTRv-PN: hereditary ATTR amyloidosis polyneuropathy; IRR: infusion-related reaction; ULN: upper limit of normal.

Working to Resolve Clinical Holds on MAGNITUDE and MAGNITUDE-2 Phase 3 Clinical Trials

MAGNITUDE
ATTR-CM

Initiated enrollment: **March 2024**

Patients enrolled:	Enrollment target:
>650	**~1,200**

MAGNITUDE-2
ATTRv-PN

Initiated enrollment: **April 2025**

Patients enrolled:	Enrollment target:
47	**~50**

Accruing data from enrolled patients; expect to provide an update after we have finalized a plan with regulators on the path forward

ATTR-CM: ATTR amyloidosis cardiomyopathy; ATTRv-PN: hereditary ATTR amyloidosis polyneuropathy.

Established CRISPR Leader Working Diligently to Deliver the First Ever *In Vivo* Gene Therapies to Patients

Lonvo-z:
A potential one-time treatment for HAE

- Aiming to free most patients from HAE attacks and ongoing therapy
- Rapidly growing multi-billion-dollar market
- Strong interest among patients and physicians
- Rapidly approaching Phase 3 topline data; readying for potential commercial launch in first half of 2027

Nex-z:
A potential one-time treatment for ATTR-CM and ATTRv-PN

- Aiming to stabilize or reversing course of disease for most patients
- Rapidly growing multi-billion-dollar market
- Majority of patients enrolled in Phase 3 trials
- Engaging with regulatory authorities to resolve clinical holds

Leveraging our *in vivo* and *ex vivo* technology for pipeline expansion efforts and collaborations

Existing capital expected to fund operations into mid-2027

ATTR-CM: ATTR amyloidosis cardiomyopathy; ATTRv-PN: hereditary ATTR amyloidosis polyneuropathy; CRISPR: clustered regularly interspaced short palindromic repeats; HAE: hereditary angioedema.

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THERAPEUTICS®