Corporate Presentation

December 2019

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Ultragenyx: Rare by Design, 9 Years from Founding

Exceptional Rare Disease Company	▪ Forging new approaches ▪ 14+ indications ▪ Multiple modalities
Gene Therapy Platform	▪ 6+ programs ▪ Clinical POC in 2 ▪ Strong manufacturing
Global Commercial	▪ 2 approved therapies ▪ Third potential therapy filed ▪ N. America, S. America, Europe and Turkey

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The RARE Formula for Effective Pipeline Development

Science We Choose

Potent & Clear Disease & Drug Biology

The Need We Solve

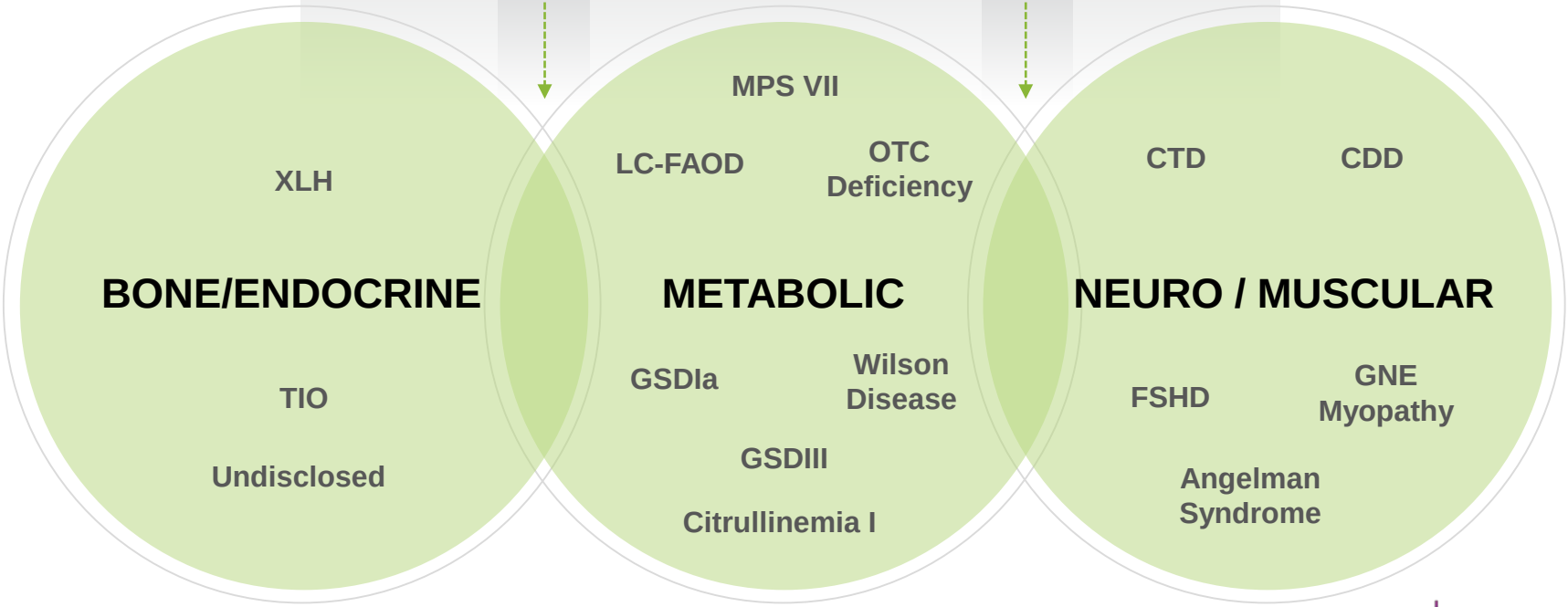
- Serious Unmet Medical Need: Often First Drug Ever
- Disease-Modifying Therapeutic

The Development We Plan

- Fast to Clinic and Speed: Dynamic Development Model
- Creative, Adaptive Clinical and Regulatory Strategy
- Rapid Global Submissions Long-Term Follow-up in DMP

Current Focus on Therapeutic Areas with Rare Genetic Disease

Clinical and Commercial Synergies



Pipeline Driving Next Opportunities Across 4 Modes

Picking the best mode for each indication

	TRADITIONAL BIOLOGICS	SMALL MOLECULE	AAV GENE THERAPY	mRNA / ASO
Commercial	CRYSVITA burosumab; Mepsevii (vestronidase alfa-vjbk) injection	LC-FAOD UX007		
Clinical	TIO Crysvita		OTC DTX301; GSDIa DTX401; Hem A DTX201 (BAYER)	
Research	Undisclosed UX064; Undisclosed UX032; Undisclosed UX008	Creatine Transporter Deficiency UX068; FSHD UX018; GNE Myopathy UX001P	Wilson UX701; CDD UX055; 3 Additional Targets	GSDIII UX053; Angelman GTX-102; Up to 11 Additional Targets

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Diverse Clinical Pipeline Across Metabolic Indications

Candidate	Description	Pre-Clinical / IND / Phase 1 / Phase 2 / Phase 3 / Approved*	Est'd Patients in Dev. World
CRYSVITA® burosumab KYOWA KIRIN	Anti-FGF23 monoclonal antibody	XLH	~48,000
		TIO	~2,000 - 4,000
Mepsevii™ (vestronidase alfa-vjbk) injection	Enzyme replacement	MPS 7	~200
UX007	Substrate replacement	LC-FAOD	~8,000-14,000
DTX301	AAV8-OTC Gene Transfer	OTC	~10,000
DTX401	AAV8-G6Pase Gene Transfer	GSDIa	~6,000
BAYER DTX201	AAV-FVIII Gene Transfer	Hemophilia A	~144,000

Protein Biologic | Gene Therapy | Small Molecule

14+ Translational Research Programs | Advancing One into the Clinic Every 1-2 Years

* Crysvita is approved in the U.S., Canada, EU, and Brazil
* Mepsevii is approved in the U.S., EU, and Brazil

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Commercial and Clinical Catalysts

Candidate	Disease	2019	2020+
Mepsevii *Enzyme Replacement*	MPS7	Commercial Updates →	
Crysvita *Anti-FGF23 monoclonal antibody*	XLH	Commercial Updates → ✓ 64-week pediatric data	
	TIO		❑ sBLA Submission
UX007 *Substrate Replacement*	LC-FAOD	✓ Long-term extension data; ✓ NDA submission accepted for review	❑ PDUFA Date: July 31, 2020
DTX301 *AAV8 gene therapy*	OTC Deficiency	❑ Ph 1/2 Cohort 3 data (around end of 2019)	❑ Potential Ph 3 Initiation
DTX401 *AAV8 gene therapy*	GSDIa	✓ Ph 1/2 Cohort 1 data; ✓ Ph 1/2 Cohort 2 data	❑ Ph 1/2 Exp Cohort Data ❑ Potential Ph 3 Initiation
UX701 *Gene Therapy*	Wilson		❑ IND Submission
UX053 *mRNA*	GSDIII	IND Enabling Nonclinical Studies, CMC Process Optimization, and Clinical Protocol Development →	❑ IND Submission
UX068 *Small Molecule*	CTD		❑ IND Submission
GTX-102* *ASO*	Angelman Syndrome		❑ IND Submission

*Partnered with GeneTx

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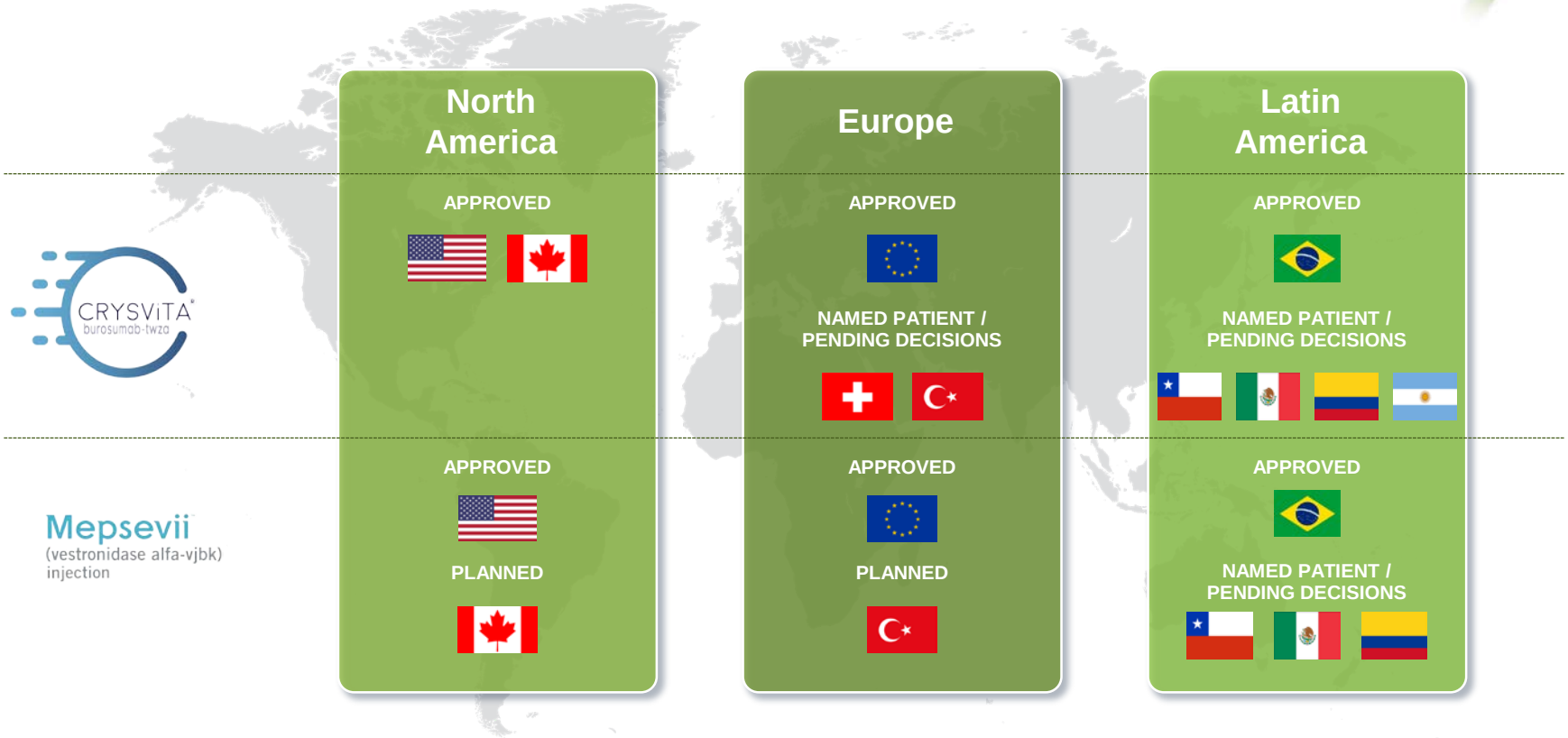
Commercial Update

CRYSVITA® burosumab-twza

Mepsevii® (vestronidase alfa-vjbk) injection

Presence in Three Major Rare Disease Markets

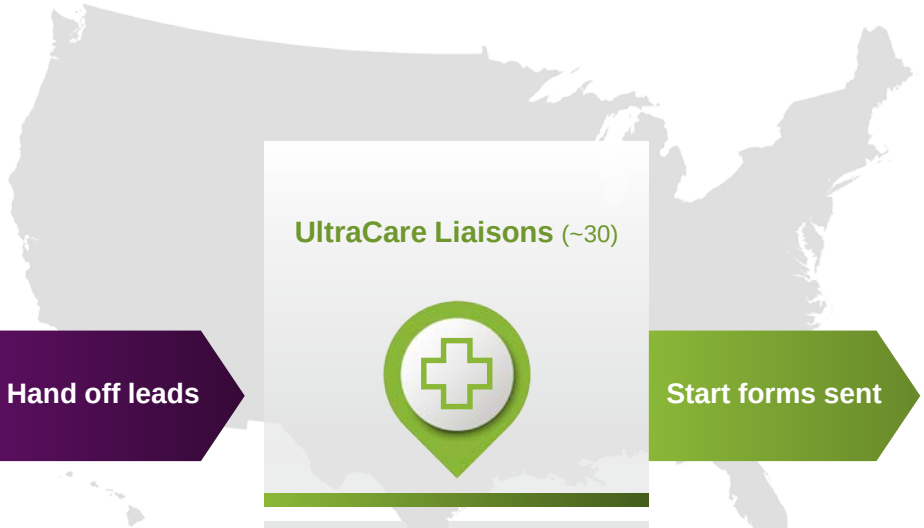


Note: Crysvita in North America is profit shared with Kyowa Kirin International (KKI); in Europe (excluding Turkey), KKI is responsible for commercialization; and in Latin America Ultragenyx is responsible for commercialization.

U.S. Patient Access Model for Amplifying Patient Find

Unique model to support and accelerate growth

CRYSVITA burosumab-twza



Patient Diagnosis Liaisons (~30)

Find new doctors with XLH patients

Hand off leads

UltraCare Liaisons (~30)

Assist identified XLH doctors in placing patients on therapy

Start forms sent

UltraCare Guides (~15)
Patient Access Liaisons (5)

Support treatment or reimbursement needs

Market Access Support

Medical Science Liaisons

Educate HCPs and payers throughout the process

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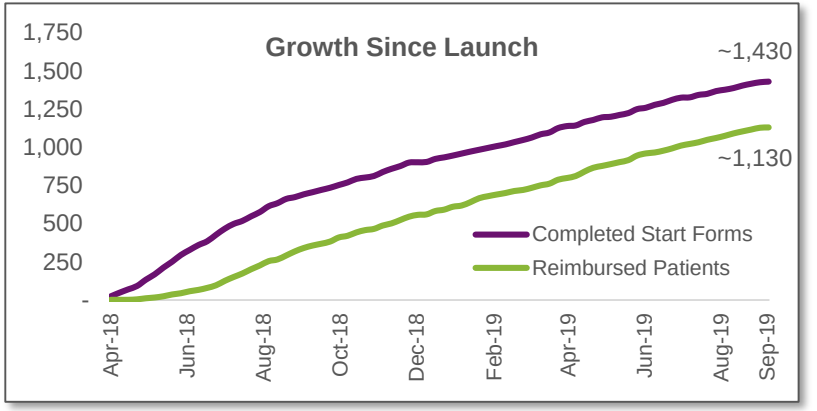
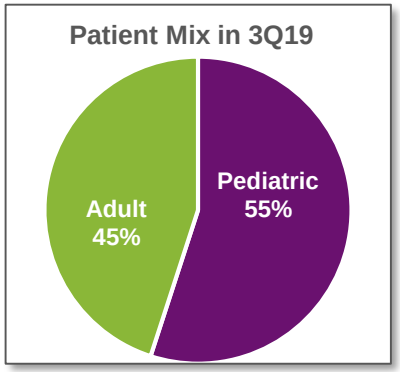
Strong Crysvita U.S. Launch
Large, growing prescriber base of ~670

Key U.S. Commercial Launch Metrics

As of September 30, 2019

- ~1,430 completed start forms
- ~670 unique prescribers
- ~1,130 patients on reimbursed, commercial therapy
- In 3Q19, policies (60% private / 40% gov't), nearly full coverage of lives in the U.S.





Updated Crysvita US Labeling Clinical Data Supports Launch

Pediatric

Crysvita Superiority Over Conventional Therapy

Substantial Rickets Healing after 64 Weeks on Treatment

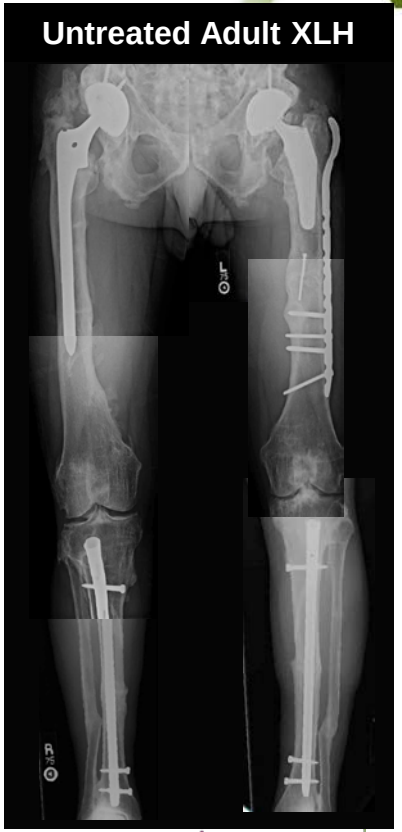
- 86.2% on Crysvita
- 18.8% on oral phosphate, vitamin D regimen

Adult

Improvement in stiffness now in the label, supporting adult treatment

Substantial Fracture Healing

- Serum phosphorus normalized
- Improvements in stiffness
- Continued fracture healing
- Sustained improvement over 48 weeks



UX007 for Long-Chain Fatty Acid Oxidation Disorders (LC-FAOD)

Phase 2 substrate replacement therapy
(oral liquid)

UX007 for LC-FAOD

NDA submission accepted and being reviewed by FDA

- **LC-FAOD:** Inability to convert fat into energy
- **Key symptoms/prognosis:**
  - Hypoglycemia, muscle rupture, heart failure
  - Mortality ~50%[1]; a cause of SIDS (newborn screened in U.S.)
- **Standard of care:** Diet and MCT[2] oil
- **UX007 Phase 2 data**:
  - Clinically meaningful reduction in frequency and duration of major medical events
- **U.S. prevalence:** ~2,000 – 3,500

- **Status:**
  - ✓ NDA submission accepted by FDA
  - ❑ PDUFA date: July 31, 2020

NDA submission includes:

- Company-sponsored Phase 2 (n=29)
- Long-term extension study (n=75)
- Retrospective medical review (n=20)
- Expanded access (n=70)
- Investigator-sponsored study (n=32)

[1] J Inherit Metab Dis 2013;36:795-803
[2] Medium chain triglycerides

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Extension Study Supports Sustained Clinically Meaningful Impact of UX007 over 3 Years

	Original Data: Phase 2 Study	New Data: Extension Study	
	Phase 2 (n=29) 78 Weeks of UX007 Tx	**Ph2 Rollover** (n=24) 156 Weeks of UX007 Tx	**UX007 Naïve** (n=20) Median 63 Weeks of UX007 Tx
Median Annualized **Event** Rate (events/yr)	↓ 51% 1.3 pre-UX007 to 0.7 after 78 weeks of Tx	↓ 67%* 1.5 pre-UX007 to 0.0 at data cut-off**	↓ 70% 2.3 pre-UX007 to 0.7 at data cut-off**
Median Annualized **Event-Day** Rate (days/yr)	↓ 77% 5.3 pre-UX007 to 1.2 after 78 weeks of Tx	↓ 66%* 5.3 pre-UX007 to 0.0 at data cut-off**	↓ 80% 10.0 pre-UX007 to 2.0 at data cut-off**

* Percent reductions based on total UX007 treatment period (Phase 2 + Ext periods)
** 156 weeks on Tx for Ph2 rollover patients and median of 63 weeks for naïve patients

Safety profile in the long-term extension study (n=75) consistent with what has been previously observed with UX007

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AAV Gene Therapy Platform

Gene Therapy Platform Supported by People, Pipeline, and Manufacturing

People

- Dimension Therapeutics provided technology base
- Ultragenyx Gene Therapy has built in-house process discovery and development
- Internal knowledge de-risks scale up and tech transfer

Deep and Focused Pipeline

- 2 clinical-stage programs
  - OTC, GSDIa
- 1 partnered clinical program
  - Hem A
- 1 late-stage research
  - Wilson
- 4 early-stage research
  - CDD, PKU, Citrullinemia type I, Undisclosed

Large Scale Commercially Feasible Manufacturing

- Internally controlled process development
- HEK293/triple transfection
  - Up to 2x400L scale
- HeLa producer cell line
- Best large scale AAV manufacturing approach
- Scalable up to 2,000L

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Gene Therapy Pipeline: Deep and Focused

Candidate	Description	Pre-Clinical	IND	Phase 1	Phase 2	Phase 3	Est'd Patients in Dev. World
DTX301	AAV8-OTC Gene Transfer	Ornithine Transcarbamylase Deficiency					~10,000
DTX401	AAV8-G6Pase Gene Transfer	Glycogen Storage Disease Type Ia					~6,000
DTX201	AAV-FVIII Gene Transfer	Hemophilia A					~144,000
UX701	AAV-ATP7B Gene Transfer	Wilson Disease					>50,000
UX055	AAV9-CDKL5 Gene Transfer	CDKL5 Deficiency Disorder					~30,000
UX067 (Partnered)	Undisclosed						>10,000

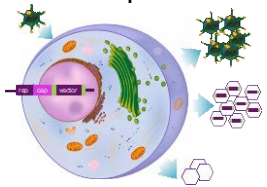
Combination Liver Metabolic Diseases (OTC, GSDIa, and Wilson) and Neurology (CDKL5)

Ultragenyx Gene Therapy AAV Vector Production

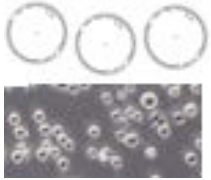
Vector Discovery to GMP Manufacturing

PD & manufacturing across 15 ml to 2,000L continuum – scaling factor > 130,000

HeLa PCL suspension/Adeno helper



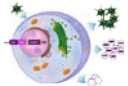
HEK293 suspension/Transfection



15mL
Ambr

50L

200L



2,000L

4 x 200L

- Cell line cloning
- Early development

- Bioprocess development
- Preclinical & tech transfer Center of Excellence
- Large scale reference tox vector manufacturing

Clinical & commercial manufacturing at partner CMOs

Product yield consistency maintained across scale

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DTX401 Program for Glycogen Storage Disease Type Ia (GSDIa)

Phase 1/2 study of adeno-associated virus serotype AAV8-G6Pase Gene Transfer

DTX401 AAV8 for Glycogen Storage Disease Type Ia

- **GSDIa:** Defect in liver's ability to release glucose to the circulation due to G6Pase deficiency
- **Key symptoms/prognosis**
  - Severe life-threatening hypoglycemia
  - Significant morbidity and mortality
  - Long-term liver and renal disease
  - Impaired growth and delayed puberty
  - Severe long-term complications (70-80% patients)
- **Treatment**
  - Diet and cornstarch only; keeps patients alive but not normal
  - Only curative approach is liver transplantation
- **WW prevalence:** 6,000

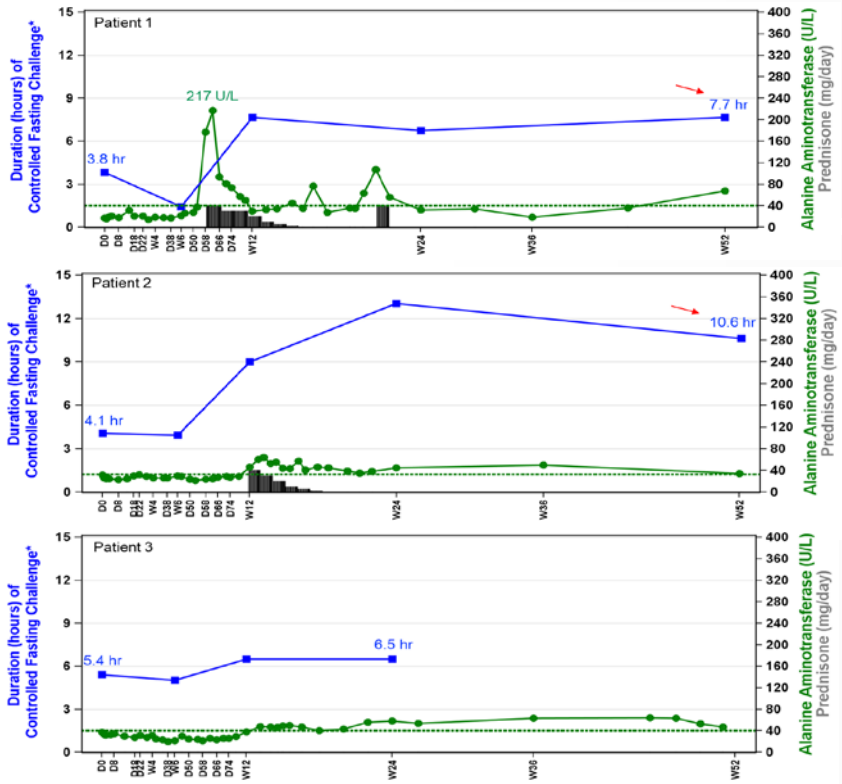
DTX401 Phase 1/2 Study: Demographics

Cohort 2 patients generally heavier and received more than 3x GC total dose

	Cohort 1 (2e12 GC/kg)			Cohort 2 (6e12 GC/kg)		
	Pt 1	**Pt 2**	**Pt 3**	**Pt 4**	**Pt 5**	**Pt 6**
Study Site	UCONN	UMICH	UCONN	UT	UMICH	UCONN
Gender	Male	Female	Male	Male	Male	Male
Age (yrs)	28	57	51	31	19	39
Genotype	c.247C>T c.1039C>T	c.1039C>T (homozygous)	c.247C>T c.1039C>T	c.379_380dup (homozygous)	c.247C>T c.323C>T	c.79del c.189G>A
Weight (kg)	57	59	80	114	74	93
Total GC	1.14e14	1.19e14	1.60e14	6.00e14	4.47e14	5.58e14
Baseline Treatment	Cornstarch	Cornstarch + Continuous Feed	Cornstarch	Cornstarch	Cornstarch	Cornstarch
On Study (wks)	52	52	52	34	25	19

DTX401 Cohort 1 Long-term Data Demonstrates Improvement in Time to Hypoglycemia

Cohort 1 (2e12 GC/kg)
Controlled Fasting Challenge



Cohort 1, Patient 1

- 103% improvement in time to hypoglycemia
- 100% reduction in daily cornstarch (off cornstarch completely)

Cohort 1, Patient 2

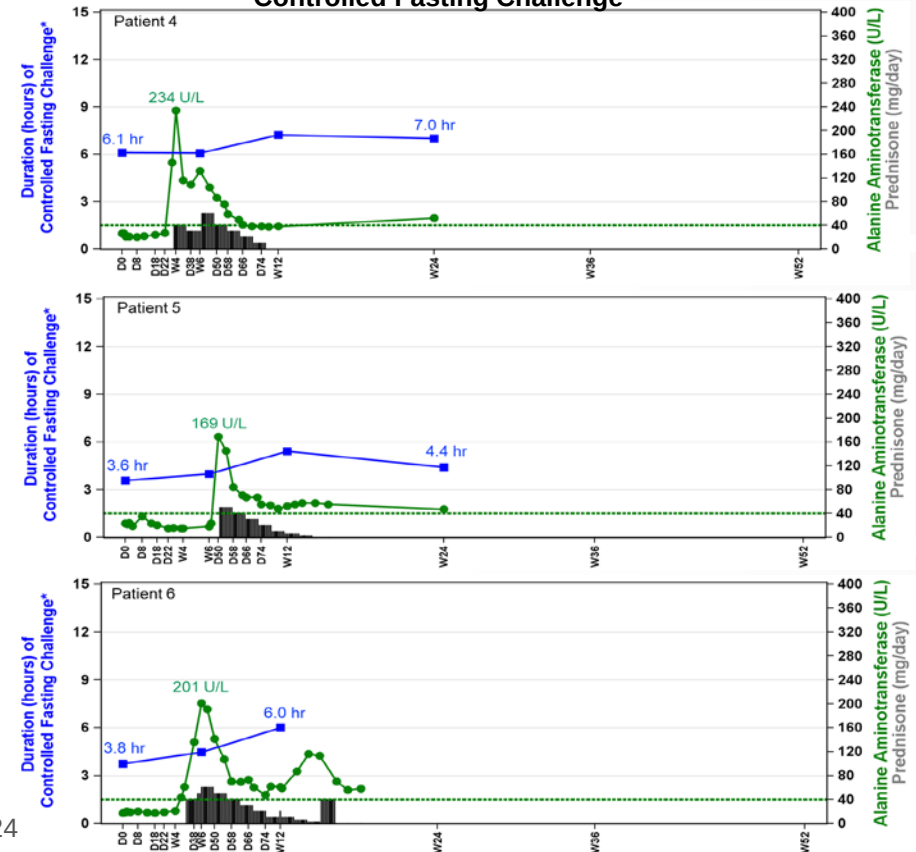
- 159% improvement in time to hypoglycemia
  - Terminated fasting challenge due to hunger as opposed to blood glucose levels
- 56% reduction in daily cornstarch

Cohort 1, Patient 3

- 20% improvement in time to hypoglycemia
- 79% reduction in daily cornstarch (wk 52)

DTX401 Cohort 2 Data Demonstrates Improvement in Glucose Control

Cohort 2 (6e12 GC/kg)
Controlled Fasting Challenge



Cohort 2, Patient 4

- 15% improvement in time to hypoglycemia
- 69% reduction in daily cornstarch

Cohort 2, Patient 5

- 22% improvement in time to hypoglycemia
- 16% reduction in daily cornstarch

Cohort 2, Patient 6

- 58% improvement in time to hypoglycemia
- 68% reduction in daily cornstarch (Wk 18)

DTX401: Clinically Significant Reduction of Daily Cornstarch Use Across Both Cohorts

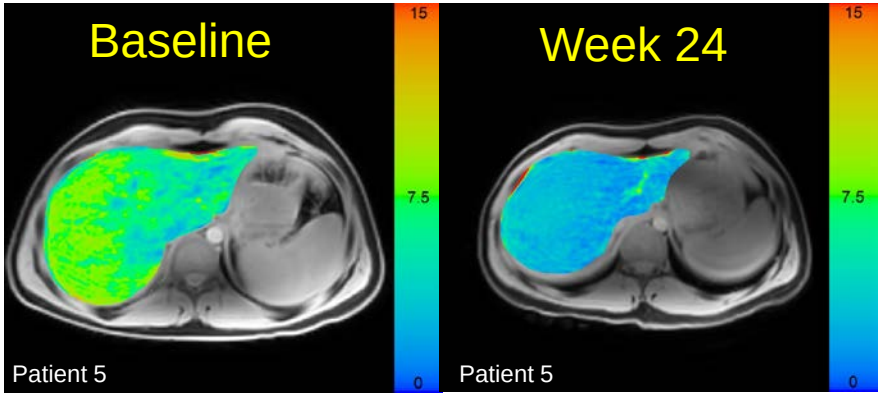
	Cornstarch Consumption (grams)					
	Cohort 1 (2e12 GC/kg)			Cohort 2 (6e12 GC/kg)		
Visit	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6
Baseline	405	171	269	325	268	329
W6	355	165	255	270	268	341
W12	160	165	138	265	270	253
W24	94	96	76	100 *(-69%)*	224 *(-16%)*	65 *(-80%)*
W52	0 *(-100%)*	76 *(-56%)*	57 *(-79%)*	NR	NR	NR

NR=Not yet reached

DTX401 Cohort 2 Update: Glycogen Storage by MRI Fat Fraction Shows Consistent Improvement Through Whole Liver

	Liver fat fraction % (Δ from baseline)					
	Cohort 1			Cohort 2		
	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6
Baseline	8.7	9.0	23.8	12.5	7.1	7.4
W12	8.2 (-6%)	7.2 (-20%)	15.1 (-37%)	7.4 (-40%)	4.3 (-39%)	5.0 (-32%)

Mean PDFF = 7.09%
Volume = 2,324mL



Mean PDFF = 2.82%
Volume = 1,942mL

DTX401: No Safety Issues Observed in Cohort 1 or 2

- Mild asymptomatic elevation in ALT levels in 4 patients
  - Successfully treated with a tapering course of steroids
- No infusion-related adverse events
- All adverse events have been Grade 1 or 2
- No treatment related SAEs

Improvement and Acceptable Safety in Both Dose Cohorts

Cohort 2 has more consistent impact on other metabolic endpoints

	Cohort 1 at Week 24-52			Cohort 2 at Week 12-24		
Endpoint	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6
Daily Glucoses Fasting at week 6	↑	↑	↑	↑↑	↑↑	↑↑
Time to Hypoglycemia	↑103%	↑159%	↑20%	↑15%	↑22%	↑58%
Cornstarch Reduction	↓100%	↓56%	↓79%	↓69%	↓16%	↓80%
Liver Glycogen Week 12 MRI	↓6%	↓20%	↓37%	↓40%	↓39%	↓32%
Lactate During Fasting	+/-	+/-	+/-	↓	↓	↓

Moving to Expansion Cohort to Confirm 6e12 GC/kg dose; Data Expected 1H 2020

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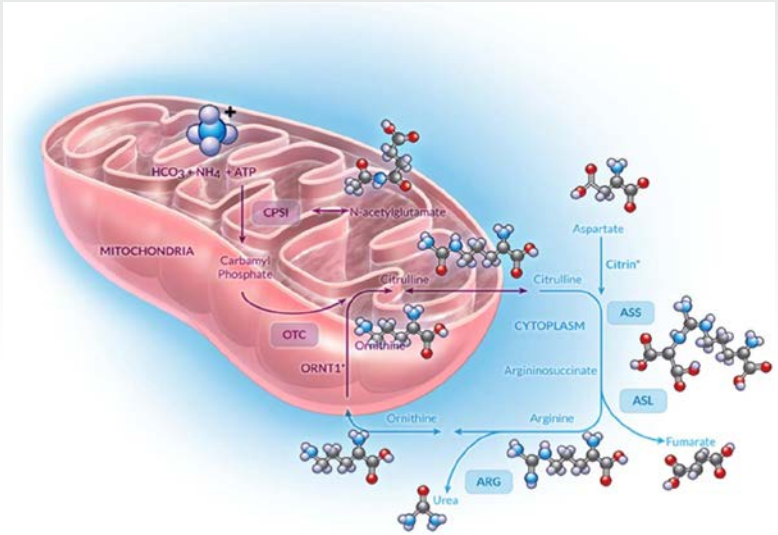
DTX301 Program for Ornithine Transcarbamylase (OTC) Deficiency

Phase 1/2 study of adeno-associated virus serotype AAV8 vector encoding human OTC

DTX301 AAV8 for OTC Deficiency

AAV8 gene therapy for stable expression of OTC

- **OTC Deficiency:** X-linked urea cycle disorder, genetic defect in ammonia detoxification
- **Key symptoms/prognosis:** Acute hyperammonemic episodes that can lead to hospitalization, adverse cognitive & neurological effects, death
- **Treatment limited; only curative approach is liver transplantation**
- **WW prevalence:** ~10,000, 80% late-onset



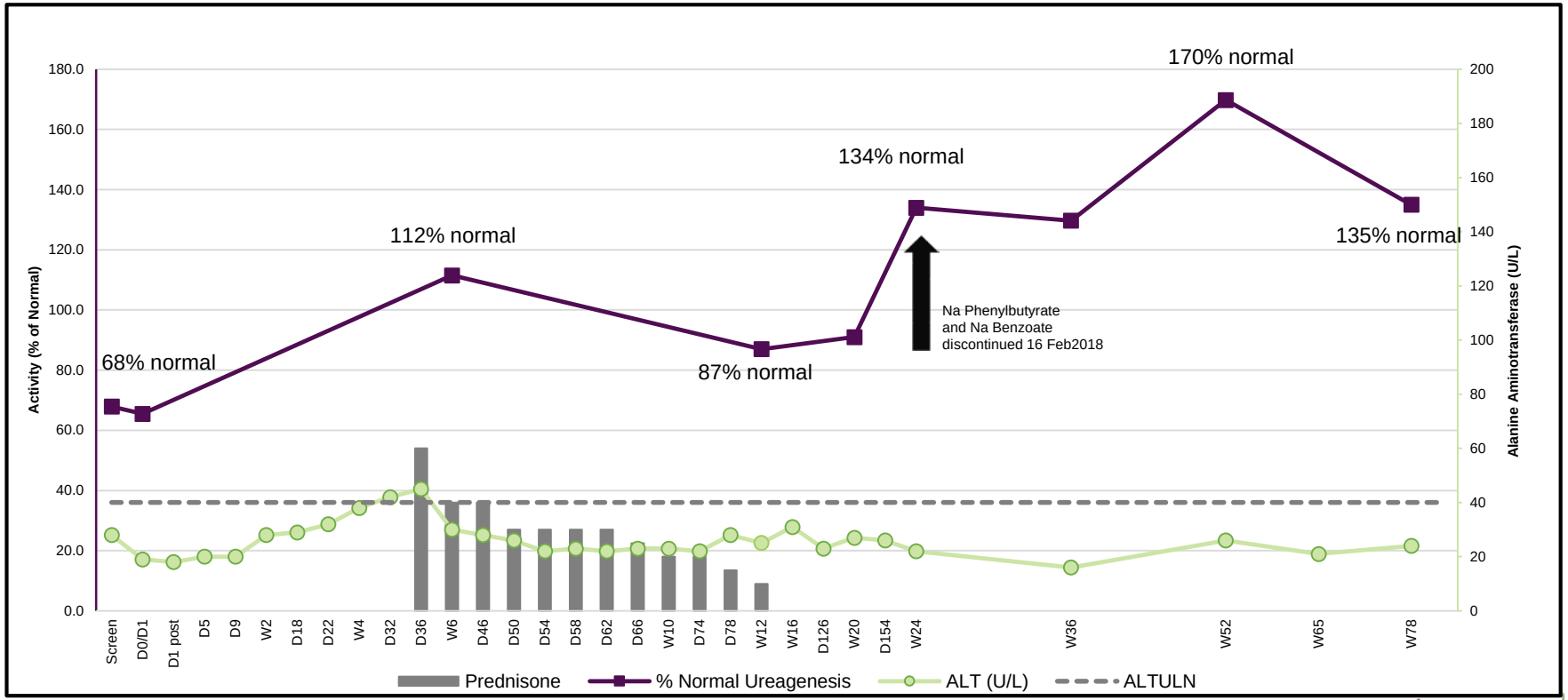
DTX301: Two Patients Continue to Demonstrate Long-term Normalization of Ureagenesis

- Sustained normalization of ureagenesis at 52-78 weeks
- Clinically and metabolically stable, while discontinuing all alternate pathway medications
- Liberalized protein-restrictive diet without hyperammonemia concerns
- One patient had proven Influenza illness without hyperammonemia episode

Cohort 3 (1e13 GC/kg dose) update around end of 2019

Cohort 1, Patient 1 – Durable Normalization of Ureagenesis

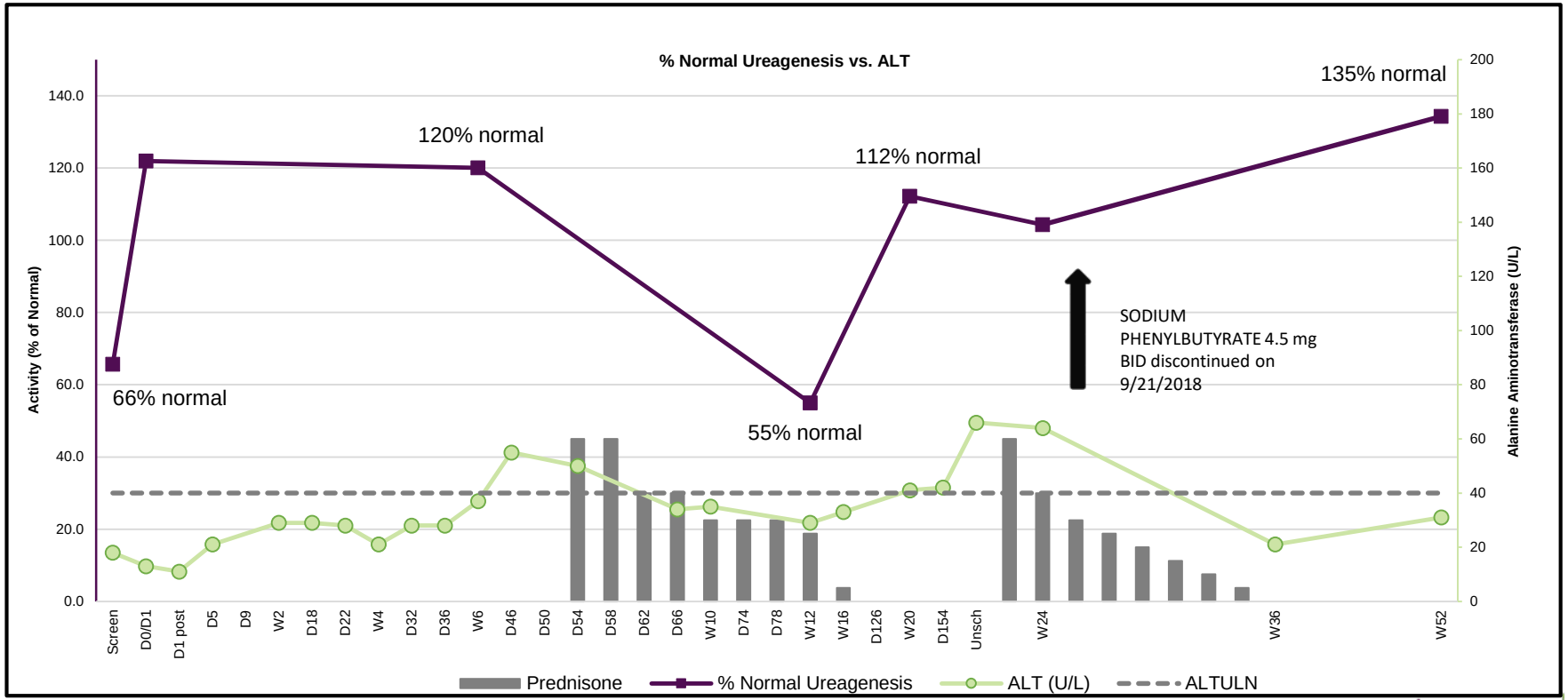
Liberalized diet and clinical stability off medications since ~Week 24



* Patient entered long-term extension study after week 52

Cohort 2, Patient 4 – Durable Normalization of Ureagenesis

Liberalized diet and clinical stability off medications since ~Week 24



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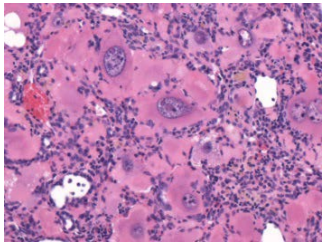
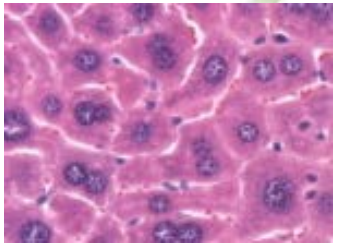
UX701 for Wilson Disease

UX701 for Wilson Disease
Next Gene Therapy program

- **Wilson Disease:** Causes copper to accumulate in liver, brain and other vital organs
- **Key symptoms/prognosis:** Liver failure, neurological deterioration, death
- **Standard of Care:** Chelation therapy and dietary restriction
  - Many patients still experience liver/neurological deterioration
- **WW prevalence:** >50,000
- **Initial preclinical studies completed**
  - Novel version of ATP7B developed
  - Capsids from REGENXBIO

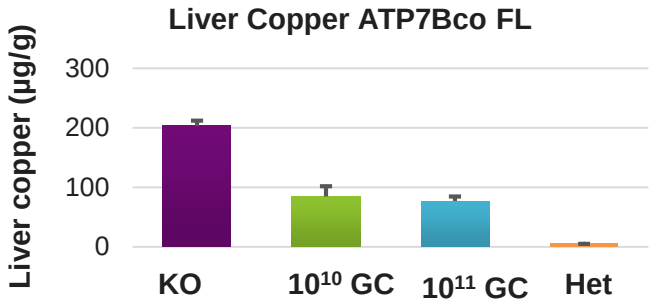


Untreated KO Mice



1x10^{11} GC Treated Mice

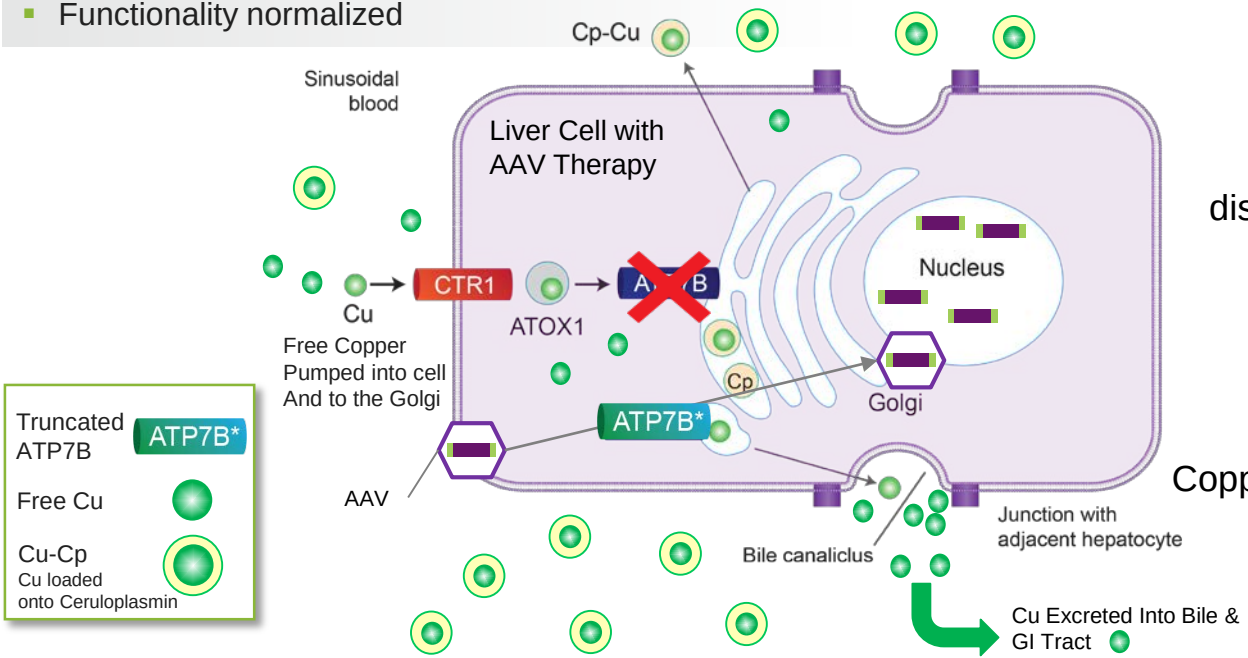
Reduced liver copper accumulation leading to improved liver pathology in preclinical models

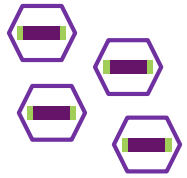


AAV Therapy Pumps Copper from the Liver into Blood and Bile

With AAV Therapy

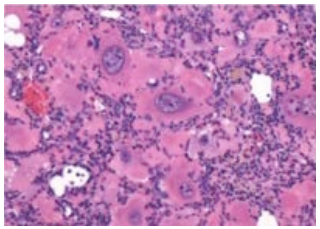
- ATP7B* is formed and pumps copper from cytoplasm into the Golgi
- Loads copper onto ceruloplasmin to secrete into the serum
- Excretes excess copper into the bile to exit the body
- Functionality normalized



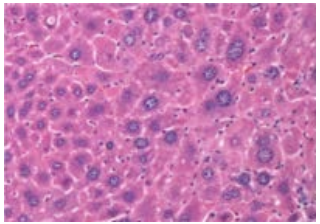


AAV ATP7B*

Wilson disease liver



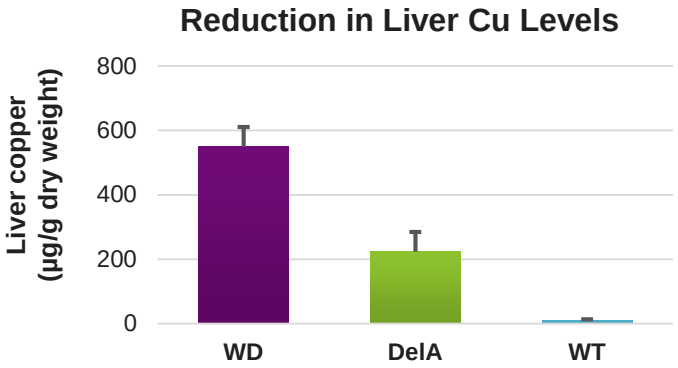
Copper toxicity treated

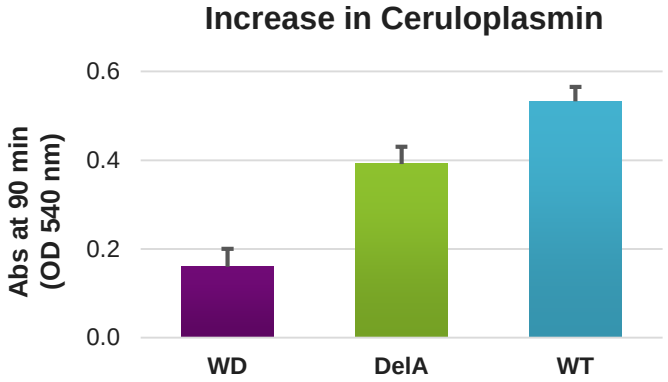


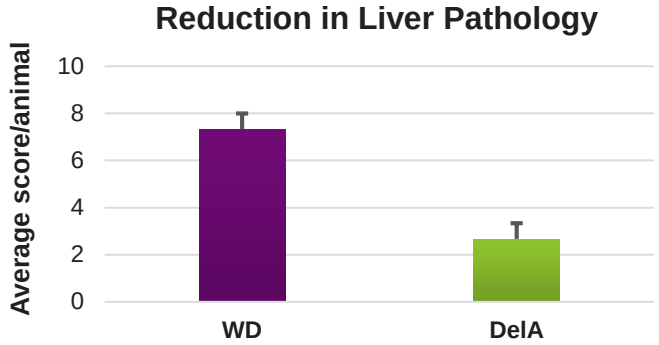
After AAV GT with ATP7B*

ATP7B Deletion A – Key Therapeutic Properties

Rapid reduction in free liver copper, increased copper ceruloplasmin and reduced liver pathology

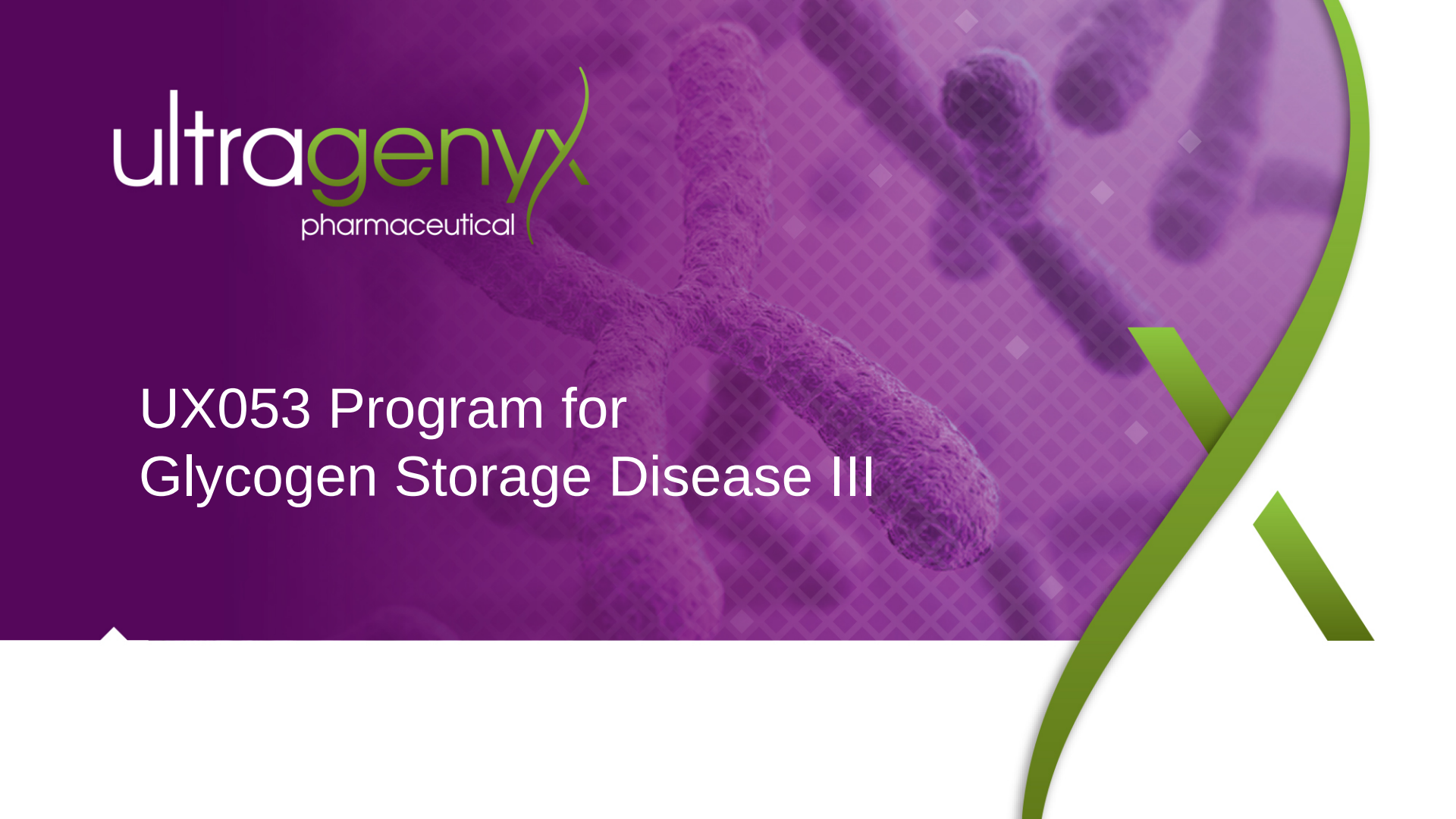






Study Design

- Vector: DelA
- At T_0 mice = 6 - 8 weeks old
- Duration of study: 4 weeks



UX053 Program for Glycogen Storage Disease III

UX053 for Glycogen Storage Disease III
Lead mRNA preclinical program

Genetics

Autosomal recessive mutation in the AGL gene leading to glycogen accumulation in the liver and muscle

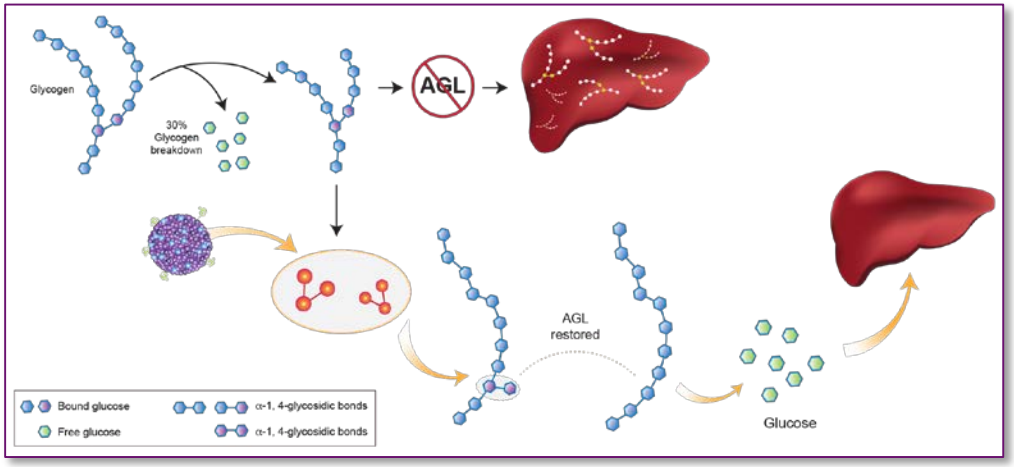
Clinical Presentation (based on literature)

- Beginning in infancy:
  - Hypoglycemia, hyperlipidemia, increased LFTs, hepatomegaly
- Later in Life
  - Fibrosis and cirrhosis
  - Cardiomyopathy, hypotonia, myopathy

Current Management

- High protein, cornstarch, fructose / galactose
- Hypoglycemia prevention
- Liver transplant

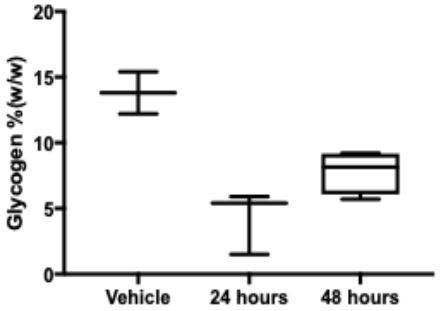
WW prevalence: ~10,000



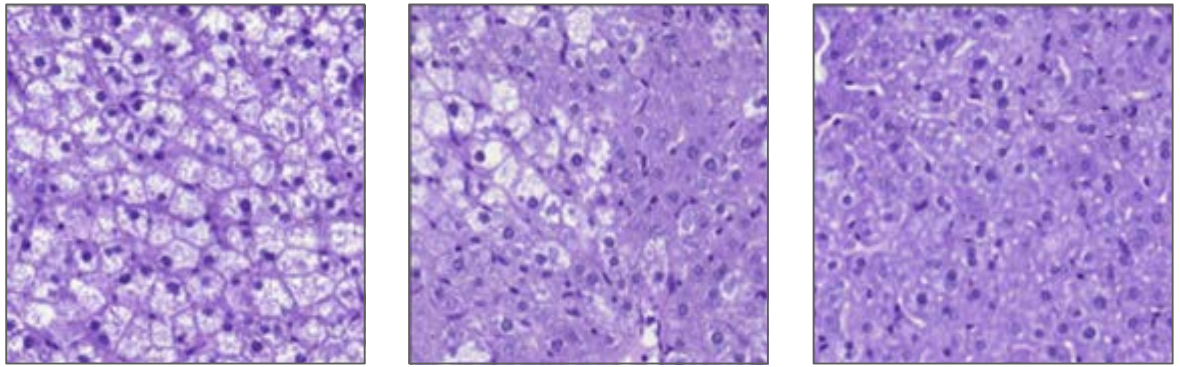
AGL mRNA-LNP Reduces Liver Glycogen in Single Dose

Levels approach normal and are maintained for 48 hours in mouse model

Liver Glycogen
GSDIII Fasted Mice



Vehicle | AGLmRNA/24 hours | AGLmRNA/48 hours



Protein levels:

WT | Vehicle | AGLmRNA/24 hours | AGLmRNA/48 hours

Glycogen levels are reduced and hepatocyte hypertrophy is completely resolved after a single dose, and maintained for 48 hours. PD Response correlates with liver delivered protein levels.

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UX068

Double-Trigger Prodrug for Creatine Transporter Deficiency

UX068 for Creatine Transporter Deficiency
Lead small molecule preclinical program

Genetics: X-linked recessive disorder due to mutations in SLC6A8

- Leading cause of X-linked intellectual disability in males
- Females can have mild to severe phenotype

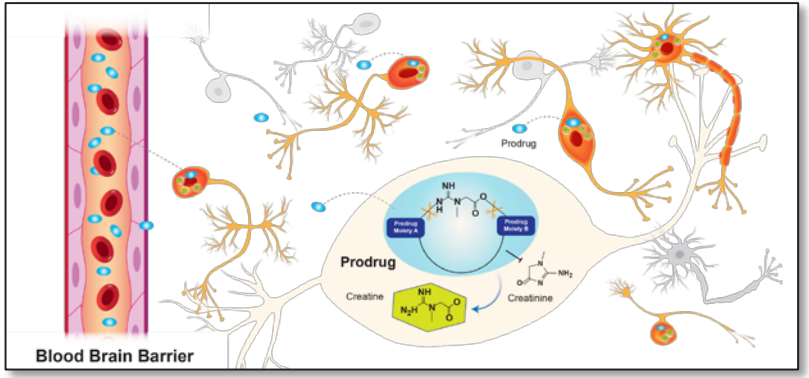
Clinical Presentation (based on literature)

- Neurological deficits
  - Autism, speech/language developmental delays
  - Cognitive / developmental impairment
  - Motor skill delays, extrapyramidal symptoms
  - Seizures
  - Brain Cr levels range from undetectable to ~20 % of normal Non-CNS deficits
  - Muscle hypotonia and hypotrophy

Current Management: No SOC, only supportive care, AEDs effective for seizures

WW prevalence: >50,000

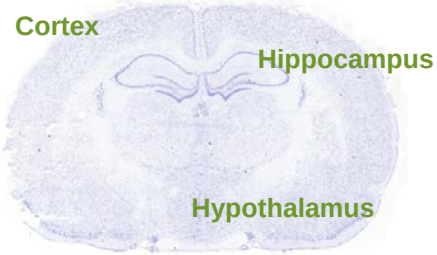
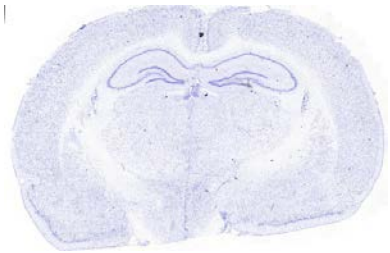
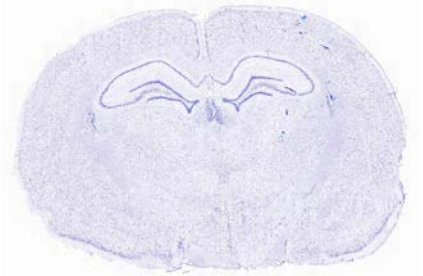
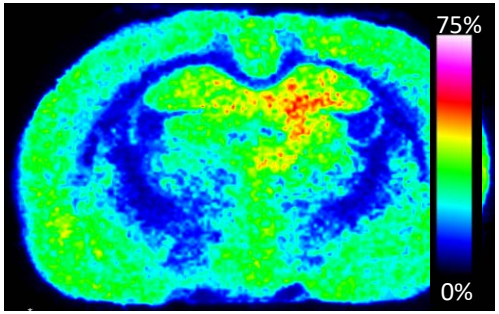
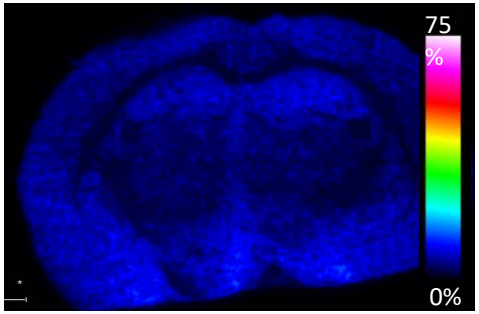
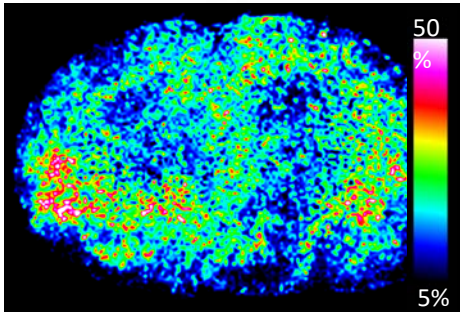
Mechanism of Action: Prodrug traverses the BBB and cell membrane and releases creatine to neurons



Widespread Prodrug-derived Brain Creatine Distribution

Creatine is delivered throughout the brain, including cortex and hippocampus

Imaging Mass-Spec for d3-Creatine (prodrug derived)

	Wild Type Rat Endogenous creatine	CrT KO rat Endogenous creatine	CrT KO rat Prodrug derived d3-Creatine
Nissl staining			
d3-Cr imaging Mass Spec			

40 mg/kg dosed over 8 hours to SLC6A8 KO-rat, brains harvested after 24 hours

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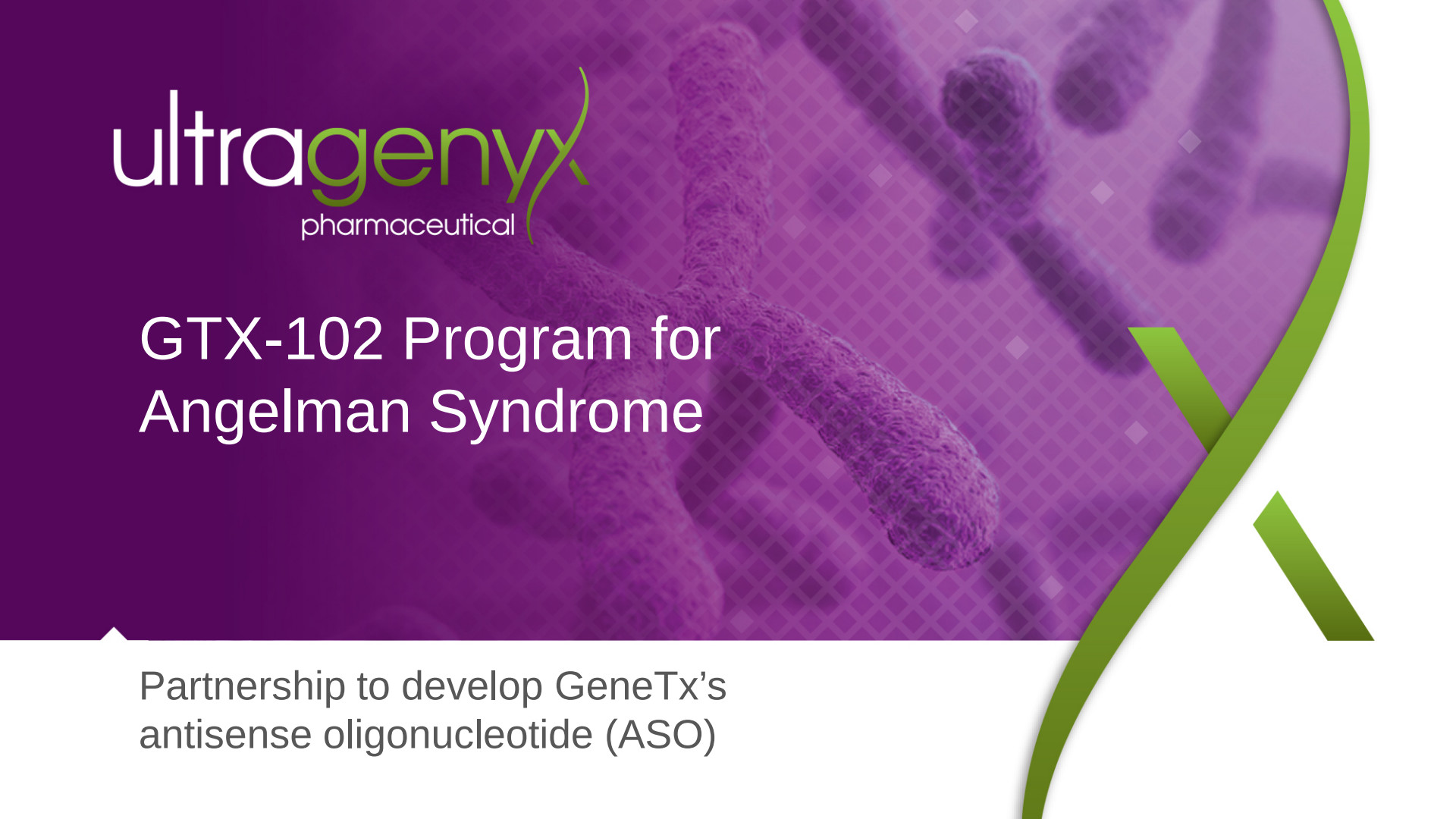


GTX-102 Program for Angelman Syndrome

Partnership to develop GeneTx's antisense oligonucleotide (ASO)

New Partnership to Advance GTX-102 for Angelman Syndrome

- **Significant unmet need:** ~60k patients WW, ~22k in U.S., serious disease with no approved treatment options
- **Clear biology of disease:** Disease mechanism well understood, ASO treatment validated and targets disease directly
- **Promising preclinical work** completed by GeneTx
  - IND expected 1H 2020
  - Orphan Drug Designation and Rare Pediatric Disease Designation Granted

Deal terms:

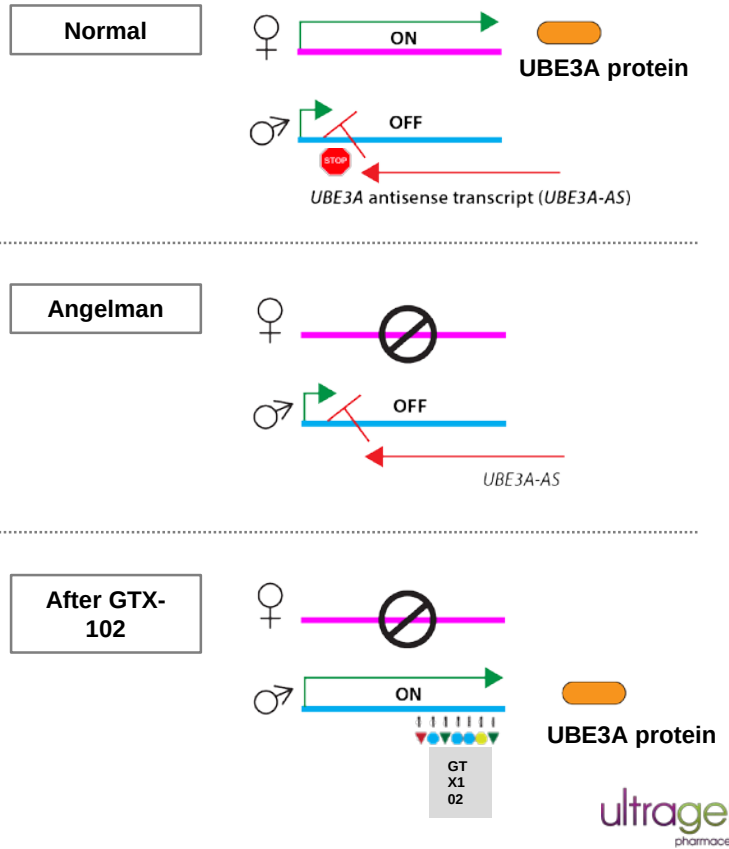
- $20M upfront payment for exclusive option to acquire GeneTx
- Option begins after IND acceptance; Can be extended with $25 million payment to earlier of 30 months from first patient dosing in Phase 1/2 study or 90 days after study results available
- During exclusive option period, GeneTx funds development; Ultragenyx provides strategic guidance, clinical expertise, staff support

Angelman Syndrome
Debilitating disease with no treatment options

- Serious neurogenetic disorder
  - Estimated prevalence: 1 in 15,000
- Significant unmet need
  - Lack of speech
  - Cognitive impairment
  - Motor dysfunction
  - Seizures
  - Sleep disorder
- No currently approved therapies
  - Not neurodegenerative, potential for reversal of symptoms

GTX-102
ASO designed to activate the paternal gene

- Angelman defined by loss of expression of single gene UBE3A
  - Paternal UBE3A gene silenced in all mammals, but protein expressed by maternal allele
  - Angelman patients have deletion or mutation preventing maternal expression
- GTX-102 ASO reactivates the paternal UBE3A gene
  - Knocks down paternal UBE3A-antisense transcript (UBE3A-AS)
  - GTX-102 unique in targeting all implicated antisense regions

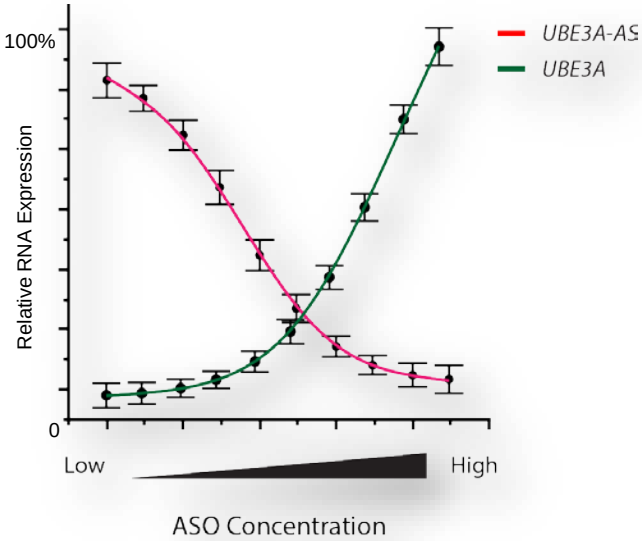


Preclinical Proof of Concept: Specific ASO Discovered with Potent Impact on Releasing Paternal Gene Expression

Human Neuronal Stem Cells

UBE3A-AS knockdown by nearly 100% in human AS neurons after treatment with GTX-102 in vitro. Direct correlation with UBE3A RNA supporting robust reactivation of the paternal UBE3A gene.

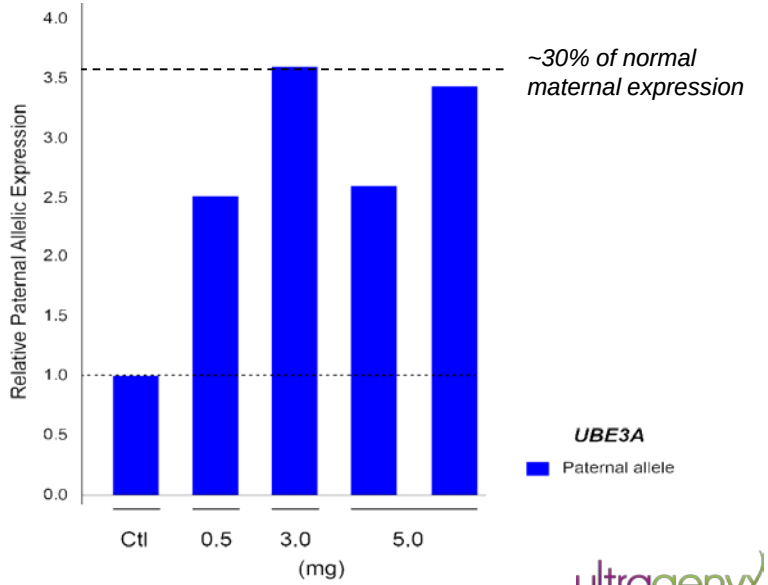
Relative Expression of RNA after GTX-102 Exposure in Cultured AS Neurons



Non-Human Primates

Single-dose of GTX-102 in wild type monkeys demonstrates substantially increased paternal UBE3A gene expression in key brain region. Additional NHP data show broad brain distribution of antisense knockdown.

Relative Increase of Paternal UBE3A Expression in Motor Cortex after Single Dose of GTX-102



Dindot et al., manuscript in preparation

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Finance and Business Summary

Financial Overview
as of September 30, 2019

- **Total Revenue (3Q19): $25.8 million**
- **Total RARE Crysvita Revenue (3Q19): $22.6 million**
- **Cash[1]: $527.1 million**
- **Cash Used in Operations (Sept 30 YTD): $273.3 million**
- **No Debt**

[1]Cash, cash equivalents, and available-for-sale investments as of September 30, 2019

Diversified Rare Disease Company: Revenue and Catalysts

2010 – 2018

- 2 commercially approved products in 3 major geographic regions
- 34 active or completed clinical studies
- 14+ programs in the development pipeline

2019

- Continue successful global launches of Crysvita and Mepsevii
- UX007 NDA submitted
- DTX301 and DTX401 data readouts
- Begin building our AAV GMP manufacturing facility
- Active on BD front

2020+

- Phase 3 gene therapy studies
- Launch UX007 for LC-FAOD if approved
- Initiate clinical trials for Angelman, Wilson, GSDIII, and CTD programs
- Incorporate other BD deals into the pipeline

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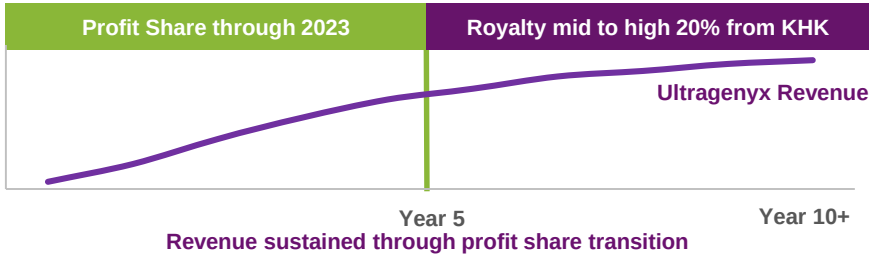
Appendix

Revenue to Ultragenyx Maintained After Transition from Profit Share to Royalty in U.S.

U.S.
Prevalence:
12,000



CRYSVITA® burosumab

	U.S. AND CANADA	EUROPE	LATIN AMERICA
Commercialization	▪ KHK books sales ▪ 50/50 profit share for 5 years then tiered revenue share ▪ Shared commercial activities over time	KHK commercializes and books sales	Ultragenyx commercializes and books sales
Royalties	After 5 years, tiered revenue share in mid to high 20% range to Ultragenyx after profit share period	Up to 10% royalty to Ultragenyx	Low single-digit royalty to KHK
Commercial supply	KHK supplies; price is double-digit percentage of net sales	NA	KHK supplies; price is double-digit percentage of net sales

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Key Licenses & Intellectual Property

Product	License	US Intellectual Property Rights/Royalties
CRYSVITA® (XLH, TIO)	KHK	▪ Anti-FGF23 antibodies and use for treatment of XLH and TIO (2022-2032)[1] ▪ See discussion of KHK license and collaboration in annual report for royalty summary
MEPSEVII® (MPS 7)	St. Louis University (Know-How)	▪ Low single-digit royalty until expiration of orphan drug exclusivity
	N/A (IP Owned by Ultragenyx)	▪ Recombinant human GUS (rhGUS) and use for treatment of MPS7 (2035)
UX007 (LC-FAOD)	Baylor Research Institute (BRI)	▪ Compositions comprising triheptanoin (2020-2029/30)[1] ▪ Use of triheptanoin for treatment of LC-FAOD (2020) ▪ Mid single-digit royalty
DTX301 (OTC Deficiency)	Sub-License from REGENXBIO of UPENN IP	▪ AAV8 Capsid (2022-2024) ▪ Recombinant vectors comprising codon-optimized OTC gene (2035) ▪ Low to mid single-digit royalty
DTX401 (GSDIa)	Sub-License from REGENXBIO of UPENN IP	▪ AAV8 Capsid (2022-2024) ▪ Low to mid single-digit royalty
	NIH (Non-Exclusive)	▪ Recombinant vectors comprising codon-optimized G6Pase gene (2034) ▪ Low single-digit royalty
DTX201 (Hemophilia A)	Sub-License from REGENXBIO of UPENN IP	▪ Hu37 Capsid (2024) ▪ Recombinant vectors comprising codon-optimized Factor VIII gene (Pending; 2037) ▪ Low to mid single-digit royalty

[1]Includes projected U.S. patent term extension

Crysvita® Exclusivity Summary

XLH Orphan Exclusivity — 2025

Biologics Exclusivity — 2030

Crysvita CoM Patent — 2032*

Q2W Dosing (Pending) — 2035

2018 2020 2022 2024 2026 2028 2030 2032 2034 2036

2028 — XLH Orphan + D&M Exclusivity

2033* — Crysvita CoM Patent

2035 — Q2W Dosing (Pending)

*Includes projected US PTE and EU SPC awards

Mepsevii™ Exclusivity Summary

Mepsevii™
(vestronidase alfa-vjbk)
injection, for intravenous use

MPS7 Orphan Exclusivity
2024

Biologics Exclusivity
2029

Mepsevii CoM Patent
2035

2018 2020 2022 2024 2026 2028 2030 2032 2034 2036

2028
MPS7 Orphan + D&M Exclusivity

2035
Mepsevii CoM Patent

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UX007 Exclusivity Summary

NCE Exclusivity ~2025

LC-FAOD Orphan Exclusivity ~2027

UX007 CoM Patent 2029*

Ultrapure UX007 (Pending) 2034

2018 2020 2022 2024 2026 2028 2030 2032 2034 2036

Est. LC-FAOD Orphan & D&M Exclusivity

Ultrapure UX007 (Pending) 2034

*Includes projected U.S. PTE award