

UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE PATENT TRIAL AND APPEAL BOARD

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SAMSUNG BIOEPIS CO., LTD.,

Petitioner,

V.

REGENERON PHARMACEUTICALS, INC.,

Patent Owner.

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Case IPR2023-00884

U.S. Patent No. 11,253,572

PETITION FOR INTER PARTES REVIEW

OF U.S. PATENT NO. 11,253,572

"CONFIDENTIAL"

Videotape deposition of Karen Chu, held
on April 11, 2024 at 9:00 a.m. at
Westchester Marriott, 670 White Plains Road,
Tarrytown, New York 10591 pursuant to
notice, before Maureen Ratto, Certified
Court Reporter, License No. XI01165,
Registered Professional Reporter, License
No. 817125, and Notary Public.

Job No: 6643046

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1 A P P E A R A N C E S: 2 Counsel for Petitioner: 3 QUINN EMANUEL URQUHART 4 & SULLIVAN, LLP 5 865 S Figueroa Street 6 Los Angeles, California 90017 7 BY: LAURA FAIRNENY, ESQ. 8 Laurafairneny@quinnemanuel.com 9 10 Counsel for Patent Owner: 11 MORRISON & FOERSTER LLP 12 707 Wilshire Boulevard 13 Los Angeles, California 90017 14 BY: KIRA A. DAVIS, ESQ. 15 kiradavis@mofo.com 16 17 ALSO PRESENT: 18 EILEEN WOO, ESQ. Inhouse counsel 19 Regeneron 20 ADAM VENTURINI, Legal Video Specialist 21 22 23 24 25 Page 2	1 My name is Adam Venturini and 2 I'm representing Veritext, I am the 3 videographer for today. The court 4 reporter is Maureen Ratto, also 5 from the firm Veritext. 09:00:56 6 I'm not authorized to 7 administer an oath, I am not 8 related to any party in this 9 action, nor am I financially 10 interest in the outcome. 09:01:03 11 If there are any objections to 12 proceeding, please state them at 13 the time of your appearance. 14 Counsel will now state their 15 appearances and affiliations for 09:01:11 16 the record beginning with the 17 noticing attorney. 18 MS. FAIRNENY: Laura Fairneny, 19 Quinn Emanuel Urquhart & Sullivan 20 for Samsung Bioepis. 09:01:18 21 MS. DAVIS: Kira Davis, 22 Morrison & Foerster, for Patent 23 Owner Regeneron Pharmaceuticals, 24 and present with me is Eileen Woo 25 inhouse counsel at Regeneron 09:01:28 Page 4
1 VIDEOGRAPHER: Good morning. 2 We are going on the record 9 a.m. 3 Eastern Standard Time on April 4 11th, 2024. 5 Please note that the 09:00:08 6 microphones are sensitive and may 7 pick up whispering and private 8 conversation. 9 Please mute your phones at 10 this time. Audio and video 09:00:15 11 recording will continue to take 12 place unless all parties agree to 13 go off the record. 14 This is Media Unit 1 of the 15 video-recorded deposition of Karen 09:00:22 16 Chu, taken by counsel for the 17 petitioner in the matter of Samsung 18 Bioepis Company V Regeneron 19 Pharmaceuticals, Inc. filed in 20 front of the United States Patent 09:00:33 21 and Trademark Office, Case No. IPR 22 2023-00884. 23 The location of this 24 deposition is 670 White Plains Road 25 in Tarrytown, New York 10591. 09:00:46 Page 3	1 Pharmaceuticals representing the 2 Patent Owner and the witness. 3 VIDEOGRAPHER: Will the court 4 reporter please swear in the 5 witness and then counsel may 09:01:34 6 proceed. 7 * * * 8 K A R E N C H U, having been first 9 duly sworn according to law by the 10 Officer, testifies as follows: 09:01:36 11 DIRECT EXAMINATION BY MS. FAIRNENY: 12 VIDEOGRAPHER: All yours, 13 counsel. 14 Q. Good morning. Could you please 15 state your name for the record? 09:01:54 16 A. Yes, Karen Chu. 17 Q. Ms. Chu, you've been deposed 18 before, right? 19 A. Yes. 20 Q. How many times? 09:01:59 21 A. A single time. 22 Q. And was that on the Mylan 23 versus Regeneron case? 24 A. That's correct. 25 Q. And that was involving 09:02:05 Page 5

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Samsung Bioepis Exhibit 1082
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Regeneron Pharmaceuticals, Inc. Exhibit 2247 Page 2
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1 Regeneron's claims for patent 2 infringement involving patents covering 3 the Eylea product, right? 4 A. That's correct. That was the 5 subject of that litigation. 09:02:17 6 Q. And in the Mylan case did you 7 have an opportunity to review your 8 deposition transcript afterwards? 9 A. I don't -- I reviewed my 10 deposition during the proceedings, but I 09:02:29 11 don't recall reviewing it afterwards. 12 Q. After you gave your deposition 13 testimony did you review your deposition 14 transcript? 15 A. Only in the context of 09:02:41 16 preparation for my testimony as a witness 17 during trial. 18 Q. Did you also have the 19 opportunity to review for purposes of 20 preparing an errata? Do you recall that? 09:02:53 21 A. I do not recall that. 22 Q. When you were reviewing your 23 deposition transcript in preparation for 24 your trial testimony, were you aware of 25 any mistakes in the deposition 09:03:04 Page 6	1 decisions and discussions regarding all 2 aspects of development. 3 Q. Do you recall any more 4 specifically what the subject matter of 5 the testimony was that had the error 09:04:13 6 you're referring to? 7 A. I do not recall. 8 Q. Are you aware of any testimony 9 that you gave at your deposition in the 10 Mylan case that might have changed since 09:04:23 11 that time? 12 A. I am not aware of anything, 13 any of my testimony that would have 14 changed. 15 Q. And you have no recollection 09:04:34 16 of the subject matter of the testimony 17 that had the error? 18 A. I remember noting the error 19 and discussing it with counsel, but I 20 don't remember the specifics of the text 09:04:45 21 or what the error was. 22 Q. Do you know if the error was 23 raised in any way during the trial? 24 A. I don't know for sure but I'm 25 not -- I'm personally not aware that it 09:04:58 Page 8
1 transcript? 2 A. When I was reviewing my -- the 3 transcript in preparation for my 4 testimony at trial, I did -- I do recall 5 noting an error in the transcript and 09:03:18 6 mentioning it to counsel at that time. 7 Q. And what was that error? 8 A. I don't actually recall 9 exactly what the error was. 10 Q. Was it like a typographical 09:03:27 11 error? 12 A. No, it was actually an error 13 that gave a different context for my 14 testimony than what was actually 15 intended. 09:03:40 16 Q. Do you recall what that was? 17 A. I do not recall what that was. 18 Q. Do you recall the general 19 subject matter of the testimony? 20 A. I mean, obviously the general 09:03:46 21 subject matter of my testimony was my 22 role and work at Regeneron on the 23 development of Eylea, and the extent to 24 which the -- George Yancopoulos the 25 inventor of the patent, was involved in 09:04:02 Page 7	1 was raised as a subject during the trial. 2 Q. And you testified at that 3 trial, right? 4 A. I did, yes. 5 Q. Are you aware of any errors in 09:05:06 6 your trial testimony? 7 A. No, I am not aware of any 8 errors in my trial testimony. 9 Q. Have you reviewed the 10 transcript of your trial testimony? 09:05:14 11 A. I reviewed it briefly in 12 preparation for this deposition. 13 Q. And is there any reason you 14 cannot testify truthfully today? 15 A. There is no reason that I'm 09:05:30 16 aware of. 17 Q. We're going to mark our -- 18 well, it's already been marked but we're 19 going to hand out the first exhibit, 20 which is Exhibit 2064. 09:05:41 21 (Exhibit 2064, Declaration of 22 Karen Chu, having been marked is 23 shown to the Deponent.) 24 Q. So you've been handed what's 25 been marked Exhibit 2064. Do you 09:05:59 Page 9

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1 recognize this document? 2 A. Yes. This is the Declaration 3 that I prepared in -- for these 4 proceedings. 5 Q. So this is a Declaration from 09:06:14 6 you that was submitted in IPR 2023-00884, 7 right? 8 A. Right. The title page 9 indicates that this is the Declaration of 10 Karen Chu, which is myself, in the 09:06:28 11 proceedings of Samsung Bioepis V 12 Regeneron. 13 Q. In IPR 2023-00884, right? 14 A. That's right. 15 Q. And who prepared this 09:06:39 16 Declaration? 17 A. So I prepared it in 18 conjunction with counsel, both internal 19 and external counsel. 20 Q. And who wrote the first draft 09:06:49 21 of the Declaration? 22 A. So the -- the Declaration was 23 prepared based on discussions that I had 24 with counsel and the first draft was 25 prepared by counsel and then provided to 09:07:02 Page 10	1 of any preparation that he has undergone 2 for this. 3 Q. So I take it that you have not 4 reviewed any Declaration prepared by 5 Dr. Yancopoulos? 09:08:03 6 A. No, I have not reviewed any 7 Declaration prepared by Dr. Yancopoulos. 8 Q. If you take a look at 9 paragraph 3 of this Declaration, there 10 you state, "I have personal knowledge of 09:08:22 11 Exhibits 2004, 2008, 2013, 2020, 2036, 12 2043, 2047, 2048 and 2068 and 2076 cited 13 in this Declaration." Do you see that? 14 A. Yes, I see that text in 15 paragraph 3. 09:08:46 16 Q. And I just have a question so 17 I understand. There are other exhibits 18 that are cited in your Declaration, other 19 than the ones that are listed in 20 paragraph 3, are you aware of that? 09:08:56 21 A. Yes, I am aware of that. 22 Q. Does that mean you do not have 23 personal knowledge of exhibits cited in 24 your Declaration, other than the ones 25 that are included in paragraph 3? 09:09:04 Page 12
1 me for review and edit. 2 Q. Did you discuss the contents 3 of the Declaration with anyone? 4 A. Only counsel. 5 Q. So you didn't talk to any 09:07:16 6 non-lawyers in connection with preparing 7 this Declaration? 8 A. I did not. 9 Q. And so, therefore, you didn't 10 talk to Dr. Yancopoulos in preparing this 09:07:24 11 Declaration, right? 12 A. I did not discuss any portion 13 of my testimony with Dr. Yancopoulos. 14 Q. Are you aware of any errors in 15 this Declaration? 09:07:34 16 A. I am not aware of any errors 17 in this Declaration. 18 Q. Are you aware that Dr. 19 Yancopoulos also submitted a Declaration 20 in connection with this IPR? 09:07:41 21 A. I am aware that he is also 22 being deposed in this proceeding. 23 Q. But you were not aware that he 24 submitted a Declaration? 25 A. I was not party to any aspect 09:07:52 Page 11	1 A. Well, as part of my 2 Declaration, I have attested to my 3 personal knowledge of this list of 4 exhibits. The other exhibits we can 5 discuss, but I just did not attest to my 09:09:18 6 personal knowledge as part of this 7 Declaration to those exhibits. 8 Q. Just sitting here, without 9 looking at those exhibits, you don't know 10 whether those exhibits that are not 09:09:27 11 listed here but are otherwise cited in 12 your Declaration are within your personal 13 knowledge? 14 A. Right. I would need to review 15 them. And just to be clear, I don't know 09:09:34 16 the exhibits by their numbers, so I would 17 need to see the actual exhibit to confirm 18 that any one of these were exhibits that 19 I had personal knowledge of in the 20 context of this Declaration. 09:09:47 21 Q. Okay. So you don't -- just 22 based on what's written in paragraph 3, 23 you don't know whether the cited exhibits 24 are within your personal knowledge, 25 without looking at them? 09:09:56 Page 13

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1 A. I mean, I reviewed them in 2 preparation of the Declaration. So I'm 3 confident that the exhibits reflect 4 documents that I have personal knowledge 5 of, but I just can't tell you off the top 09:10:04 6 of my head what the number correlates to 7 in terms of the actual document. 8 Q. Okay. I understand. 9 (Exhibit 1010, ARVO Annual 10 Meeting Abstract, having been 09:10:54 11 marked, is shown to the Deponent.) 12 Q. You've been handed what's been 13 marked previously as Exhibit 1010. 14 Do you recognize Exhibit 1010? 15 A. Yes. So this is Samsung 09:10:44 16 Bioepis Exhibit 1010 and this is an ARVO 17 Annual Meeting abstract from April 2010 18 for the DA VINCI Phase II studies in 19 patients with diabetic macular edema. 20 Q. So this was an exhibit cited 09:11:03 21 in your Declaration but it's not included 22 in paragraph 3 of your Declaration as an 23 exhibit for which you have personal 24 knowledge; is that accurate? 25 A. Could you tell me what exhibit 09:11:16 Page 14	1 view of the abstract that's Exhibit 1010 2 before preparing your Declaration in this 3 IPR? 4 A. Only in the context that I 5 review many of the publications and 09:12:39 6 presentations that are and abstracts that 7 are submitted to congresses routinely. 8 So I guess this is familiar to me in the 9 sense that it is an abstract that is 10 consistent with all of the other 09:12:54 11 abstracts that we prepare, review and 12 submit to various congresses. 13 Q. But you don't recall whether 14 you reviewed this abstract that's Exhibit 15 1010 prior to your preparing your 09:13:03 16 Declaration? 17 A. I don't recall my specific 18 review prior to preparing the 19 Declaration. 20 [REDACTED] Page 16
1 number this is listed as in my 2 Declaration? 3 Q. It's listed as 1010 and you 4 refer to it in at least paragraph 42. 5 A. Okay. I see that now. 09:11:35 6 Q. Before preparing your 7 Declaration in this IPR, did you have 8 personal knowledge of Exhibit 1010? 9 A. So in my role at Regeneron I 10 would have had -- I would have known what 09:11:48 11 our publication and presentation plans 12 were. 13 For this specific abstract, I 14 don't recall if I was involved in the 15 review of it but I definitely would have 09:12:01 16 known that it was being prepared and that 17 the data was available to support the 18 abstract. 19 Q. But you don't know whether you 20 had actually seen the abstract that is 09:12:11 21 Exhibit 1010 prior to preparing your 22 Declaration? 23 A. I don't recall from 2010 my 24 specific review of this abstract. 25 Q. Do you recall any specific 09:12:22 Page 15	[REDACTED] Page 16

5 (Pages 14 - 17)

1 [REDACTED]
2 [REDACTED]
3 [REDACTED]
4 (Exhibit 2021, email dated
5 March 1, 2010, having been marked,
6 is shown to the Deponent.)
7 (Exhibit 2022, DA VINCI: DME
8 and VEGF Trap-Eye Investigation of
9 Clinical Impact authored by David
10 Brown, MD, having been marked, is
11 shown to the Deponent.)
12 (Exhibit 2023, email dated
13 March 3, 2010, having been marked,
14 is shown to the Deponent.)
15 Q. You've been handed what's 09:16:04
16 already been marked Exhibits 2021, 2022
17 and 2023. Do you have those in front of
18 you?
19 A. Yes. So Exhibit 2021 is an
20 email from Alyson Berliner to Dave Brown 09:16:20
21 with a copy to Daneva Zamora from March
22 1st, 2010, along with preceding emails
23 from earlier dates in the string.
24 Exhibit 2022 is DA VINCI DME
25 VEGF Trap investigation of Clinical 09:16:43

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1 Impact Phase II with patients with
2 diabetic macular edema and this appears
3 to be an abstract regarding the DA VINCI
4 study.
5 And then Exhibit 2023 is an 09:16:52
6 email from Dave Brown to Alyson Berliner
7 and James Major, copying Dr. Robert Vitti
8 with the subject: ARVO Abstract from
9 March 3rd, 2010.
10 Q. And these are -- Exhibits 2021 09:17:18
11 through 2023 are included in your
12 Declaration at paragraph 41 but they are
13 also not included as documents within
14 your personal knowledge in Declaration
15 paragraph 3, right? 09:17:28
16 A. That appears to be correct.
17 They're referenced in paragraph 41 but
18 not listed in paragraph 3 of my
19 Declaration.
20 Q. So is it fair to say that for 09:17:49
21 Exhibits 2021, 2022 and 2023, you didn't
22 have personal knowledge of those three
23 documents prior to preparing your
24 Declaration in the IPR?
25 A. Again, in my role I would have 09:18:01

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1 been aware of plans for publication and
2 involved in aspects of preparing data to
3 be available for these but I was not
4 copied or a part of these email
5 correspondences. 09:18:15
6 Q. So you didn't have specific
7 personal knowledge of Exhibits 2021, 2022
8 or 2023 prior to preparing your
9 Declaration?
10 A. I was not part of -- I was not 09:18:25
11 a recipient of these emails included here
12 that are referenced as part of my
13 Declaration.
14 Q. And just for clarity, Exhibit
15 2022, standing alone, doesn't appear to 09:18:43
16 be an email.
17 A. Oh, you're correct. Sorry. I
18 misspoke. This is a copy of the abstract.
19 I don't know but I would assume that this
20 was an attachment to one of the emails 09:18:53
21 referenced.
22 Q. Okay. So just to be clear for
23 the record, you don't have specific
24 personal knowledge of Exhibits 2021, 2022
25 or 2023 prior to preparing your 09:19:05

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1 Declaration?
2 A. Correct. I don't -- I wasn't
3 a recipient of these emails in 2010 and I
4 don't recall them personally prior to
5 preparing my Declaration. 09:19:13
6 Q. [REDACTED]
7 [REDACTED]
8 [REDACTED]
9 [REDACTED]
10 [REDACTED]
11 [REDACTED]
12 [REDACTED]
13 [REDACTED]
14 [REDACTED]
15 [REDACTED]
16 [REDACTED]
17 [REDACTED]
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24 [REDACTED]
25 [REDACTED]

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Regeneron Pharmaceuticals, Inc. Exhibit 2247 Page 6
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[REDACTED]	1 Masters at Columbia I, as part of my 2 thesis research, I had participated in 3 some preclinical research at St. Lukes 4 Roosevelt Hospital and was exposed to 5 clinical research through the Obesity 09:22:34 6 Research Center that they had there at 7 the time and was very interested in 8 pursuing a career in clinical research, 9 so sought a position with a small biotech 10 company out in California named Sequus 09:22:47 11 Pharmaceuticals. 12 Q. And just to put some dates on 13 things, when did you get your Masters 14 degree? 15 A. I received my Masters degree 09:22:56 16 in 1996. 17 Q. And then when did you start 18 Sequus? 19 A. Right. I think I started with 20 them in 1997. 09:23:07 21 Q. And what was your role at 22 Sequus? 23 A. So I started there as a 24 clinical trial assistant. 25 Q. What does that mean? 09:23:13
Page 22	Page 24
[REDACTED] 2 Q. We might need some of those 3 later in the day but for now -- 4 A. I'll keep them here. 5 Q. You can put them aside. It's 09:21:39 6 probably fair that you can keep your 7 Declaration in front of you because you 8 can imagine we'll be referring to it 9 throughout the day. 10 But for now I'll be talking to 09:21:47 11 you about something that's not 12 necessarily about your Declaration, your 13 personal education background. Can you 14 tell me your education since high school, 15 please? 09:21:55 16 A. Yes. So I received my 17 undergraduate degree in biology from Cal 18 Poly San Luis Obispo -- I can give you 19 the full name, California Polytechnic 20 State University, San Luis Obispo, and 09:22:05 21 went onto receive my Masters in Human 22 Nutrition from Columbia University. 23 Q. And what did you do after 24 getting your Masters at Columbia? 25 A. So directly after receiving my 09:22:18	1 A. Right. So I basically helped 2 with the logistical aspects of running a 3 clinical trial. Obviously starting out 4 entry level, my role was to assist our 5 study directors or medical directors in 09:23:27 6 insuring that the sites had all of their 7 supplies that they would need, access to 8 different documents, also worked with our 9 regulatory and manufacturing groups to 10 coordinate regulatory submissions and 09:23:41 11 drug shipments, et cetera. 12 So there are multiple aspects 13 of clinical trials that require 14 logistical considerations and that was my 15 role at the time. 09:23:53 16 Q. How long did you stay at 17 Sequus? 18 A. So I was at Sequus for about a 19 year. 20 Q. And did your role change at 09:24:00 21 all during that one year there? 22 A. It did not. So during the year 23 that I spent at Sequus my role was the 24 same, I was a clinical trial assistant. 25 Q. So when you left Sequus, where 09:24:10
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1 did you go next? 2 A. So when I left Sequus I went 3 to Purdue Pharma, where I was hired as a 4 quality assurance auditor. 5 Q. And what does a quality 09:24:21 6 assurance auditor do? 7 A. Yeah. So part of the 8 responsibility of a sponsor in conducting 9 clinical trials is to oversee the quality 10 and conduct of the trial at clinical 09:24:33 11 investigator sites. So my role was to 12 actually visit clinical investigators and 13 investigational sites to insure that 14 patients were being consented properly, 15 that data was being recorded accurately, 09:24:48 16 that they were following the protocol as 17 intended and to insure that they were 18 following all regulations and guidelines 19 related to regulatory submissions and 20 approvals. 09:24:59 21 Q. And was that your position and 22 responsibility throughout your time at 23 Purdue? 24 A. So I also participated 25 during -- during my time at Purdue I also 09:25:07 Page 26	1 Polansky. 2 Q. And a CRO is? 3 A. Clinical research 4 organization. 5 Q. And what did you do at Barton? 09:26:12 6 A. So in my role at Barton and 7 Polansky I worked as a clinical project 8 manager overseeing Phase III-b studies 9 with various anti-retroviral medications. 10 The company was contracted by 09:26:30 11 Roche to conduct these trials on their 12 behalf, and so I was responsible for 13 overseeing all aspects of trial conduct 14 and interacting with Roche to insure that 15 we were meeting their expectations in 09:26:46 16 terms of trial conduct and other aspects 17 of deliverables. 18 Q. And how long were you at 19 Barton and Polansky? 20 A. I was at Barton and Polansky I 09:26:55 21 believe for almost two years. 22 Q. What did you do next? 23 A. So next I went to a company 24 called Genvec Pharmaceuticals, where I 25 was hired as a clinical trial manager, 09:27:06 Page 28
1 participated in what we called internal 2 process audits where, again, as a sponsor 3 company there's a responsibility to 4 insure that you're following your own 5 procedures. 09:25:20 6 So I also participated in 7 audits of our own procedures to insure 8 that we were following them according to 9 our standard operating procedures. 10 Q. And any other responsibilities 09:25:30 11 or roles at Purdue that you can recall? 12 A. Broadly, no. I mean, clearly 13 there were other small initiatives and 14 tests that I was involved in but as a 15 whole that is what my responsibilities 09:25:44 16 were. 17 Q. And how long were you at 18 Purdue? 19 A. I was at Purdue for I believe 20 a year and a half to two years. I don't 09:25:51 21 recall exactly how long it was. 22 Q. And so where did you go next? 23 A. So after that I took a 24 position as a clinical project manager at 25 a CRO in the City called Barton and 09:26:01 Page 27	1 and there -- they were a gene -- I should 2 say they were a gene therapy company. 3 Q. And what did you do for Genvec 4 as a clinical trial manager? 5 A. So my role at Genvec -- at the 09:27:22 6 time the company was transitioning from 7 being essentially a virtual company to 8 having inhouse capabilities to execute 9 clinical trials, so I worked closely with 10 the head of the chief of our clinical 09:27:40 11 development group, and as well as the 12 company's scientific founder to both 13 insure that studies that had been started 14 by our scientific founder were 15 transitioned to the company in terms of 09:27:59 16 availability of data and availability for 17 regulatory submissions, as well as helped 18 write standard operating procedures and 19 hire individuals so that Genvec, itself, 20 had a fully fleshed out clinical 09:28:12 21 development team. 22 Q. Did your role change over time 23 at Genvec or was that generally your role 24 the whole time you were there? 25 A. So I was promoted and 09:28:20 Page 29

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1 certainly as the company grew and as we 2 transitioned into, you know, realizing 3 what we intended, which was, you know to 4 have our own capabilities to run 5 sponsored clinical trials, my role 09:28:31 6 expanded during my time there, but I 7 worked in clinical development the entire 8 time I was there. 9 Q. And how long were you at 10 Genvec? 09:28:43 11 A. So I was at Genvec for four 12 and a half years. 13 Q. And then after Genvec, you 14 went to Regeneron? 15 A. Correct. So Genvec at the time 09:28:51 16 -- so at the time that I was at Genvec 17 the entire field of gene therapy took a 18 big step back. There was a death in a 19 trial at the University of Pennsylvania 20 that really was a huge setback for the 09:29:05 21 field as a whole and so a small company 22 like Genvec that really relied on 23 investor funding, you know, started 24 floundering in terms of its ability to 25 continue our operations. And so at that 09:29:19 Page 30	1 pathologies where inhibitions of 2 angiogenesis made sense and one of those 3 areas was in oncology. So tumors are very 4 vascular, they overexpress VEGF, with -- 5 in other words, to maintain this 09:30:49 6 vasculature to allow the tumors to grow. 7 And so through our angiogenesis work at 8 Regeneron, it was noted that we could 9 also inhibit angiogenesis and so at the 10 time one of our competitors, Genentech, 09:31:06 11 had a molecule, Avastin or bevacizumab, 12 that they were developing. And so there 13 was -- and that year was the year that 14 they presented positive data in 15 colorectal cancer with the treatment of 09:31:21 16 Avastin. 17 So there was a huge amount of 18 buzz in the industry about the promise of 19 anti-angiogenesis and anti-VEGF molecules 20 and Regeneron had -- was developing VEGF 09:31:34 21 Trap at that time. 22 Q. So you may have misspoken at 23 some point. There maybe a transcription 24 error, so just to confirm, when did you 25 start at Regeneron? 09:31:45 Page 32
1 time I decided to at least look to see 2 what else would be available and 3 certainly Regeneron was very much an up 4 and coming company at that time and 5 that's when I decided to join Regeneron. 09:29:34 6 Q. When you say Regeneron was up 7 and coming company at the time, that time 8 was around -- when did you start at 9 Regeneron? 10 A. I started at Regeneron in 09:29:45 11 2003. 12 Q. Can you explain what you mean 13 by Regeneron was an up and coming 14 company? 15 A. Sure. So at the same time the 09:29:52 16 field of angiogenesis was really starting 17 to expand and for years companies and 18 scientists had been very focused on 19 promoting angiogenesis as a way to -- to 20 mitigate things like infarction or other 09:30:17 21 cardiovascular complications that 22 resulted in ischemia, but through the 23 work of several scientists, including 24 George Yancopoulos, the -- there was a 25 discovery that there were several 09:30:34 Page 31	1 A. In 2003. 2 Q. And what did you know about 3 aflibercept before you started at 4 Regeneron? 5 A. So the only thing I knew about 09:31:59 6 aflibercept was that it was an anti-VEGF 7 molecule and that Regeneron was pursuing 8 development in oncology with that 9 molecule. 10 Q. And how did you learn that 09:32:10 11 before you started at Regeneron? 12 A. So in my role at Genvec we had 13 development, early stage development 14 programs in both oncology and 15 ophthalmology. 09:32:23 16 So as part of my role at 17 Genvec, I regularly attended ASCO which 18 is the American Society of Clinical 19 Oncology. So through my attendance at 20 that meeting, I became aware both through 09:32:33 21 presentations as well as discussions 22 with, you know, co-attendees that 23 Regeneron had an anti-VEGF molecule. 24 Q. And what did you know about 25 Regeneron's plans for aflibercept in 09:32:49 Page 33

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1 ophthalmology before you started? 2 A. I knew nothing about 3 Regeneron's plans in ophthalmology. 4 Q. So when you first started at 5 Regeneron in 2003, what was your title at 09:32:59 6 that time? 7 A. So my -- I believe I started 8 at Regeneron as a senior clinical trial 9 manager. 10 Q. And if it helps, I think some 09:33:16 11 of this is in your Declaration. 12 A. I just realized. 13 Q. I can point you to it. I think 14 it's paragraph 6, where you start to talk 15 about your initial role at Regeneron. 09:33:26 16 A. Yes. I was right. 17 Q. Okay. So what was your role as 18 a senior clinical trial manager when you 19 started at Regeneron in 2003? 20 A. So my role was really to help 09:33:41 21 implement and execute clinical trials. 22 But Regeneron was a small company and so, 23 you know, it was very much all hands on 24 deck. So, you know, my role was not 25 necessarily limited to those tasks 09:33:58 Page 34	1 of. 2 Q. You don't know one way or the 3 other? 4 A. No, but what I do know is I 5 certainly worked closely with -- when I 09:35:14 6 started at Regeneron the head of our 7 clinical group was Dr. Jesse Cedarbaum, I 8 worked very closely with and really from 9 day one our senior management, you know, 10 Dr. Yancopoulos, Dr. Schleifer, Dr. Stahl 09:35:33 11 and others were very involved in 12 discussions regarding planning, regarding 13 progress and I was certainly part of 14 those discussions. 15 Q. But you weren't part of all 09:35:46 16 the discussions? 17 A. Again, I'm not aware of every 18 single discussion that occurred, so it's 19 hard for me to answer that question. 20 Q. Just because you mentioned 09:35:54 21 some names, maybe it makes sense to go 22 through and just confirm that I 23 understand who they all are. 24 Dr. Yancopoulos, who is -- 25 what was his role at the time when you 09:36:03 Page 36
1 either. 2 Q. Is it true that your primary 3 role was on the implementation and 4 execution side of clinical trials more so 5 than on the strategy and design of 09:34:10 6 clinical trials? 7 A. So, again, Regeneron was a 8 small company, so I was able to be part 9 of those discussions about the strategy. 10 I certainly was hands-on involved in the 09:34:24 11 writing of the clinical trial protocol 12 and determining different aspects of the 13 clinical trial protocol. 14 Q. Would you have been included 15 in all Regeneron discussions about the 09:34:37 16 clinical trial protocol? 17 A. I would not have been included 18 in all discussions. 19 Q. Would you have been included 20 in most discussions? 09:34:49 21 A. Your definition of "most" and 22 my definition might be different, so 23 obviously I don't know what I don't know. 24 So I can't say whether there were miriads 25 of other discussions that I wasn't part 09:35:06 Page 35	1 started in 2003? 2 A. So Dr. Yancopoulos was and is 3 Regeneron's Chief Scientific Officer. He 4 now has other titles. He's co-Chairman 5 of the Board, et cetera. 09:36:19 6 Q. But at all times he has been 7 the Chief Scientific Officer for 8 Regeneron? 9 A. That's correct. 10 Q. What about Dr. Schleifer? 09:36:26 11 A. Dr. Schleifer was and is our 12 Chief Executive Officer. 13 Q. Dr. Stahl? 14 A. So I always forget Dr. Stahl's 15 exact title but he was the Co-Head of 09:36:40 16 Research and really oversaw preclinical 17 development at Regeneron then as well as 18 now. 19 Q. So what was Dr. Stahl's role 20 in clinical development? 09:36:58 21 A. So Regeneron has always taken 22 the -- we have a philosophy that broad 23 input is valuable, so Dr. Stahl 24 participated in many many discussions, if 25 not all discussions and certainly was a 09:37:20 Page 37

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1 member of the senior management team that 2 really discussed and oversaw all of our 3 clinical development efforts. 4 Q. And what about Dr. Cedarbaum? 5 A. So Dr. Cedarbaum was the head 09:37:35 6 of our clinical group and oversaw both 7 oncology studies as well as the -- 8 eventually the ophthalmology studies. 9 Q. And what was his tenure in 10 that role? What years? 09:37:50 11 A. I don't recall exactly when he 12 left the company. He was obviously there, 13 he was my hiring manager in 2003, but I 14 don't recall exactly when he resigned. 15 Q. Do you have just an 09:38:05 16 approximate time? 17 A. If I had to guess -- I 18 actually don't -- I don't want to guess. 19 I really -- I mean, I've been at the 20 company for over 20 years and this is 09:38:23 21 going back into, you know, way back into 22 the early years, so I don't want to 23 guess -- 24 Q. Maybe -- 25 A. -- and be wildly wrong. 09:38:31 Page 38	1 sponsor companies like Regeneron contract 2 with physicians in the community, and 3 this can be in the United States as well 4 as globally, to execute the clinical 5 trial at their centers. So they -- the 09:39:54 6 clinical trial investigators are the ones 7 executing the protocol, enrolling 8 patients, performing procedures, et 9 cetera. So there are multiple aspects to 10 the sponsor's responsibilities in 09:40:10 11 overseeing the clinical trial. 12 Obviously, the first 13 responsibility is to provide 14 documentation, supplies, training, et 15 cetera, to clinical trial investigators 09:40:23 16 and their study staffs to insure that 17 they are able to execute the protocol in 18 the way intended and according to the 19 laws and regulations. 20 So a clinical trial manager 09:40:34 21 typically has responsibilities of 22 overseeing those aspects of managing all 23 the logistical aspects of a clinical 24 trial and that also includes managing 25 external vendors that are contracted to 09:40:52 Page 40
1 Q. Maybe I'll help just try to 2 figure out kind of when. I mean, it 3 wasn't last year, for example, that he 4 resigned? 5 A. No. So I mean, Dr. Cedarbaum 09:38:40 6 resigned certainly before we had Phase 7 III data and approval of Eylea. 8 Q. So you think that 9 Dr. Cedarbaum resigned before the results 10 of the VIEW trials came in? 09:38:56 11 A. Yes. 12 Q. Okay. In paragraph 6 you talk 13 -- when you're talking about your duties 14 as senior clinical trial manager, you 15 state, "My duties included overseeing a 09:39:13 16 group of clinical trial managers and 17 other personnel involved in the 18 operations of Regeneron's early phase 19 clinical trials for that drug." Do you 20 see that? 09:39:24 21 A. I see that. 22 Q. Can you just explain what that 23 -- what clinical trial managers are? 24 A. Sure. So, again, so the way 25 that clinical trials are run is that 09:39:39 Page 39	1 also provide support services for the 2 clinical trial sites. 3 So an example of that would be 4 a central clinical laboratory where all 5 labs that are taken as part of the study 09:41:05 6 are analyzed in a central location. And 7 so a clinical trial manager would 8 interact with that company to insure that 9 kits are being supplied, that the kits 10 include the correct contents, et cetera. 09:41:17 11 They also would interact with our 12 clinical logistics and manufacturing 13 groups to insure that drug shipments and 14 drug supply is planned appropriately. I 15 can go on and on and on. 09:41:29 16 They're really -- so a 17 clinical trial manager is really 18 responsible for all of those aspects and 19 typically gets involved in the process at 20 the time that the protocol is being 09:41:40 21 drafted. 22 Q. How many clinical trial 23 managers were you overseeing in your role 24 as senior clinical trial manager? 25 A. I don't recall specifically 09:41:51 Page 41

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1 but I believe I had at the time that we 2 were executing the VIEW studies -- 3 obviously it grew over time, but at the 4 time that we were executing the VIEW 5 studies, I believe I had three to five 09:42:03 6 clinical trial managers that reported to 7 me. 8 Q. And did those three to five 9 clinical trial managers also have any 10 involvement in preparing or designing the 09:42:15 11 clinical trial protocol? 12 A. So clinical trial managers are 13 involved in the review of the protocol. 14 There are obviously multiple aspects to 15 the study design and creating a quality 09:42:31 16 protocol. So there are, you know -- we 17 typically involve the clinical trial 18 managers in the review because they are 19 focused on aspects that are maybe 20 different than other people. So they're, 09:42:46 21 you know, typically looking at very 22 carefully at things like the schedule of 23 assessments or how the visits are 24 labeled, et cetera. So they have an 25 important role in insuring that we have a 09:42:56 Page 42	1 A. I believe there were other 2 senior clinical trial managers in 3 different therapeutic areas working on 4 different programs. 5 Q. Okay. So you were the only 09:44:07 6 senior clinical trial manager as of 2003 7 for aflibercept's study in ophthalmology? 8 A. I don't recall if I was the 9 only one. There was another clinical 10 trial manager in our group who was really 09:44:24 11 assigned to the oncology program and I 12 don't recall what his title was. 13 Q. In addition to clinical trial 14 managers, paragraph 6 says that you also 15 oversaw other personnel involved in the 09:44:39 16 operations of Regeneron's clinical trials 17 for aflibercept. 18 What other personnel were you 19 referring to there? 20 A. Yeah. So, again, you know, the 09:44:49 21 execution of a clinical trial requires a 22 broad cross-functional team. So the 23 clinical trial managers directly reported 24 to me in a line function capacity, but we 25 had cross-functional teams where we -- I 09:45:05 Page 44
1 complete protocol and that the protocol 2 reflects the intention of the study 3 design. 4 Q. But the clinical trial 5 managers you were overseeing weren't 09:43:06 6 providing input or being involved in 7 selection of the dosing arms, for 8 example? 9 A. So they may have participated 10 in meetings where those discussions were 09:43:18 11 occurring, but they did not have 12 decisionmaking authority over those 13 aspects of the protocol. 14 Q. Did they provide any input 15 into the selection of the dosing arms? 09:43:28 16 A. I mean, certainly -- again, I 17 mean, I don't recall specifically if any 18 clinical trial manager had input into the 19 dosing arms, but the -- you know, the 20 culture at Regeneron is one where we 09:43:47 21 invite input from anyone. 22 Q. And I know you were senior 23 clinical trial manager at this time. Were 24 there other senior clinical trial 25 managers or were you the only one? 09:43:58 Page 43	1 oversaw, for instance, data managers or 2 biostatisticians, as well as logistics 3 people, regulatory colleagues, et cetera, 4 who provided input and support for the 5 clinical development program. 09:45:25 6 Q. So just again focusing on your 7 time as a senior clinical trial manager, 8 who was your supervisor? 9 A. At that time I reported 10 directly to Jesse Cedarbaum. 09:45:34 11 Q. And who did Jesse Cedarbaum 12 report to? 13 A. I don't recall specifically 14 who Dr. Cedarbaum reported to in 2003. I 15 don't recall exactly who. 09:45:51 16 Q. Did you have any direct 17 communications with Dr. Yancopoulos when 18 you were in the role of senior clinical 19 trial manager at Regeneron? 20 A. So I was certainly part of 09:46:00 21 meetings with Dr. Yancopoulos and other 22 senior managers about the program and 23 certainly provided input during those 24 meetings regarding, you know, my areas of 25 expertise as it related to clinical 09:46:19 Page 45

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1 development of Eylea. 2 Q. But outside of those formal 3 meetings, did you have any interactions 4 with Dr. Yancopoulos directly? 5 A. Regeneron -- so I don't recall 09:46:28 6 specifically but Regeneron was a small 7 company and we certainly had events like 8 picnics and barbecues and different, you 9 know -- we had a long history of having a 10 Hawaiian shirt day. So I'm sure that I, 09:46:46 11 you know, spoke with him briefly or shook 12 his hand or, you know, waved hello at 13 some other events, but I don't recall 14 specifically an example. 15 Q. So just to maybe put a finer 09:46:58 16 point on it, other than those formal 17 meetings that you're talking about, you 18 don't recall having any direct 19 communications with Dr. Yancopoulos 20 regarding the clinical trial design for 09:47:08 21 aflibercept during your time as a senior 22 clinical trial manager? 23 A. I don't recall. 24 Q. At some point, if we take a 25 look at your Declaration paragraph 16, it 09:47:20 Page 46	1 promotion had occurred by 2010? 2 A. If I could see my CV I could 3 confirm for you exactly when these 4 promotions occurred but I don't recall 5 off the top of my head exactly the year. 09:48:57 6 Q. And, sorry, I have not 7 received a copy of your CV, otherwise I 8 would give it to you. But sitting here 9 today, you don't know whether that 10 promotion to Regeneron associate director 09:49:07 11 of clinical sciences had occurred by 12 2010? 13 A. So I don't know for sure. I 14 would have to see my CV just to confirm 15 the timing. 09:49:21 16 Q. Well, let's talk about your 17 roles and responsibilities. 18 A. Sure. 19 Q. As associate director of 20 clinical sciences how did your role 09:49:28 21 change, if at all, at Regeneron? 22 A. Yeah. So my role didn't change 23 significantly, except that the company 24 had grown and the program was growing, so 25 from that perspective the scope of my 09:49:43 Page 48
1 looks like your role changed to be a 2 promotion to associate director of 3 clinical sciences, right? 4 A. This is the document page 16? 5 Q. No. Sorry. It's paragraph 16. 09:47:43 6 A. Paragraph 16. Sorry. 7 Q. It's document page 6. 8 A. Yes. I see that paragraph 16 9 reflects that I was promoted to associate 10 director of clinical sciences. 09:48:03 11 Q. And when were you promoted to 12 associate director of clinical sciences 13 at Regeneron? 14 A. I don't recall the specific 15 year. 09:48:16 16 Q. Do you recall approximately 17 when it was? 18 A. I honestly don't recall 19 approximately when it was. 20 Q. So is it safe to say that you 09:48:28 21 don't know whether it had happened by 22 2006? 23 A. I don't recall the specific 24 year that I was promoted. 25 Q. And do you know whether that 09:48:40 Page 47	1 responsibilities certainly had broadened. 2 And so the -- you know, the -- I guess, 3 you know, I was still very focused on the 4 development of aflibercept for 5 ophthalmology but, you know, we were 09:50:00 6 running -- we had run and were running 7 multiple studies as well as planning for 8 later phases of development, et cetera. 9 Q. So when you say your scope had 10 broadened, the scope of your role had 09:50:13 11 broadened, what did you mean by that? 12 A. Just to say that we had at 13 that time multiple clinical trials that 14 were either -- that had been completed or 15 were ongoing as well as planning for 09:50:24 16 later phases of development. 17 Q. So just please correct me if 18 I'm saying anything wrong, I'm just 19 trying to understand. 20 When you were promoted to 09:50:34 21 associate director of clinical sciences 22 you were still doing the same tasks and 23 had the same responsibilities as when you 24 were a senior clinical trial manager, but 25 you had more clinical studies that you 09:50:46 Page 49

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1 were responsible for; is that correct? 2 A. Right. So when I was hired as 3 a clinical trial manager Regeneron had 4 not yet started clinical studies with 5 aflibercept, and so obviously during my 09:51:01 6 tenure that grew in terms of scope and, 7 you know, required I guess additional 8 skills and effort on my part to continue 9 to support the program as it grew into a 10 full-fledged development program. 09:51:25 11 Q. And what additional skills and 12 effort are you referring to? 13 A. So clearly the role of a 14 clinical trial manager is typically more 15 limited to just the execution of the 09:51:39 16 clinical trials, but in my role, in my -- 17 I mean, I was involved in other aspects 18 of the development planning, as well as 19 providing important input into critical 20 aspects such as logistical planning, 09:51:59 21 budgets, contracting, other aspects of 22 the protocol, design, the plans for 23 future development, et cetera. 24 So, you know, in terms of the 25 scope of my responsibilities and skills, 09:52:18 Page 50	1 Q. And just trying to understand 2 the corporate hierarchy -- 3 A. Sure. 4 Q. -- where did Dr. Ingerman fall 5 within the umbrella of the clinical 09:53:36 6 group? 7 A. Yeah. So when Dr. Ingerman was 8 hired he reported to Dr. Cedarbaum, and 9 when Dr. Cedarbaum left he assumed that 10 role of Head of Clinical Ophthalmology. 09:53:51 11 Q. I see. So eventually 12 Dr. Ingerman was your supervisor? 13 A. Yes. 14 Q. You just don't remember 15 whether it preceded Dr. Cedarbaum's 09:54:00 16 departure? 17 A. That's a correct 18 characterization. 19 Q. Other than Dr. Ingerman and 20 Dr. Cedarbaum and focusing on the period 09:54:17 21 before let's say 2015, did you have any 22 other supervisors at Regeneron? 23 A. So there -- again, I would 24 have to look at my CV to really be able 25 to confirm exactly the dates, but when I 09:54:34 Page 52
1 it certainly broadened as Regeneron grew 2 and the program grew. 3 Q. And when you were associate 4 director of clinical sciences, was 5 Dr. Cedarbaum still your supervisor? 09:52:29 6 A. I don't -- again, I don't 7 recall specifically when, you know, 8 Dr. Cedarbaum left the company, so it's 9 hard for me to say. But certainly we had 10 added -- over time we added other people 09:52:45 11 to the group to assist with, you know, 12 the growing program. 13 Q. So was there a time before 14 Dr. Cedarbaum left where you had an 15 intervening supervisor between you and 09:52:58 16 Dr. Cedarbaum? 17 A. Dr. Cedarbaum hired Dr. Avner 18 Ingerman, who is an ophthalmologist, and 19 I don't recall if I specifically reported 20 to him but eventually I did. 09:53:12 21 Q. And what was Dr. Ingerman's 22 role at Regeneron? 23 A. Dr. Ingerman was brought in as 24 a medical director to oversee the aspects 25 of the ophthalmology clinical development. 09:53:27 Page 51	1 was promoted to director of therapeutic 2 area project management, that was a newly 3 established function within clinical 4 development. And so at that time I 5 believe I reported to a woman named Kati 09:54:50 6 Gutierrez, I think that was her name. So 7 I did report to others during my tenure 8 at Regeneron. Again, I don't recall 9 exactly when I reported to whom but... 10 Q. Okay. I'm probably going to 09:55:07 11 ask you a question that maybe you don't 12 know. 13 A. Okay. 14 Q. So after associate director of 15 clinical sciences you were subsequently 09:55:13 16 promoted to director therapeutic area 17 project management, right? 18 A. Yes. 19 Q. Do you know when that 20 promotion occurred? 09:55:22 21 A. I don't recall specifically 22 the year that promotion occurred. 23 Q. Do you know whether that 24 promotion occurred before 2010, for 25 example? 09:55:32 Page 53

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1 A. I don't recall if that 2 occurred before 2010. 3 Q. Do you know whether that 4 promotion occurred before, say, 2015? 5 A. I don't recall. If I could see 09:55:40 6 my CV I could tell you but I don't recall 7 exactly when these promotions occurred. 8 Q. Okay. 9 A. I wish I had it to tell you, 10 but... 09:55:50 11 Q. When you became the director 12 of project management how, if at all, did 13 your roles and responsibilities at 14 Regeneron change? 15 A. So when I changed that role I 09:56:03 16 no longer had direct responsibility for 17 managing other clinical trial managers. 18 And my role was really intended to be 19 more strategic and oversight over the 20 entire ophthalmology development programs. 09:56:21 21 So those were the primary changes, but I 22 still worked very closely with our 23 clinical teams, Dr. Avner Ingerman and 24 other members of the cross-functional 25 clinical team and was still an integral 09:56:39 Page 54	1 development program? 2 A. Again, I was certainly part of 3 meetings that included Dr. Yancopoulos, 4 where the clinical development, clinical 5 data, all aspects of clinical development 09:57:53 6 were discussed. So I'm sure that in the 7 context of those meetings and other 8 discussions I had interactions with him 9 but I don't remember specifically. 10 Q. And outside of those meetings, 09:58:06 11 you don't recall having any direct 12 communications with Dr. Yancopoulos about 13 the clinical program for aflibercept? 14 A. Again, I certainly, you know, 15 have had many casual interactions with 09:58:21 16 Dr. Yancopoulos over the years at 17 different functions or in the hallway or 18 other times where he has sought me out to 19 ask a specific question. So, you know, I 20 can't recall a specific example but I'm 09:58:36 21 sure that he and I had other interactions 22 over time about different aspects of the 23 clinical development program. 24 Q. And is it safe to say that 25 Dr. Yancopoulos had communications with 09:58:47 Page 56
1 part of the development team. 2 Q. Do you know if, when you 3 became associate director of clinical 4 sciences, whether you were replacing 5 anyone who had previously held that role 09:56:50 6 or was it a new position? 7 A. I was not replacing anyone. 8 Again, Regeneron was a small company. So, 9 you know, we were blazing a trail in 10 ophthalmology clinical development at 09:57:08 11 Regeneron. So I was not replacing a 12 person who had been in that role 13 previously. 14 Q. And same question with respect 15 to director of therapeutic area project 09:57:15 16 management, was that a role for which you 17 were replacing someone who had previously 18 held it or was it a new position? 19 A. It was a new position. So that 20 was a newly created function within the 09:57:27 21 clinical development group. 22 Q. Going back to when you were an 23 associate director of clinical sciences, 24 did you have any direct communications 25 with Dr. Yancopoulos about the clinical 09:57:39 Page 55	1 people other than you about the clinical 2 trial program for aflibercept outside of 3 these meetings that you attended? 4 A. Yes. So as I've already 5 stated, the planning and conduct of 09:59:01 6 clinical trials requires a 7 multifunctional group and so I'm certain 8 that Dr. Yancopoulos had meetings outside 9 of the meetings where I was in 10 attendance. 09:59:18 11 Q. And there are probably a lot 12 of communications between folks, other 13 than you and Dr. Yancopoulos, about the 14 clinical trial development program for 15 aflibercept, right? 09:59:32 16 A. Sorry. Could you just state 17 that one more time? 18 Q. Of course. There were probably 19 communications between people about the 20 clinical trial development program for 09:59:43 21 aflibercept that didn't involve either 22 you or Dr. Yancopoulos, right? 23 A. I mean, yes. Obviously, 24 people communicate all the time in the 25 context of their daily jobs and tasks 09:59:55 Page 57

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1 that are required. So I don't believe 2 that either myself or Dr. Yancopoulos was 3 involved in every discussion. 4 Q. Right. And that's true for the 5 whole history of the clinical program for 10:00:07 6 aflibercept, right? 7 A. I mean, I think that's true of 8 every industry everywhere. 9 Q. So we were looking forward to 10 when you were the director of therapeutic 10:00:25 11 area project management. Did you have 12 direct communications with Dr. 13 Yancopoulos at that time about the 14 clinical program for aflibercept? 15 A. So there were -- again, I was 10:00:36 16 definitely part of meetings where 17 Dr. Yancopoulos was present and we 18 discussed different aspects of the 19 clinical development program. I was 20 responsible for providing input into a 10:00:49 21 spreadsheet that was provided to him and 22 other senior managers on the status of 23 the programs and other reports that were 24 filtered up to various individuals. 25 So, yes, you know, in the 10:01:06 Page 58	1 A. I think this is a really 2 difficult question for me to answer 3 because I only know what -- you know, I 4 only know what I recall that I was a 5 party to. 10:02:12 6 I can envision that, you know, 7 there were other casual or side 8 discussions that people had, you know, on 9 aspects of the development program to 10 align their thoughts or to get additional 10:02:25 11 input, et cetera. 12 Q. Focusing on the period before 13 2010 at Regeneron, were there meetings 14 related to the clinical development of 15 aflibercept for ophthalmology indications 10:02:40 16 that you didn't go to, for example? 17 A. I mean, there were meetings 18 that -- regarding clinical development 19 that I was, you know, likely -- I don't 20 recall specifically but I can envision 10:02:58 21 that if I was out sick or traveling or 22 otherwise unable to attend a meeting, 23 that meetings did occur without my 24 attendance. 25 Q. Are you aware of meetings 10:03:07 Page 60
1 context of my role I certainly would have 2 been part of discussions with Dr. 3 Yancopoulos regarding the clinical 4 development program. 5 Q. But as we were discussing, Dr. 10:01:14 6 Yancopoulos had discussions with people 7 about the aflibercept clinical 8 development program that you weren't 9 involved in, right? 10 A. I mean, again, I can't confirm 10:01:25 11 what I wasn't part of, but I would assume 12 that in his role he would have had 13 discussions that I was not a part of. 14 Q. And there were discussions 15 about the clinical development program 10:01:37 16 for aflibercept that neither you nor 17 Dr. Yancopoulos were a part of at the 18 time that you were director of 19 therapeutic area project management? 20 A. Again, I can't confirm what I 10:01:51 21 wasn't part of. 22 Q. But you're generally aware 23 that there were discussions on the 24 clinical development program that you 25 weren't party to? 10:02:01 Page 59	1 regarding the clinical development of 2 aflibercept that you weren't invited to? 3 A. There were meetings that 4 occurred that I was not invited to. 5 Obviously, one of the examples is the 10:03:20 6 Regeneron/Bayer Alliance Kickoff Meeting 7 that we've already discussed and I was 8 not an attendee at that meeting. 9 Q. Are there other examples of 10 that you can think of? 10:03:32 11 A. I don't recall other specific 12 examples. 13 Q. But you would expect there to 14 have been other meetings related to the 15 clinical development of aflibercept that 10:03:37 16 you wouldn't have been invited to, right? 17 A. Again, I can't -- it's hard 18 for me to confirm what I wasn't invited 19 to. But in the course of Regeneron's 20 business, I would think that there were 10:03:54 21 other meetings that, you know, I was not 22 an attendee of. 23 Q. Thinking about the time of the 24 Bayer collaboration with Regeneron 25 started with aflibercept, what was the 10:04:20 Page 61

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1 status of the Eylea development at that 2 time? 3 A. So at the time that we were 4 beginning discussions with Bayer, we had 5 initiated and were in the middle of our 10:04:34 6 Phase II study, the CLEAR-IT-2 studies. 7 Q. And the Phase II CLEAR-IT-2 8 study was an AMD study? 9 A. Correct. That was in patients 10 with neovascular AMD. 10:04:53 11 Q. So when the collaboration 12 agreement between Bayer and Regeneron 13 started, what was the -- what was the 14 status of the planning for future 15 clinical studies, beyond CLEAR-IT-2? 10:05:11 16 A. So at that time we had a 17 high-level idea or clinical development 18 plan that would have included, you know, 19 proposals for, again, at a very high 20 level, what we envisioned a Phase III 10:05:29 21 program could look like and the set of 22 indications for which we thought Eylea 23 could be tested in Phase III. 24 Q. Phase III for AMD? 25 A. Well, neovascular AMD was 10:05:47 Page 62	1 move forward. 2 Q. So at the time the Bayer 3 collaboration began, did you have results 4 from CLEAR-IT-2 yet? 5 A. So I believe the Bayer 10:07:11 6 collaboration agreement began in the fall 7 of 2006 and at that time we did not -- we 8 had preliminary data from the CLEAR-IT-1 9 study with intravitreal aflibercept, but 10 we did not yet have data from the 10:07:28 11 CLEAR-IT-2 study. 12 Q. And at the time the Bayer 13 collaboration began, what did the 14 high-level sketch of the Phase III for 15 AMD look like at that time? 10:07:42 16 A. I don't recall specifically 17 what it looked like at that time. 18 Q. Do you recall what dosing arms 19 had been sketched out before the Bayer 20 collaboration began for the AMD Phase III 10:07:53 21 study? 22 A. I don't recall. I mean, the 23 only aspect of the clinical development 24 plan that I recall is something that 25 would have been obvious based on the 10:08:02 Page 64
1 identified as the indication for which we 2 wanted to advance development first in, 3 but there were other neovascular retinal 4 conditions that we were also interested 5 in pursuing. 10:06:03 6 Q. But when you were talking 7 about -- strike that. 8 So when the Bayer 9 collaboration began, did Regeneron 10 already have that high-level idea for 10:06:14 11 Phase III AMD studies? 12 A. We certainly had a sketch of 13 what a Phase III program in neovascular 14 AMD would look like, and that was part 15 of -- you know, typically early in the 10:06:31 16 planning we put together what we call a 17 Clinical Development Plan. And even 18 pre-IND we typically map out what, you 19 know, a Phase I population, a Phase II 20 population and study might be as well as 10:06:47 21 what a Phase III could look like. But 22 clearly, those are just placeholders 23 until we receive data from each stage of 24 development that provides information on, 25 you know, the specifics of how we want to 10:07:02 Page 63	1 regulations, which is that we intended to 2 do two studies. 3 Q. And you don't recall anything 4 else about what the high-level sketch for 5 the Phase III AMD study looked like 10:08:19 6 before the Bayer collaboration began? 7 A. I don't recall the specifics, 8 no. 9 Q. Is it safe to say that the 10 VIEW -- what ended up being the dosing 10:08:35 11 regimen for the VIEW Phase III AMD study 12 had not been selected yet at the time the 13 Bayer collaboration began? 14 A. It's my recollection that that 15 had not been selected at the time the 10:08:49 16 Bayer collaboration began. 17 Q. Is the same true for the DA 18 VINCI Phase II DME study? 19 A. My recollection is that the DA 20 VINCI Phase II study was conducted after 10:09:01 21 the collaboration had already begun and I 22 don't recall that in fall of 2006 we had 23 a proposed study design for the DA VINCI 24 study. 25 Q. And when the Bayer 10:09:15 Page 65

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[REDACTED]	[REDACTED]

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[REDACTED]	1 regarding the dosing regimens to be 2 included in the trial, that was 3 definitely made by Dr. Yancopoulos. 4 Obviously, that was the culmination of 5 many discussions with the 11:51:23 6 cross-functional team about the pros and 7 cons of different options, interpretation 8 and review of data that we had available 9 to us, both our internal data as well as 10 competitor data. And, you know, as I 11:51:36 11 said the culture at Regeneron is one 12 where input is very much encouraged. But 13 Regeneron was a small company back then 14 and Dr. Yancopoulos, both then and now, 15 even though the company has gotten much 11:51:57 16 bigger, has retained really hands-on 17 input into all aspects of clinical 18 development and, you know, certainly at 19 this time was very involved with the team 20 in discussions and ultimately was the 11:52:12 21 final word on, you know, the -- the very 22 key aspects of the study design that we 23 moved forward with. 24 Q. Other than Dr. Yancopoulos, 25 was there anyone else involved in making 11:52:26	Page 138	Page 140
[REDACTED] 5 Q. Let's go back to your 11:49:54 6 Declaration, which is Exhibit 2064, and I 7 would like to focus your attention on the 8 final sentence of this paragraph where 9 you say, "Ultimately, Dr. Yancopoulos 10 made the final decision regarding the 11:50:21 11 study design of the VIEW trials which, as 12 described below, included the 2q8 dosing 13 regimen." Do you see that? 14 A. Sorry. Which paragraph are we 15 on? 11:50:32 16 Q. Sorry. Paragraph 21. 17 A. Sorry. Missed that. 18 Q. And do you see the last 19 sentence of paragraph 21? 20 A. Yes, I see that sentence. 11:50:47 21 Q. Who else was involved in 22 making the decisions with respect to the 23 study design of the VIEW trials other 24 than Dr. Yancopoulos? 25 A. So the final decision 11:50:59	1 what you are recalling the final decision 2 about the VIEW clinical trial design? 3 A. I don't recall. I mean, you 4 know, I'm sure that he discussed it with 5 Len, I'm sure that he had discussions 11:52:37 6 with Neil Stahl, but I don't recall that 7 there were others who were responsible 8 for making this final decision. 9 Q. When you say "Len", that's Len 10 Schleifer? 11:52:51 11 A. Yes, that's Dr. Schleifer. 12 Q. But you also mentioned that 13 there was a lot of input, a lot of 14 discussions leading to the ultimate final 15 decision, right? 11:53:05 16 A. A-hum. 17 Q. Yes? 18 A. Yes. So as I've stated before, 19 this is -- this was not a single 20 discussion, right? This was a discussion 11:53:14 21 that occurred with multiple groups of 22 people over long periods of time where we 23 were actively engaged in planning for the 24 development program. 25 Q. So, for example, even if 11:53:25		Page 141

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1 Dr. Yancopoulos made the final, like, 2 decision was the -- had the clinical 3 group also decided that the four dosing 4 arms of VIEW were the appropriate arms to 5 study? 11:53:42 6 A. So Dr. Yancopoulos was really 7 responsible for making that final 8 determination. The clinical group would 9 make recommendations and we would have 10 discussions where, you know, the -- as I 11:54:00 11 said, the pros and cons or risks and 12 benefits of any particular proposal would 13 have been discussed, but the decision to 14 move forward with those dosing arms was 15 made by Dr. Yancopoulos. 11:54:13 16 Q. Had the clinical group 17 recommended the 2q8 dosing arms of VIEW 18 before Dr. Yancopoulos made the final 19 decision? 20 A. I don't recall who 11:54:24 21 specifically recommended that first. 22 Q. Do you recall whether the 23 clinical group as a whole had agreed that 24 the 2q8 dosing arm should be studied in 25 VIEW before Dr. Yancopoulos made that 11:54:37 Page 142	1 to reduce the number of injections and 2 reduce the treatment burden. 3 Clearly from a safety 4 perspective, fewer injections is better, 5 right? Every time you inject a patient 11:56:08 6 there is a risk associated with the 7 injection procedure alone. 8 So from that perspective, you 9 know, we were very much exploring the 10 possibility of including a dosing regimen 11:56:21 11 that would have dosing longer than every 12 four weeks. 13 Q. Dr. Yancopoulos was not the 14 only person at Regeneron in favor of the 15 2q8 dosing regimen, right? 11:56:34 16 A. I don't recall that, again, 17 you know, sort of who was in favor and 18 who was opposed. You know, these are very 19 much discussions about options. So I 20 don't recall that -- you know, I don't 11:56:54 21 recall that anybody was specifically in 22 favor of it. 23 Q. But is it your recollection 24 that Dr. Yancopoulos was the only person 25 at Regeneron who was in favor of the 2q8 11:57:02 Page 144
1 final decision? 2 A. I don't recall. 3 Q. Did the clinical group 4 recommend the 2q8 dosing arm to 5 Dr. Yancopoulos? 11:54:49 6 A. I don't recall. 7 Q. Do you recall anyone in the 8 clinical group who supported the 2q8 9 dosing regimen? 10 A. I don't recall specifically, 11:55:05 11 you know, any particular person being the 12 advocate for that regimen. 13 Q. Do you recall anyone in the 14 clinical group who favored the 2q8 dosing 15 regimen, whether they were the advocate 11:55:24 16 for it or not? 17 A. Well, I think it was -- the 18 idea of having a fixed dosing regimen 19 that was longer than every four weeks was 20 something that we had been discussing 11:55:38 21 over, you know, really -- you know, over 22 the development program for Eylea. 23 As I stated, in the clinical 24 sort of practice there was this, you 25 know, strong effort and desire to be able 11:55:57 Page 143	1 dosing regimen for VIEW? 2 A. Dr. Yancopoulos was involved 3 in many discussions and I do recall that 4 he was adamant that PRN he felt was not 5 an acceptable dosing regimen even though 11:57:22 6 that were advocates for that, and that 7 based on the preliminary data we had, he 8 felt that a dosing interval longer than 9 eight weeks had the potential to reduce 10 efficacy or to result in reduced visual 11:57:42 11 acuity outcomes. 12 Q. But was Dr. Yancopoulos the 13 only person at Regeneron who favored the 14 2q8 dosing regimen that was used in VIEW? 15 A. Eventually -- I mean, I don't 11:57:55 16 -- so eventually we all -- we all got 17 onboard, right, because that was the 18 decision. Clearly, this is -- you know, 19 when designing a study, you know, there 20 are -- there are many many options and 11:58:10 21 you can't answer every single question in 22 a single study. 23 So I don't recall that he was 24 the only person who was in favor of 25 moving forward with that dosing regimen 11:58:20 Page 145

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1 because as a team we agreed with the 2 decision that was made and moved forward 3 with the protocol that included that 4 regimen. 5 Q. Well, just let's direct -- 11:58:29 6 let's think about the time before the 7 final decision was made. 8 Before the final decision was 9 made to use the 2q8 dosing regimen in 10 VIEW, was Dr. Yancopoulos the only person 11:58:41 11 at Regeneron in favor of including that 12 arm? 13 A. I don't think that he was the 14 only person in favor of it, but I don't 15 recall specifically. 11:58:54 16 (Exhibit 2008, email dated 17 April 2, 2007, having been marked, 18 is shown to the Deponent.) 19 Q. You've been handed what's been 20 previously marked as Exhibit 2008. This 11:59:33 21 is a document you rely on in your 22 Declaration, right? 23 A. That's correct. This is a 24 document that I list in paragraph 3 of my 25 Declaration. 11:59:45 Page 146	1 attended but at a minimum the recipients 2 on the email would have been attendees, 3 as Kathleen is asking for people to 4 please review and let her know if 5 anything is missing or incorrect 12:01:01 6 regarding her summary. 7 Q. And do you know whether all 8 the people in the "to" line, in fact, 9 attended the AMD Phase III program 10 meeting? 12:01:08 11 A. I don't recall specifically if 12 everybody attended. 13 Q. Do you recall if George 14 Yancopoulos attended? 15 A. I don't recall this specific 12:01:16 16 meeting. 17 Q. Do you recall what was 18 discussed at the AMD Phase III program 19 meeting that's referenced in this April 20 2nd, 2007 email? 12:01:26 21 A. So at this time, at this 22 meeting, the topic of discussion was 23 about final determinations regarding the 24 VIEW 1 and VIEW 2 study design. It was 25 always -- this email references the 12:01:45 Page 148
1 Q. And this is -- this Exhibit 2 2008 is an email dated April 2nd, 2007, 3 right? 4 A. Correct. So this is an email 5 dated Monday, April 2nd, 2007, the 11:59:59 6 subject is Decisions and Actions From the 7 AMD Phase III Program Meeting 4/2/07 and 8 it's from Kathleen Lawrence to multiple 9 recipients and I am one of the 10 recipients. 12:00:15 11 Q. Who is Kathleen Lawrence? 12 A. Kathleen Lawrence was a 13 program manager who reported to Caroline 14 Saxton. 15 Q. In this email Kathleen 12:00:28 16 Lawrence writes, "Below is a summary of 17 the decisions and actions from the AMD 18 Phase III program meeting." Do you see 19 that? 20 A. I see. Yes, the email begins, 12:00:36 21 "Below is a summary of the decisions and 22 actions from the AMD Phase III program 23 meeting." 24 Q. And who attended that meeting? 25 A. So I don't recall exactly who 12:00:46 Page 147	1 decision regarding the 0605 study design. 2 But from the beginning we understood that 3 we would be conducting a second study 4 with an identical study design. 5 Q. So just for the sake of the 12:02:00 6 record, 0605 is a reference to the VIEW 1 7 study? 8 A. That's correct. The study 9 number 0605, which are the last four 10 digits of the study number, refers to the 12:02:13 11 VIEW 1 study. 12 Q. I had a question about the 13 second to last bullet point that says, 14 "Action: Consider adding a 2 milligram 15 new formulation dose group to 0603." And 12:02:26 16 that looks like it's been assigned to 17 Avner and you. Do you see that? 18 A. Right. I see that action. 19 Q. What is 0603? 20 A. So 0603 was a small safety 12:02:39 21 study that was conducted leading up to 22 the VIEW 1 and VIEW 2 studies to insure 23 that from a safety perspective that the 24 IVT2 formulation was essentially 25 comparable to the IVT1 formulation that 12:02:59 Page 149

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1 had been used in the earlier phase 2 studies. 3 Q. What is THE difference between 4 IVT1 and IVT2? 5 A. I don't recall the specifics 12:03:09 6 of the differences in formulations. 7 Q. And then the -- so the new 8 formulation dose group -- is new 9 formulation in that bullet point 10 referring to the IVT2 formulation? 12:03:20 11 A. That's correct. That's -- that 12 would have referred to the IVT2 13 formulation and specifically to a 2 14 milligram dose. 15 Q. And do you know what the prior 12:03:32 16 dose groups in 0603 were before the 17 potential addition of this 2 milligram 18 new formulation dose group? 19 A. So my recollection is that 20 0603 study was looking at the 4 milligram 12:03:49 21 dose and we were both varying the volume 22 of injection as well as the -- as well as 23 the formulation. So I don't recall the 24 specifics of the study design but that 25 was the general idea. 12:04:05 Page 150	1 Q. What direction did 2 Dr. Yancopoulos provide in executing VIEW 3 1? 4 A. So the direction that 5 Dr. Yancopoulos provided was that, one, 12:41:51 6 we were moving forward with Phase III in 7 neovascular AMD and that we were to move 8 ahead with these two pivotal clinical 9 trials as designed. 10 Q. So his direction was to 12:42:07 11 commence VIEW 1 and VIEW 2; is that 12 right? 13 A. Well, I mean, his direction 14 really spanned obviously the strategic 15 decisions around how to move the product 12:42:17 16 forward in development as well as he had 17 input into, you know, where we ran the 18 study, the number of sites, you know, the 19 progress of the study. 20 He was -- you know, this was 12:42:33 21 very closely monitored by Dr. Yancopoulos 22 and Dr. Schleifer and Dr. Stahl during 23 the entire planning and implementation of 24 these studies. 25 Q. Just, you said "strategic 12:42:47 Page 152
1 MS. FAIRNENY: I'm going to 2 change topics. Should we take a 3 break? 4 MS. DAVIS: Yes. Lunch may be 5 here. We can check for that. 12:04:15 6 VIDEOGRAPHER: Off the record 7 12:04 p.m. 8 (Lunch recess is taken.) 9 VIDEOGRAPHER: Back on the 10 record 12:41 p.m. 12:41:04 11 Q. All right. We're going to turn 12 back to your Declaration, so you can put 13 that aside. 14 All right. So I'd like you to 15 take a look at paragraph 24 of your 12:41:17 16 Declaration, which is Exhibit 2064, 17 please. 18 A. Okay. 19 Q. And in the first sentence of 20 paragraph 24 you state, "In August 2007 I 12:41:29 21 and others working under the direction of 22 Dr. Yancopoulos began executing VIEW 1 in 23 the United States and Canada." Do you see 24 that? 25 A. Yes, I do see that sentence. 12:41:40 Page 151	1 decisions around how to move the product 2 forward in development." What did you 3 mean by that? 4 A. So obviously as Chief 5 Scientific Officer he had responsibility 12:42:59 6 for ultimately giving the approval for 7 the development program and for making 8 the decision that it was worthwhile to 9 move into Phase III development for any 10 product, and for, you know, the intended 12:43:11 11 indications. 12 Q. So what was his -- I'm just 13 trying to understand what you meant in 14 your first sentence of paragraph 24. 15 What was Dr. Yancopoulos' 12:43:22 16 day-to-day involvement in execution of 17 VIEW 1? 18 A. So Dr. Yancopoulos was -- 19 first of all, there were regular meetings 20 that he was a part of. So an example 12:43:35 21 would have been this program meeting, 22 those were held regularly throughout the 23 program. He also received daily updates 24 on the enrollment in the study and 25 certainly any issues or hurdles would 12:43:52 Page 153

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1 have been escalated to his awareness. 2 Q. Can you recall any specific 3 direction that was provided by 4 Dr. Yancopoulos with respect to the 5 execution of VIEW 1? 12:44:03 6 A. I mean, besides the decisions 7 that we've already discussed? I mean, I 8 don't necessarily remember -- well, I 9 remember there being a specific direction 10 that we needed to provide daily reports 12:44:18 11 on enrollment progress. 12 Q. Anything else you recall about 13 his -- any specific direction that 14 Dr. Yancopoulos provided with respect to 15 the VIEW 1 execution? 12:44:33 16 A. I don't remember specific 17 direction that he provided. 18 Q. Who else, other than 19 Dr. Yancopoulos, was involved in 20 directing the execution of VIEW 1? 12:44:46 21 A. So clearly, as we've 22 discussed, there were multiple people 23 involved. So, you know, both Avner 24 Ingberman as well as, you know, our 25 regulatory colleagues would have been 12:44:59 Page 154	1 A. So he certainly was provided 2 regular updates on the progress of VIEW 2 3 and there were discussions about -- about 4 the timeline and the progress that was 5 being made. 12:46:13 6 I don't recall that he was -- 7 you know, that he was specifically 8 involved in the details but he, you know, 9 had regular updates and certainly 10 anything that required his input was 12:46:26 11 brought to his attention. 12 Q. Do you recall anything being 13 brought to his attention that required 14 his input with respect to VIEW 2? 15 A. Initially the thing I remember 12:46:37 16 that was brought to his attention was 17 that initially the enrollment was rather 18 slow with VIEW 2, so there was a concern 19 that enrollment in that study was going 20 to take longer than expected. So we had 12:46:51 21 multiple discussions around how to 22 accelerate enrollment or, you know, 23 different strategies for enrolling at a 24 faster rate. 25 Q. Anything else you recall? 12:47:05 Page 156
1 involved in executing the trials, our 2 clinical trial managers, clinical 3 logistics biostatisticians. We also 4 employed a CRO, so PPD was the clinical 5 research organization that Regeneron 12:45:15 6 contracted with to provide what we call 7 CRAs or monitors. CRA is clinical 8 research associate. And they're really 9 the people that go out to the sites to 10 insure the sites are conducting the study 12:45:26 11 properly. 12 Q. And VIEW 2 was executed by 13 Bayer, correct? 14 A. Right. So they took on the 15 responsibility for actually executing the 12:45:39 16 VIEW 2 study. 17 Q. And so VIEW 2 was not under 18 the direction of Dr. Yancopoulos? 19 A. It was still under his 20 direction in the sense that it was being 12:45:50 21 conducted as part of the collaboration 22 and he was co-chair of the JSC. 23 Q. But was Dr. Yancopoulos 24 involved in the day-to-day execution of 25 VIEW 2 in any way? 12:46:01 Page 155	1 A. I don't recall anything else 2 off the top of my head. 3 [REDACTED] 4 [REDACTED] 5 [REDACTED] 6 [REDACTED] 7 [REDACTED] 8 [REDACTED] 9 [REDACTED] 10 [REDACTED] 11 [REDACTED] 12 [REDACTED] 13 [REDACTED] 14 [REDACTED] 15 [REDACTED] 16 [REDACTED] 17 [REDACTED] 18 [REDACTED] 19 [REDACTED] 20 [REDACTED] 21 [REDACTED] 22 [REDACTED] 23 [REDACTED] 24 [REDACTED] 25 [REDACTED] Page 157

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[REDACTED] Page 166	[REDACTED]
[REDACTED]	[REDACTED]

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1 If you take a look at 2 paragraph 28 of your Declaration -- 3 A. Okay. 4 Q. -- you state here, "On 5 November 22nd, 2010 Regeneron and Bayer 13:07:55 6 published a press release announcing the 7 one year results of the VIEW trials. The 8 dosing regimens and the visual acuity 9 results mentioned in that press release 10 are Dr. Yancopoulos' work." Do you see 13:08:06 11 that? 12 A. I see that written in 13 paragraph 28, yes. 14 Q. Can you explain what you meant 15 by "The visual acuity results mentioned 13:08:16 16 in the press release are Dr. Yancopoulos' 17 work"? 18 A. Yeah. So just to say that, you 19 know, Dr. Yancopoulos, you know, was 20 involved and made decisions about the 13:08:33 21 dosing regimens and, therefore, the 22 results of the study as well as, you 23 know, obviously he was involved in other 24 aspects of the study design as well. So 25 the results of the study, as mentioned in 13:08:45 Page 174	1 Q. Okay. We're going to move on 2 from VIEW to DA VINCI. 3 A. Okay. 4 Q. Feel free to move that binder 5 clip. I notice it's kind of in the 13:10:13 6 middle. You might want to move it to the 7 side. 8 A. I'll just take it off. 9 Q. At your own risk. 10 A. These are pretty familiar to 13:10:23 11 me. 12 [REDACTED] 13 [REDACTED] 14 [REDACTED] 15 [REDACTED] 16 [REDACTED] 17 [REDACTED] 18 [REDACTED] 19 [REDACTED] 20 [REDACTED] 21 [REDACTED] 22 [REDACTED] 23 [REDACTED] 24 [REDACTED] 25 [REDACTED] Page 176
1 the press release, are considered 2 Dr. Yancopoulos'. 3 Q. Okay. So just to make sure I 4 understand, the visual acuity results in 5 the VIEW trials are Dr. Yancopoulos' 13:08:54 6 work, in your view, because he was 7 involved in the selection of the dosing 8 regimens; is that right? 9 A. And he was ultimately 10 responsible for making the final decision 13:09:07 11 regarding the dosing regimens. 12 Q. Any other reason? 13 A. I mean, Dr. Yancopoulos, you 14 know, has been involved in the 15 development of aflibercept since the 13:09:21 16 creation of the molecule. And so, you 17 know, he very much was the driving force 18 behind moving this program forward, the 19 decisions that were made about how to 20 move it forward and obviously the outcome 13:09:35 21 of the study and the results from the 22 study would -- I think would be 23 considered his work just as the results 24 from a lab experiment would be considered 25 his work if he performed it. 13:09:49 Page 175	1 [REDACTED] 2 [REDACTED] 3 [REDACTED] 4 [REDACTED] 5 [REDACTED] 6 [REDACTED] 7 [REDACTED] 8 [REDACTED] 9 [REDACTED] 10 [REDACTED] 11 [REDACTED] 12 [REDACTED] 13 [REDACTED] 14 [REDACTED] 15 [REDACTED] 16 [REDACTED] 17 [REDACTED] 18 [REDACTED] 19 [REDACTED] 20 [REDACTED] 21 [REDACTED] 22 [REDACTED] 23 [REDACTED] 24 [REDACTED] 25 [REDACTED]

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[REDACTED]	[REDACTED]
Page 190	
[REDACTED]	[REDACTED]

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[REDACTED] Page 198	[REDACTED]
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[REDACTED]	[REDACTED] 13:55:37 6 Q. If you could look at your 7 Declaration, paragraph 33. 8 A. Yes. 9 Q. Here you have at the end of 10 2008 personnel working under the [REDACTED] 13:55:52 11 direction of Regeneron and 12 Dr. Yancopoulos began executing the 13 DA VINCI trial in the United States, 14 Canada and Australia. Do you see that? 15 A. Yes, I see paragraph 33 states [REDACTED] 13:56:03 16 that. 17 Q. And similar to what we were 18 talking about before with respect to 19 VIEW, can you explain what direction 20 Dr. Yancopoulos provided with respect to [REDACTED] 13:56:12 21 DA VINCI? 22 A. Yes. So similar to, as stated 23 for VIEW 1, Dr. Yancopoulos would have 24 been the, you know, final approver for us 25 to move forward with a Phase II study in [REDACTED] 13:56:28
[REDACTED]	1 diabetic macular edema, he would have 2 been involved in studying and planning 3 design, as well as been kept apprised of 4 the progress we made during the conduct 5 of the study, and certainly involved in [REDACTED] 13:56:41 6 any decisions related to the ongoing 7 conduct. 8 Q. Do you recall any decisions 9 that he made with respect to the ongoing 10 conduct of DA VINCI? [REDACTED] 13:56:52 11 A. I don't remember any specific 12 decisions. 13 Q. And I imagine that there were 14 a lot of people involved in the -- in 15 directing the execution of DA VINCI other [REDACTED] 13:57:01 16 than Dr. Yancopoulos? 17 A. Yes. So, you know, again, the 18 conduct of a clinical trial involves many 19 many different people and groups at the 20 sponsor company, as well as any [REDACTED] 13:57:12 21 contracted companies that we're 22 utilizing. So I believe a CRO was 23 utilized for the purpose of the DA VINCI 24 study as well, and then all of the 25 personnel at the clinical trial sites [REDACTED] 13:57:25

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1 would be involved in the conduct of the 2 study. 3 Q. And what was Dr. Yancopoulos' 4 day-to-day role in executing DA VINCI? 5 A. So his day-to-day role was 13:57:35 6 really at an oversight level. So he was 7 kept apprised of the progress and 8 certainly key decisions about aspects of 9 the protocol and the Statistical Analysis 10 Plan were reviewed and discussed with him 13:57:53 11 ahead of time. 12 Q. Do you remember what key 13 decisions about aspects of the protocol 14 and Statistical Analysis Plan were 15 reviewed and discussed with 13:58:02 16 Dr. Yancopoulos -- 17 A. I mean, certainly -- 18 Q. -- with respect to DA VINCI? 19 A. Yeah. So certainly with 20 respect to DA VINCI, he was involved in 13:58:10 21 discussions regarding the study design, 22 the -- you know, so the dosing regimens 23 to be included, the comparator, the 24 endpoints, the, you know, time points for 25 analyses, the -- if I didn't say it 13:58:25 Page 214	1 study concept as well as drafting of the 2 final protocol. 3 Q. I guess I'll ask more precise 4 questions. My bad. 5 The aspects of the protocol 13:59:38 6 and Statistical Analysis Plan that you 7 had mentioned were before -- happened 8 before DA VINCI started, right? 9 A. Right. So in order for the 10 conduct of the study to begin, we have to 13:59:48 11 have a final approved protocol. So all 12 aspects of the protocol have to be agreed 13 upon before we can finalize the document. 14 Q. Right. Okay. 15 MS. FAIRNENY: I feel like 14:00:03 16 we've been going for a while. Is it 17 time for a break? 18 VIDEOGRAPHER: We are off the 19 record 2:00 p.m. 20 (Recess is taken.) 14:11:25 21 VIDEOGRAPHER: Back on the 22 record 2:11 p.m. 23 Q. What was Bayer's role in 24 executing DA VINCI? 25 A. Bayer did not have any 14:11:36 Page 216
1 before, the comparator that was selected, 2 the total duration of the study. So he 3 would have been involved in that and, you 4 know, more in regards to discussions 5 regarding the protocol and the study 13:58:38 6 design. 7 Q. And those aspects of the 8 protocol and Statistical Analysis Plan 9 that you just mentioned were part of the 10 protocol before DA VINCI started; is that 13:58:47 11 right? 12 A. So we typically -- so we 13 usually start having discussions about a 14 proposed study design long before a 15 protocol gets drafted. So we would have 13:58:59 16 begun to have those discussions in the 17 context of high level planning for 18 additional indications, as well as back 19 then we had a document called the 20 Clinical Study Concept document, and the 13:59:13 21 Clinical Study Concept was sort of the 22 precursor to the protocol or an outline 23 for the protocol, but Dr. Yancopoulos was 24 involved in multiple discussions leading 25 up to both the generation of the clinical 13:59:28 Page 215	1 responsibility for executing DA VINCI. 2 Q. So DA VINCI was executed 3 entirely by Regeneron? 4 A. Regeneron, yes, Regeneron was 5 responsible for executing DA VINCI. 14:11:48 6 Q. What was Bayer -- did Bayer 7 have any involvement with respect to any 8 aspect of the execution of DA VINCI? 9 A. They -- so from a governance 10 level, they were involved in the planning 14:12:08 11 of the study and the sharing of costs 12 associated with the study, but other than 13 that they did not have any responsibility 14 for executing the study. 15 [REDACTED] 16 [REDACTED] 17 [REDACTED] 18 [REDACTED] 19 [REDACTED] 20 [REDACTED] 21 [REDACTED] 22 [REDACTED] 23 [REDACTED] 24 [REDACTED] 25 [REDACTED] Page 217

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[REDACTED] 10 Q. And then in paragraph 36 you 14:17:10 11 say, "Consistent with standard practice, 12 Regeneron announced these interim results 13 including the visual acuity data in a 14 press release dated February 18th, 2010. 15 The dosing regimens and the preliminary 14:17:25 16 visual acuity results mentioned in that 17 press release are Dr. Yancopoulos' work." 18 Do you see that? 19 A. Yes, I see that in paragraph 20 36. 14:17:34 21 Q. So can you explain how the 22 preliminary visual acuity results are 23 Dr. Yancopoulos' work, what you meant by 24 that? 25 A. Yeah. So, again, as I 14:17:42 Page 222	1 mentions the 52-week DA VINCI results. 2 Q. And similar to the 24-week 3 results, these data were entered into the 4 database, analyzed by statisticians, and 5 then reviewed by the clinical group 14:19:30 6 before beginning sent to senior 7 management; is that right? 8 A. Yes. We typically follow that 9 same process for all trial results. 10 Q. And again, the 14:19:39 11 biostatisticians were following the 12 protocol laid out in a Statistical 13 Analysis Plan; is that correct? 14 A. Right. So they would be 15 following the protocol, as well as the 14:19:51 16 Statistical Analysis Plan, which the 17 Statistical Analysis Plan is just a more 18 detailed description of the analyses 19 outputs. 20 Q. With respect to both the 14:20:04 21 statistical analysis portion of the 22 protocol and the Statistical Analysis 23 Plan, you don't recall any aspect of 24 those documents that originated from 25 Dr. Yancopoulos, right? 14:20:17 Page 224
1 mentioned, right, just as a clinical 2 trial is an experiment similar to a bench 3 experiment, you know, Dr. Yancopoulos was 4 ultimately responsible and had tangible 5 input into the design and conduct of the 14:17:58 6 DA VINCI trial. So, therefore, the 7 results should be considered his work. 8 Q. Are the preliminary visual 9 acuity results -- strike that. 10 Are the preliminary visual 14:18:22 11 acuity results the products of the dosing 12 regimens that were selected for DA VINCI? 13 MS. DAVIS: Objection, form. 14 A. So I wouldn't phrase -- I 15 wouldn't phrase it that way. I don't 14:18:38 16 believe that the visual acuity results 17 are the product of the dosing regimens, 18 but they are a reflection of the efficacy 19 and the clinical benefit from the dosing 20 regimens tested in the study. 14:18:54 21 Q. In paragraph 37 you then talk 22 about the 52 week results. 23 A. Paragraph 37 you said? 24 Q. That's right. 25 A. Okay. Yes, I see paragraph 37 14:19:10 Page 223	1 A. I mean, obviously -- I don't 2 remember specific aspects where -- that 3 originated with him, but he was overall 4 responsible and had significant input 5 into the design and the plans for 14:20:31 6 analysis, et cetera. 7 Q. Once you provided the results 8 to senior management with respect to the 9 52-week DA VINCI data, did Dr. 10 Yancopoulos request any analysis or 14:20:49 11 figure, other than what you had provided? 12 A. I don't recall if he 13 specifically requested additional 14 analyses at that time. 15 Q. At any time later did he 14:21:00 16 request? 17 A. Yes. So we've -- he has 18 requested many analyses of the DA VINCI 19 study post hoc to better understand the 20 results and to better understand the 14:21:13 21 performance of aflibercept in DME 22 patients. 23 Q. In terms of the results that 24 were published in the press release dated 25 December 20th, 2010, are any of those 14:21:25 Page 225

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1 results the product of any requests 2 specifically made by Dr. Yancopoulos? 3 A. Could I see the press release? 4 Is there a copy available? 5 Q. Sure. 14:21:43 6 A. Is it in my pile here? 7 Q. It's not yet. 8 (Exhibit 1006, Press Release 9 re: VEGF Trap-Eye Phase III Study 10 dated December 20, 2010 having been 14:22:27 11 marked, is shown to the Deponent.) 12 Q. If you take a look at -- 13 strike that. 14 You've been handed what's been 15 previously marked as Exhibit 1006 and 14:22:22 16 this a Regeneron press release from 17 December 20th, 2010. 18 My question for you is, is any 19 result reported in this press release the 20 product of any analysis or figure 14:22:44 21 originally requested by Dr. Yancopoulos? 22 A. Give me a second to look it 23 over. 24 Q. Sure. 25 (Deponent reviews the 14:22:58 Page 226	1 design and the endpoints, this reflects 2 the analysis of the primary endpoint at 3 week 24 as well as the secondary endpoint 4 at week 52. So it's consistent with the, 5 you know, the intended design of the 14:25:22 6 DA VINCI study as, you know, overseen by 7 him. 8 Q. Right. But did 9 Dr. Yancopoulos -- we've already 10 established that you don't -- strike 14:25:32 11 that. 12 We previously established you 13 don't recall who was the first person to 14 propose any of the study arms? 15 A. I don't recall who the first 14:25:42 16 person was to propose this, yes. 17 Q. And do you recall whether 18 Dr. Yancopoulos was the first person to 19 propose any of the analysis or figures 20 that appear in Exhibit 1006? 14:25:53 21 A. So the analysis that appears, 22 again, is consistent with the protocol as 23 designed with the data presented being 24 the outcome of the primary endpoint, 25 which was the mean change in visual 14:26:10 Page 228
1 document.) 2 A. Okay. So in the press release 3 titled Regeneron and Bayer Report 4 Positive Results for VEGF Trap-Eye in 5 Phase III Study in Central Retina Vein 14:23:51 6 Occlusion, CRVO and in Phase II Study in 7 Diabetic Macular Edema, DME, labeled as 8 Samsung Bioepis Exhibit 1006, pages 2 and 9 3 of the exhibit give the mean change in 10 visual acuity at week 24 versus baseline 14:24:15 11 and the mean change in visual acuity at 12 week 52 versus baseline for the five 13 treatment groups in the DA VINCI study. 14 And your question -- sorry, can you just 15 restate your question one more time? 14:24:36 16 Q. Sure. My question is, did any 17 result reported in this press release, 18 and we'll make it specific to the DME 19 study, reported in it, did any of those 20 results -- strike that. 14:24:49 21 Are any of these results the 22 product of any analysis or figure 23 originally requested by Dr. Yancopoulos? 24 A. So to the extent that George 25 was the final approver of the study 14:25:06 Page 227	1 acuity at week 24, and the secondary 2 endpoint of mean change in visual acuity 3 at week 52, as well as safety results 4 that were communicated in the press 5 release as well. 14:26:23 6 Q. And you don't recall who the 7 first person to propose those primary and 8 secondary endpoints? 9 A. I don't recall who the first 10 person was. 14:26:31 11 Q. And you don't recall who 12 proposed the statistical analyses to 13 calculate those results with respect to 14 the primary and secondary endpoints, 15 right? 14:26:47 16 A. No, except to say that the 17 analyses performed were fairly standard. 18 So the design of the DA VINCI study was a 19 superiority study which is much more 20 straightforward than a noninferiority 14:27:03 21 design from an analysis perspective. 22 Q. Can you explain why that is? 23 A. So typically with superiority 24 study you're using comparisons that are 25 easily or more easily understood in the 14:27:21 Page 229

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1 sense that if a -- if a p-value is 2 calculated based on a statistical 3 procedure and that -- if that p-value is 4 typically less than -- for Phase II 5 studies it's sometimes P less than .01 14:27:36 6 and P less than .1 or P less than .05, if 7 your p-value is less than that threshold, 8 that means you've met statistical 9 superiority. So those kinds of 10 comparisons from a statistical 14:27:52 11 perspective are, you know, very common. 12 Q. But just to clarify, you don't 13 know whether George Yancopoulos was the 14 first to propose the statistical analyses 15 to calculate the results with respect to 14:28:06 16 the primary and secondary endpoints of 17 DA VINCI, right? 18 A. I don't recall if he was the 19 first person to propose that. 20 Q. Going back to your 14:28:21 21 Declaration, paragraph 37 and again this 22 is Exhibit 2064, the last sentence you 23 state, "Regeneron published these 24 results", and you're referring to the 25 52-week DA VINCI results, and you go on 14:28:31 Page 230	1 designed and endorsed to move ahead. 2 Q. When you say "the results of 3 the DA VINCI trial were the results of 4 the experiment that he designed and 5 endorsed to move ahead", you don't know 14:29:59 6 whether Dr. Yancopoulos was the first 7 person to propose the experiments that 8 were applied in DA VINCI, right? 9 A. Well, I don't know that he was 10 the first person to propose specific 14:30:17 11 aspects of the protocol, but he was 12 certainly involved in planning and 13 discussions and approved the DA VINCI 14 study design to move forward. 15 Q. Okay. 14:30:31 16 (Exhibit 1001, copy of U.S. 17 Patent No. 11,253,572, having been 18 marked, is shown to the Deponent.) 19 Q. You've been handed what's been 20 previously marked as Exhibit 1001. Do you 14:31:01 21 have that in front of you? 22 A. Yes, I have Samsung Bioepis 23 Exhibit 1001. 24 Q. And Exhibit 1001 is U.S. 25 Patent No. 11,253,572. Do you see that? 14:31:16 Page 232
1 to say, "which are Dr. Yancopoulos' work 2 and in a press release dated December 3 20th, 2010." Right? 4 A. Yes. My Declaration in 5 paragraph 37 states, "Regeneron published 14:28:43 6 these results which are Dr. Yancopoulos' 7 work in a press release dated December 8 20th, 2010." 9 Q. And the results you are 10 referring to are the 52-week DA VINCI 14:28:52 11 results, right? 12 A. Yes. Although, I have to say I 13 don't see that date on Exhibit 1006. 14 Maybe I'm missing it. I think it's on top 15 in the header. 14:29:14 16 Q. Yes. 17 A. Okay. 18 Q. Can you explain what you meant 19 by the results, the 52-week DA VINCI 20 results being George Yancopoulos' work? 14:29:26 21 A. Yes. Again, in Dr. 22 Yancopoulos' role overseeing all of 23 research and development at Regeneron, 24 the results of the DA VINCI trial were 25 the results of the experiment that he 14:29:40 Page 231	1 A. Yes, I see that this is U.S. 2 Patent 11,253,573, B two. 3 Q. Are you familiar with this 4 patent at all? 5 A. I have reviewed this patent in 14:31:32 6 the context of my testimony previously. 7 Q. And Dr. Yancopoulos is the 8 sole named inventor of this patent, which 9 I'll refer to as the '572 patent. 10 A. I see that on the first page 14:31:44 11 Dr. Yancopoulos is listed as the inventor 12 of this patent. 13 Q. And I know that there are 14 sometimes some company politics involved 15 in naming inventors on patents. 14:31:55 16 Have you ever heard of anyone 17 say that they should have also been named 18 on the '572 patent or any patent in this 19 family? 20 A. I have not heard of anyone 14:32:06 21 claiming that they are the inventor on 22 this patent. 23 Q. Are you familiar with the 24 PANORAMA study? 25 A. Yes, I am familiar with the 14:32:22 Page 233

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1 PANORAMA study. 2 Q. What is the PANORAMA study? 3 A. The PANORAMA study is a study 4 we conducted with 2 milligrams of 14:32:31 5 aflibercept in patients with moderately 6 severe to severe nonproliferative 7 diabetic retinopathy. 8 Q. And what were -- were there 9 multiple arms studied in connection with 10 PANORAMA? 14:32:46 11 A. Yes. So we had a -- the 12 control group in PANORAMA was observation 13 or sham injections. And the two test 14 groups were aflibercept every eight weeks 15 with after five initial monthly doses, 14:33:10 16 and then the second group was three 17 initial monthly doses of 2 milligrams of 18 aflibercept, followed by one 8 week 19 interval and then followed by dosing 20 every 12 weeks. 14:33:24 21 Q. Did both arms that included 22 aflibercept dose at 2 milligrams? 23 A. Yes. Both treatment groups 24 utilized two milligrams of aflibercept 25 but with different dosing regimens. 14:33:47 Page 234	1 Q. What about senior management 2 -- strike that. I'll just focus on 3 George Yancopoulos. 4 What was George Yancopoulos' 5 role in designing the PANORAMA study? 14:35:02 6 A. So, again, George was involved 7 in multiple discussions regarding the 8 rationale for PANORAMA and the strategy 9 for PANORAMA and we -- we reviewed the 10 study design with him and he was 14:35:16 11 responsible for ultimately approving the 12 study design. 13 Q. So how did George Yancopoulos' 14 role in PANORAMA compare to his role in 15 VIEW? 14:35:27 16 A. So PANORAMA was conducted 17 later and the company had become a bigger 18 company, so George was and does still 19 remain very very hands on, but clearly 20 the scope of the company's research and 14:35:43 21 development activities has grown 22 tremendously over time. 23 So, you know, when we 24 conducted the VIEW studies, he was, you 25 know -- the number of ongoing development 14:35:58 Page 236
1 Q. What was your role in 2 PANORAMA? 3 A. So my role in PANORAMA was to 4 oversee the strategy, design, development 5 and to participate in aspects of, you 14:34:00 6 know, designing the study, discussions 7 around the plans for the study, as well 8 as to support the execution of the study. 9 Q. Who else was involved in 10 designing PANORAMA, other than you? 14:34:14 11 A. So from our clinical group 12 Dr. Bob Vitti was involved, and 13 Dr. Alyson Berliner. 14 Q. Anyone else from the clinical 15 group? 14:34:27 16 A. We -- obviously we -- when we 17 talk about the clinical group across 18 development more broadly, that would have 19 included regulatory colleagues, our 20 biostatistics colleagues, data 14:34:41 21 management, our clinical trial managers. 22 So the cross-functional team 23 had input into, you know, aspects of the 24 study design and certainly was involved 25 in the conduct of the study. 14:34:52 Page 235	1 programs we had was far fewer than we 2 have now, so he could -- his attention 3 was less split between all the different 4 programs, but he maintains a deep, deep 5 involvement in all decisions and 14:36:17 6 decisionmaking, as well as discussions 7 about the, you know, any proposed study 8 and input into the development plan and 9 ultimate execution of clinical trials, 10 especially for Eylea. 14:36:33 11 Q. So George Yancopoulos was the 12 final decisionmaker for PANORAMA in the 13 same way he's the final decisionmaker for 14 VIEW? 15 MS. DAVIS: Objection, form. 14:36:41 16 A. So certainly his role in the 17 company was the same, that he remains the 18 head of research and development. 19 Q. But he was the final 20 decisionmaker in PANORAMA, just like he 14:36:52 21 was the final decisionmaker in VIEW; is 22 that right? 23 A. Dr. Yancopoulos approved the 24 final PANORAMA study design. 25 Q. And he also approved the final 14:37:03 Page 237

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1 VIEW study design, right? 2 A. Yes. 3 Q. And as in the VIEW study, he 4 was involved in the decisionmaking 5 process for the clinical study design for 14:37:21 6 PANORAMA, right? 7 A. Yes. So he, you know, he was 8 involved in discussions about the study 9 design, about the intended patient 10 population, about the dosing regimens. 14:37:32 11 So he was -- he definitely gave input 12 into all of that. 13 Q. What about George Yancopoulos' 14 role in analyzing the results of 15 PANORAMA, how did that compare to his 14:37:42 16 role with respect to VIEW and DA VINCI? 17 A. So the process remains the 18 same that, you know, when we have data, 19 once we've decided prospectively we 20 determined the time points and the 14:37:56 21 content of analyses and we would then, 22 you know, go through the operational 23 steps of cleaning and locking the 24 database and then the same, a similar 25 small group of people would receive the 14:38:12 Page 238	1 right? 2 A. He is not listed as an 3 inventor on this patent. 4 Q. Can you turn to Example 4 of 5 this patent, which is column 21? 14:39:31 6 A. Example 4 you said? 7 Q. Yes. 8 A. Okay. 9 Q. And you're somewhat familiar 10 with patents, right? 14:40:01 11 A. Somewhat. Obviously I'm not a 12 patent attorney, but I'm somewhat 13 familiar. 14 Q. And you reviewed this patent, 15 the content of this patent specification 14:40:11 16 before it was submitted to the Patent 17 Office? 18 A. Yes. So I would review for 19 accuracy and for -- for accuracy of 20 representation of the clinical trial data 14:40:24 21 and designs. 22 Q. Example 4 has a description of 23 the VIEW trials, right? 24 A. Let me just make sure. 25 (Witness reading.) 14:40:38 Page 240
1 detailed tables, figures and listings 2 from our biostatistics group and then 3 present that to senior managements as a 4 key results presentation. 5 Q. I'm going to hand you an 14:38:27 6 exhibit that's not been marked yet that 7 we're going to mark. 8 (Exhibit 1069, copy of U.S. 9 Patent 10,973,879 B2 was received 10 and marked on this date for 14:38:30 11 identification.) 12 Q. You've been handed what's been 13 marked as Exhibit 1069. Do you have that 14 in front of you? 15 A. I do. 14:38:56 16 Q. And 1069 is a copy of U.S. 17 Patent 10,973,879. Do you see that? 18 A. Yes, I see that it's U.S. 19 Patent number U.S. 10,973,879 B2. 20 Q. And you're a named inventor on 14:39:13 21 this patent, right? 22 A. I am, in addition to Robert 23 Vitti and Alyson Berliner. 24 Q. And George Yancopoulos is not 25 a named inventor on this '879 patent, 14:39:21 Page 239	1 Yes, this appears to be a 2 summary of the VIEW trials. 3 Q. And if you look at Example 5 4 that starts on column 26, Example 5 is a 5 discussion description of the DA VINCI 14:40:55 6 trial, right? 7 A. Yes. Example 5 is a 8 discussion of the Phase II clinical trial 9 in subjects with diabetic macular edema. 10 Q. And that Phase II DME trial 14:41:07 11 was the DA VINCI trial, right? 12 A. Yes, that was the DA VINCI 13 trial. 14 Q. And then if you take a look at 15 Example 8, which starts at column 29, 14:41:18 16 Example 8 is a description of the 17 PANORAMA study, right? 18 A. Yes. Example 8 is titled 19 Phase III Double-Masked Randomized Study 20 of the Efficacy and Safety of 14:41:40 21 Intravitreal IAI In Patients With 22 Moderately Severe to severe, NPDR 23 PANORAMA Week 24 and 52 Results. 24 Q. If you take a look at the 25 claims, which are in the very last page 14:41:51 Page 241

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1 of the exhibit and patent, and you take a 2 look at Claim 1, Claim 1 describes, "A 3 method for treating diabetic retinopathy 4 in a patient in need of such treatment. 5 Such method comprising administering to 14:42:11 6 an eye of the patient; one, an initial 7 dose; two, a second dose one month after 8 the initial dose; three, a third dose, 9 one month after second dose; fourth, a 10 fourth dose for eight weeks after the 14:42:26 11 third dose; and then 5, one or more doses 12 every 16 weeks starting after the fourth 13 dose of about 2 milligrams of VEGF 14 antagonist, that is a VEGF receptor-based 15 chimeric molecule." Do you see that? 14:42:42 16 A. I see that listed in number 1 17 in column 39. 18 Q. And is it your understanding 19 that that claim reflects one of the 20 dosing arms from the PANORAMA study? 14:42:53 21 MS. DAVIS: Objection, form. 22 A. I think I misspoke earlier, 23 just to correct myself, that the dosing 24 -- the third treatment group in PANORAMA 25 was every 16 weeks after the eight week 14:43:07 Page 242	1 Q. You can put that aside for 2 now. 3 What clinical studies did 4 Regeneron perform to support the BLA for 5 Eylea HD. 14:44:28 6 MS. DAVIS: Objection, form, 7 relevance to this IPR. 8 THE WITNESS: I can answer? 9 MS. DAVIS: You can answer at 10 a high level. 14:44:39 11 Counsel, we may need a 12 representation as to how this 13 relates to a Patent Office 14 proceeding. This is not free reign 15 to free discovery for litigations. 14:44:46 16 MS. FAIRNENY: We are not 17 using it for litigation. It is 18 relevant to the IPR and it relates 19 to inventorship. I'm not going to 20 go too deep but that's what I'll 14:44:56 21 say. 22 MS. DAVIS: You can answer. 23 A. So the three primary studies 24 that were submitted with the BLA in 25 support of marketing authorization were 14:45:06 Page 244
1 interval and not every 12 weeks. I think 2 I misspoke. 3 Q. Okay. With that -- 4 A. Just to correct that. 5 Q. With that understanding, Claim 14:43:17 6 1 recites one of the dosing arms of 7 PANORAMA, right? 8 A. That is correct. 9 Q. And to practice that dosing 10 arm, you have to give three monthly 14:43:27 11 loading doses followed by a dose eight 12 weeks later, right? 13 MS. DAVIS: Objection, form. 14 A. The treatment regimen 15 described consists of three initial 14:43:37 16 monthly doses with a fourth dose eight 17 weeks after, and then every 16 weeks from 18 that point on. 19 Q. Right. But before you get to 20 the 16 week dosing, there are three 14:43:50 21 initial monthly loading doses followed by 22 a fourth dose eight weeks after the last 23 monthly loading dose, right? 24 A. Yes, that is what's described 25 in number 1. 14:44:05 Page 243	1 the CANDELA study, which was a Phase II 2 study in neovascular AMD, and then the 3 PHOTON and PULSAR studies. 4 PHOTON was a Phase II, III 5 study in diabetic macular edema, and 14:45:22 6 PULSAR was a Phase III study in 7 neovascular AMD. 8 Q. CANDELA was what study? 9 A. Phase II. 10 Q. In which indication? 14:45:38 11 A. Neovascular AMD. 12 Q. And PHOTON was? 13 A. Phase II, III in diabetic 14 macular edema. 15 Q. And PULSAR was? 14:45:46 16 A. Phase III in neovascular AMD. 17 Q. And what was George 18 Yancopoulos' role in the design of 19 CANDELA, PHOTON and PULSAR? Was it 20 similar to his role in VIEW and DA VINCI? 14:45:57 21 A. So, obviously, Dr. 22 Yancopoulos -- again, as I've said, the 23 company has grown, so the scope of his 24 responsibility has broadened tremendously 25 but he continues to be the person 14:46:11 Page 245

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1 responsible for clinical research or for 2 research and development at Regeneron, 3 and so he would review and approve and be 4 involved in discussions about the 5 development of high dose. And so to the 14:46:25 6 extent that his role has remained 7 unchanged with the development of high 8 dose, it was very similar to the role he 9 played in the conduct and design of the 10 VIEW program. 14:46:41 11 Q. Was Dr. Yancopoulos the final 12 decisionmaker for approving the clinical 13 study designs for CANDELA, PHOTON and 14 PULSAR? 15 A. Yes. He was the final and 14:46:55 16 professor. 17 Q. And what was your role in 18 these studies? 19 A. So my role was to oversee role 20 the overall strategy, participate in 14:47:04 21 discussions with the cross-functional 22 team, as well as to guide exactly what 23 discussions were needed around the 24 development of high dose in order to make 25 strategic decisions both about how to 14:47:21 Page 246	1 the Protective Order in this 2 proceeding. And with that, 3 certainly let's take a break. 4 VIDEOGRAPHER: Off the record 5 2:48 p.m. Eastern Standard Time. 14:48:30 6 (Recess is taken.) 7 VIDEOGRAPHER: Back on the 8 record 2:55 p.m. 9 MS. FAIRNENY: I have no 10 further questions at this time. 14:55:17 11 Thank you very much for being here. 12 THE WITNESS: Thank you. 13 MS. DAVIS: I have no 14 questions for the witness. 15 VIDEOGRAPHER: With that we 14:55:23 16 are off the record and concluded 17 for the day at 2:55 p.m. 18 (The proceedings were 19 adjourned at 2:55 p.m.) 20 21 22 23 24 25 Page 248
1 move forward with the product from a 2 regulatory pathway, et cetera, as well as 3 from the clinical trial development 4 aspects. 5 Q. And who else was involved in 14:47:35 6 the design of the clinical trials for 7 CANDELA, PHOTON and PULSAR? And if it's 8 different people for different trials, we 9 can split it up. 10 A. Well, so, Dr. Robert Vitti, 14:47:45 11 Alyson Berliner, and Kim Reed were all 12 part of the clinical group that was 13 charged with proposing, you know, study 14 designs as well as, you know, providing 15 supportive information to help management 14:48:04 16 and others make decisions about the 17 optimal study designs and how to move 18 forward with the high-dose program. 19 MS. FAIRNENY: We can take a 20 break and I can see if we can wrap 14:48:15 21 up. 22 MS. DAVIS: Before we go off 23 the record, so I do not forget, I 24 would like to designate the 25 transcript as "Confidential" under 14:48:21 Page 247	1 INDEX 2 WITNESS: KAREN CHU 5 3 DIRECT EXAMINATION BY 5 4 MS. FAIRNENY 5 6 EXHIBITS 7 Exhibit 1069, copy of U.S. 239 8 Patent 10,973,879 B2 9 10 PREVIOUSLY MARKED EXHIBITS 11 Exhibit 2064, Declaration of 9 12 Karen Chu, 13 Exhibit 1010, ARVO Annual 14 14 Meeting Abstract, 15 Exhibit 2018, VGFT-OD-0706 Week 16 16 24 Topline Results 17 Exhibit 2021, email dated March 18 18 1, 2010, 19 Exhibit 2022, DA VINCI: DME and 18 20 VEGF Trap-Eye Investigation of 21 Clinical Impact authored by 22 David Brown, MD, 23 Exhibit 2023, email dated March 18 24 3, 2010, 25 Exhibit 2069, Regeneron/Bayer 21 Page 249

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1 Alliance Kickoff Meeting dated 2 November 8, 2006, 3 Exhibit 2076, VIEW 1 Study 92 4 Protocol VGFT-OD-0605 5 Exhibit 2008, email dated April 146 6 2, 2007, 7 Exhibit 2043, VIEW 1 and VIEW 2, 171 8 1-year Results 9 Exhibit 2048, Protocol 176 10 VGFT-OD-0706 11 Exhibit 1006, Press Release re: 226 12 VEGF Trap-Eye Phase III Study 13 dated December 20, 2010 14 Exhibit 1001, copy of U.S. 232 15 Patent No. 11,253,572, 16 17 18 19 20 21 22 23 24 25 Page 250	1 C E R T I F I C A T E 2 I, MAUREEN M. RATTO, a 3 Registered Professional Reporter, do 4 hereby certify that prior to the 5 commencement of the examination, KAREN 6 CHU was sworn by me to testify the 7 truth, the whole truth and nothing but 8 the truth. 9 I DO FURTHER CERTIFY that the 10 foregoing is a true and accurate 11 transcript of the proceedings as taken 12 stenographically by and before me at 13 the time, place and on the date 14 hereinbefore set forth. 15 I DO FURTHER CERTIFY that I am 16 neither a relative nor employee nor 17 attorney nor counsel of any of the 18 parties to this action, and that I am 19 neither a relative nor employee of such 20 attorney or counsel, and that I am not 21 financially interested in this action. 22 23 24  MAUREEN M. RATTO, RPR 25 License No. 817125 Page 252
1 J U R A T 2 3 I do hereby certify that I 4 have read the foregoing transcript of 5 my deposition. 6 7 KAREN CHU 8 9 10 Sworn and subscribed 11 before me 12 this ____ day of 13 ____, 2024 14 15 16 17 18 19 20 21 22 23 24 25 Page 251	1 KIRA A. DAVIS, ESQ. 2 kiradavis@mofo.com 3 APRIL 12, 2024 4 RE: SAMSUNG BIOEPIS CO., LTD VS. REGENERON 5 PHARMACEUTICALS, INC 6 APRIL 11, 2024, KAREN CHU, JOB NO. 6643046 6 The above-referenced transcript has been 7 completed by Veritext Legal Solutions and 8 review of the transcript is being handled as follows: 9 __ Per CA State Code (CCP 2025.520 (a)-(e)) – Contact Veritext 10 to schedule a time to review the original transcript at 11 a Veritext office. 12 __ Per CA State Code (CCP 2025.520 (a)-(e)) – Locked .PDF 13 Transcript - The witness should review the transcript and 14 make any necessary corrections on the errata pages included 15 below, notating the page and line number of the corrections. 16 The witness should then sign and date the errata and penalty 17 of perjury pages and return the completed pages to all 18 appearing counsel within the period of time determined at 19 the deposition or provided by the Code of Civil Procedure. 20 __ Waiving the CA Code of Civil Procedure per Stipulation of 21 Counsel - Original transcript to be released for signature 22 as determined at the deposition. 23 __ Signature Waived – Reading & Signature was waived at the 24 time of the deposition. 25 Page 253

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1 <u> X </u> Federal R&S Requested (FRCP 30(e)(1)(B)) – Locked .PDF 2 Transcript - The witness should review the transcript and 3 make any necessary corrections on the errata pages included 4 below, notating the page and line number of the corrections. 5 The witness should then sign and date the errata and penalty 6 of perjury pages and return the completed pages to all 7 appearing counsel within the period of time determined at 8 the deposition or provided by the Federal Rules. 9 <u> </u> Federal R&S Not Requested - Reading & Signature was not 10 requested before the completion of the deposition. 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 Page 254	
1 RE: SAMSUNG BIOEPIS CO., LTD VS. REGENERON 2 PHARMACEUTICALS, INC 3 APRIL 11, 2024, KAREN CHU, JOB NO. 6643046 4 E R R A T A S H E E T 5 PAGE____ LINE____ CHANGE_____ 6 REASON_____ 7 PAGE____ LINE____ CHANGE_____ 8 REASON_____ 9 PAGE____ LINE____ CHANGE_____ 10 REASON_____ 11 PAGE____ LINE____ CHANGE_____ 12 REASON_____ 13 PAGE____ LINE____ CHANGE_____ 14 REASON_____ 15 PAGE____ LINE____ CHANGE_____ 16 REASON_____ 17 PAGE____ LINE____ CHANGE_____ 18 REASON_____ 19 PAGE____ LINE____ CHANGE_____ 20 REASON_____ 21 22 23 _____ 24 WITNESS Date 25 Page 255	

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

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VERITEXT LEGAL SOLUTIONS

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Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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