SIGHT SCIENCES™

Delivering the **Power of Sight**

Investor Presentation

March 2022

Forward Looking Statements

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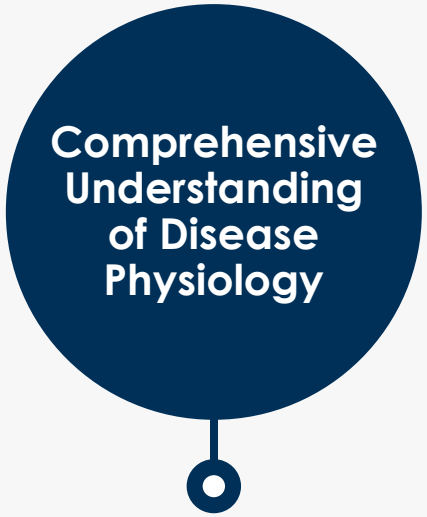
Our Mission

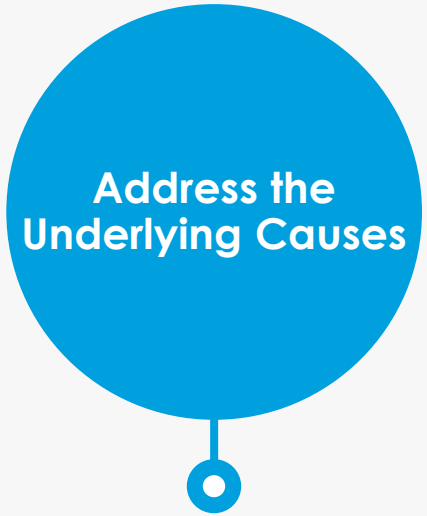
Transform Ophthalmology and Optometry through products that **target the underlying causes** of the world's most prevalent eye diseases

Establish new treatment paradigms and create an **interventional mindset in Eyecare** to replace conventional outdated approaches

Our Product Development Process



Analyze available clinical data, science and literature to achieve sound understanding of disease



Developing and marketing products designed to restore natural functionality of diseased eyes for optimal combination of effectiveness and safety

Innovate with intuitive, minimally invasive, user-friendly "go to" solutions and procedures for eyecare providers (ECPs)

Maximize availability and accessibility of solutions to patients with a data-driven approach and clinical rigor

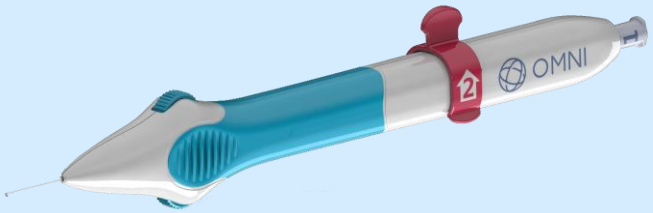
Four fundamental requirements
to deliver consistent, effective and safe outcomes for patients

Developing and Commercializing Broad Portfolio of Products to Treat Glaucoma and Dry Eye Disease

Large, unmet market need	Differentiated, innovative, intuitive design	Robust clinical data
Maximized patient access	Comprehensive IP protection	Demonstrated growth & strong financial profile

Products Designed to Define Categories

OMNI SURGICAL SYSTEM



Micro-invasive Glaucoma Surgery (MIGS) in POAG

Launched in February 2018

$6Bn
U.S. TAM[1]

>85k
OMNI® cases performed to date[2]

95%
of 2021 Revenue

Unlocking the Standalone MIGS Market

TearCare System

Wearable eyelid treatment for adult patients with evaporative DED due to MGD[3]

Controlled release in April 2019

$10Bn
U.S. TAM[1]

>15k
TearCare® cases performed to date[2]

5%
of 2021 Revenue

Expanding Patient Access

1. Company estimate for 2020
2. As of December 31, 2021
3. FDA 510k to expand indication for use cleared December 2021

Strategic Value Creation Initiatives

OMNI SURGICAL SYSTEM

Expand Presence in Established Combination Cataract MIGS Segment in POAG

- Continue gaining adoption among existing base of >5,000 MIGS-trained surgeons
- Continue taking share by leveraging the ability of OMNI® to address all three points of potential resistance in the conventional outflow pathway
- Compelling growth opportunity: $1BN Combination Cataract segment is ~1/3 penetrated
- Combination Cataract clinical trials

Develop and Grow Underserved Standalone MIGS Segment in POAG

- Significant untapped opportunity in 5x larger Standalone MIGS segment
- Expand use by existing OMNI-trained surgeons from Combination Cataract cases to Standalone cases
- Educate primary care ophthalmologists and optometrists, who typically first diagnose and treat POAG, that a mild-to-moderate Standalone MIGS procedure is available and help connect with local OMNI-trained surgeons
- Standalone clinical trials

TearCare® System

Develop Market Access for TearCare® Procedures

- Long term strategy with multiple complementary elements
- SAHARA RCT versus Restasis® – designed with input from eight payor medical directors to demonstrate effectiveness and durability
- Real-world claims submissions
- **December 2021 FDA clearance** expanded indication for use; plan to seek further IFU expansions in the future
- Convert existing Category III CPT code (0563T) to permanent Category I code

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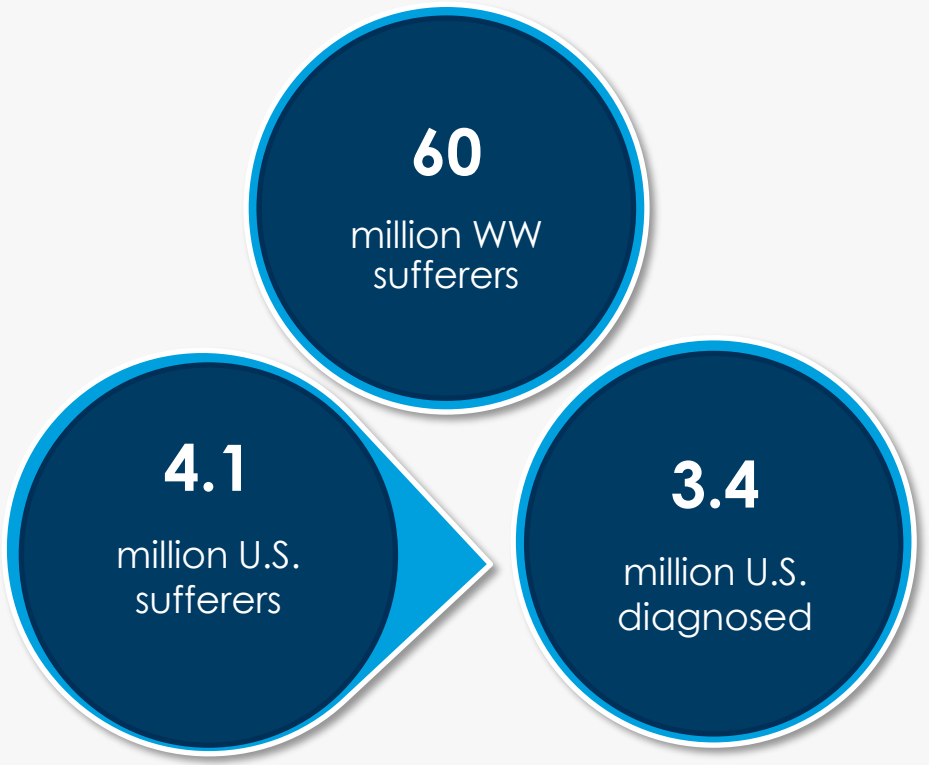
PRIMARY OPEN-ANGLE GLAUCOMA (POAG)

OMNI™ SURGICAL SYSTEM

Primary Open-Angle Glaucoma: A Large, Growing Market

- **Glaucoma is world's leading cause of irreversible blindness**
  - POAG is the most prevalent form of glaucoma
- **No cure and progressive**
- **Steadily growing patient base**
  - Improving diagnostics
  - Aging populations
  - Demographic shifts
  - Growth of comorbidities such as diabetes, heart disease and high blood pressure
- In POAG, aqueous humor builds up in the anterior chamber of the eye

POAG prevalence



- Resultant tension can interfere with blood supply to the optic nerve, leading to **optic nerve cell death and irreversible vision loss**
- **Elevated intraocular pressure (IOP)** is one of the greatest and the only controllable risk factor of POAG

Current Global POAG Treatment Market

- **Rx medications** currently have the supermajority of treatment share (estimated >80%)
- **Conventional surgery** has been a last line therapy
- **MIGS** are transforming POAG treatment, but still well underpenetrated (estimated <10%)
  - Fastest growing treatment segment (25%-37% est. W.W. 2020-2025 CAGR)
  - Growth driven by fast recovery times, attractive safety profile, low rate of side effects
  - Disproportionately performed in combination with cataract surgery today since trabecular bypass stents (which are only indicated for use in combination with cataract surgery in the U.S.) were first MIGS entrants

Our definition of MIGS = minimally invasive glaucoma procedures utilizing an *ab interno* approach though a single, clear corneal microincision

U.S. MIGS Total Addressable Market

Enormous market development opportunity
2020 U.S. surgical glaucoma device manufacturer revenues only ~$350 million

4.2 million people
U.S. population with POAG and PEX (pseudoexfoliation glaucoma)

3.5 million people
U.S. population diagnosed with POAG and PEX

3.4 million people
U.S. population diagnosed with POAG

PEX estimated to account for 0-6% of combined POAG / PEX glaucoma (assumes 3% midpoint)

6.2 million eyes
with POAG in the U.S.

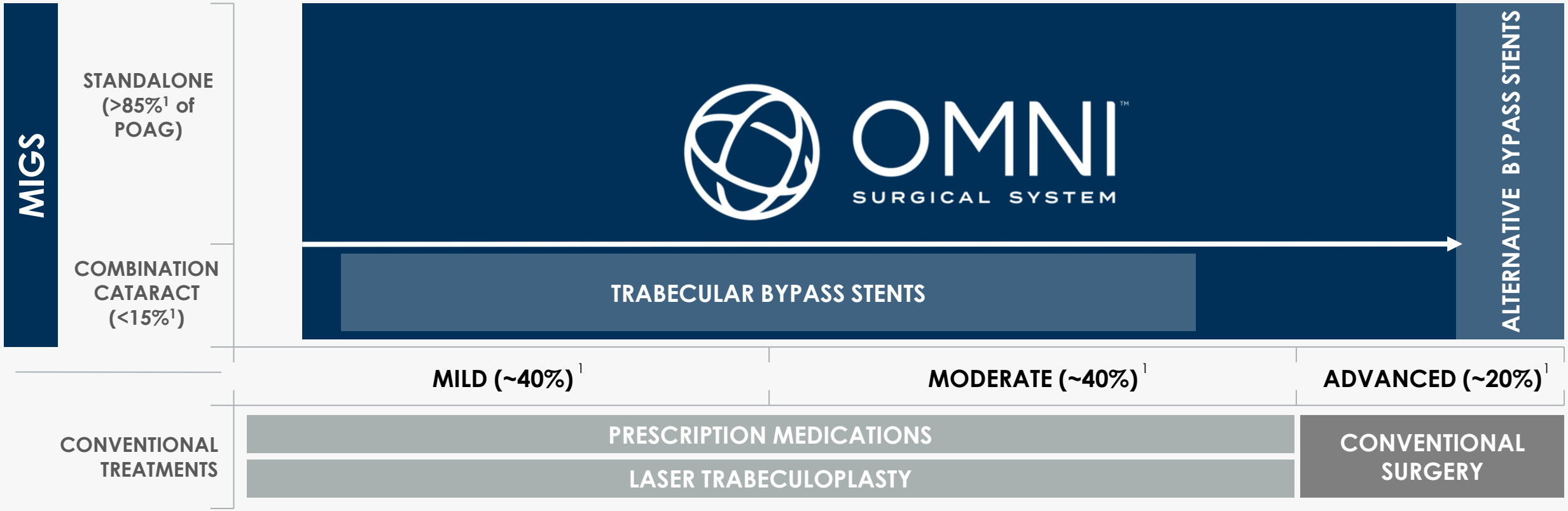
Assumes 80% bilateral prevalence (1.8x multiplier)

~$6 billion
U.S. TAM for POAG

Assumes average 2021 ASP for MIGS devices

POAG Treatment Paradigm

OMNI® is designed to expand MIGS reach and impact and enable a new interventional treatment paradigm



1. Represents estimated % of U.S. POAG patients

“Standalone” = Extending MIGS to All POAG

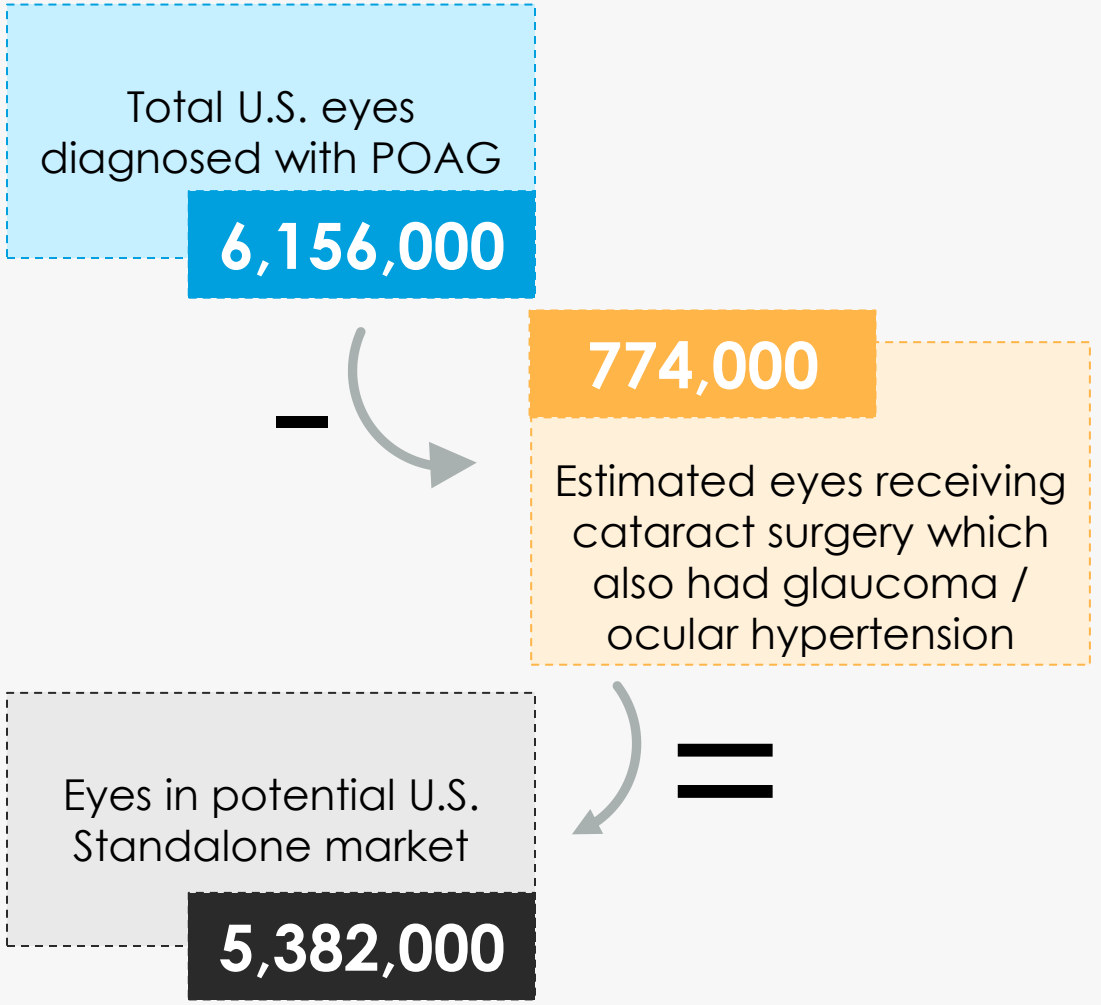
Combination Cataract (<15% of POAG eyes)

- Concurrent MIGS and cataract procedure
- Benefits from inherent IOP-lowering effect of cataract surgery
- First-mover trabecular bypass stents are only authorized for use in Combination Cataract cases
  - Has skewed MIGS towards this segment

Standalone (>85% of POAG eyes)

- **Large, underdeveloped and underpenetrated**
- MIGS procedure the primary reason for patient to be brought into the OR
- Standalone adoption and growth require **strong and highly consistent effectiveness**, particularly without the benefit of concurrent cataract surgery

Eyes Treated in 2019



OMNI® Addresses the 3 Primary Points of Resistance

We believe OMNI is singularly well-suited among MIGS devices to comprehensively address **all 3 primary points** of resistance in the conventional outflow pathway

Canaloplasty using OMNI expands and dilates **Schlemm's canal and collector channels**

Trabeculotomy using OMNI unroofs the **trabecular meshwork**

	① TRABECULAR MESHWORK	② SCHLEMM'S CANAL	③ COLLECTOR CHANNELS
Trabecular Bypass Stents	✓		
Canaloplasty Only		✓	✓
Trabeculotomy Only	✓		
OMNI SURGICAL SYSTEM	✓	✓	✓

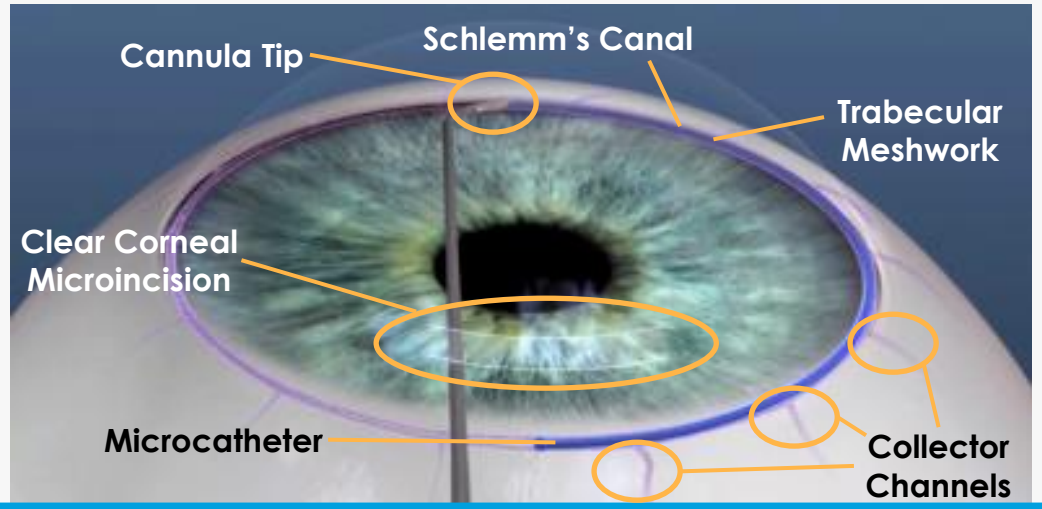
We believe (i) there is NO diagnostic to determine where the resistance is in the conventional outflow pathway and (ii) OMNI® is singularly well-suited to address all 3 primary points of resistance

OMNI®: Cleared for Use in a Revolutionary MIGS Procedure in All Adult Patients with POAG

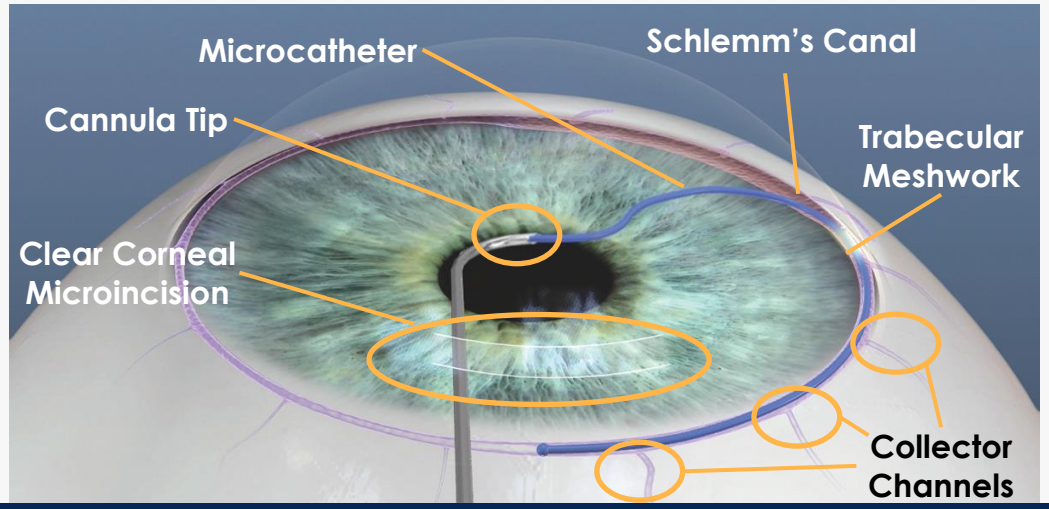
Device Cleared for Use in an Efficient, Titratable Approach to Two Proven, Effective Procedures

Conventional *ab externo* canaloplasty and trabeculotomy procedures are effective, but invasive (require deep scleral incisions) and associated with complications and longer recovery times

OMNI enables two sequential, ***ab interno*** MIGS procedures in adults with POAG – intuitive, minimally invasive, performed through a single clear corneal microincision, and each titratable up to 360°

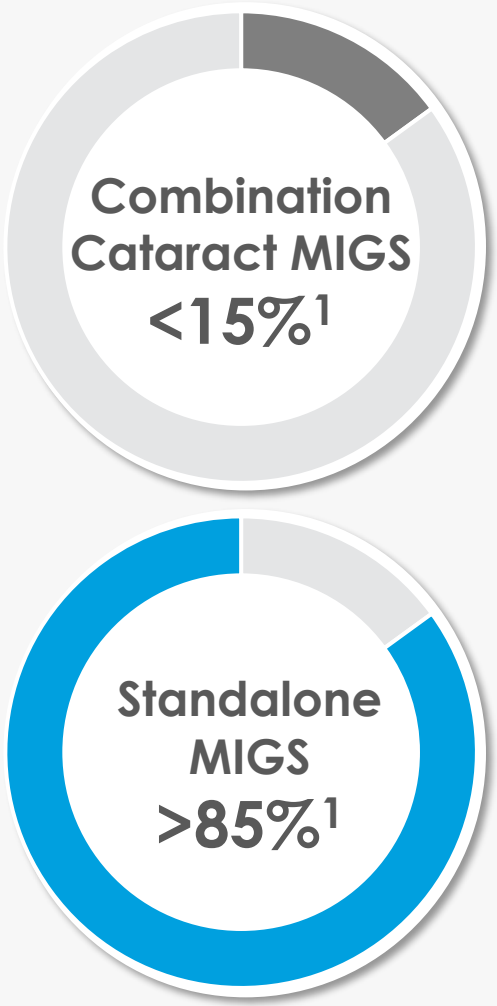


Canaloplasty using OMNI



Trabeculotomy using OMNI

OMNI® is Titratable to All 6 MIGS Categories in POAG



Mild Disease (40%)[1]	Moderate Disease (40%)[1]	Advanced Disease (20%)[1]
360° Canaloplasty[2]	360° Canaloplasty 90° - 180° Trab	360° Canaloplasty 180° - 360° Trab
360° Canaloplasty 90° - 180° Trab	360° Canaloplasty 180° Trab	360° Canaloplasty 360° Trab

Primary Distinguishing Treatment Requirements for MIGS Procedures:

Low Risk of Hyphema | Consistency of Efficacy | Degree of Efficacy

1. Represents estimated % of U.S. POAG TAM
2. The FDA granted an investigational device exemption authorizing our PRECISION RCT to assess the safety and effectiveness of a canaloplasty alone procedure in conjunction with cataract surgery

FDA-Cleared IFU of OMNI® Supports Strong Market Positioning

March 2021 Indication for Use

*"For **canaloplasty** (microcatheterization and transluminal viscodilation of Schlemm's canal) followed by **trabeculotomy** (cutting of trabecular meshwork) to **reduce intraocular pressure** (IOP) in adult patients with primary open–angle glaucoma"*

OMNI is the only device cleared by the FDA based on clinical data using an *ab interno* approach that can:

Be used in **Mild-to-Moderate Combination Cataract or Standalone procedures**

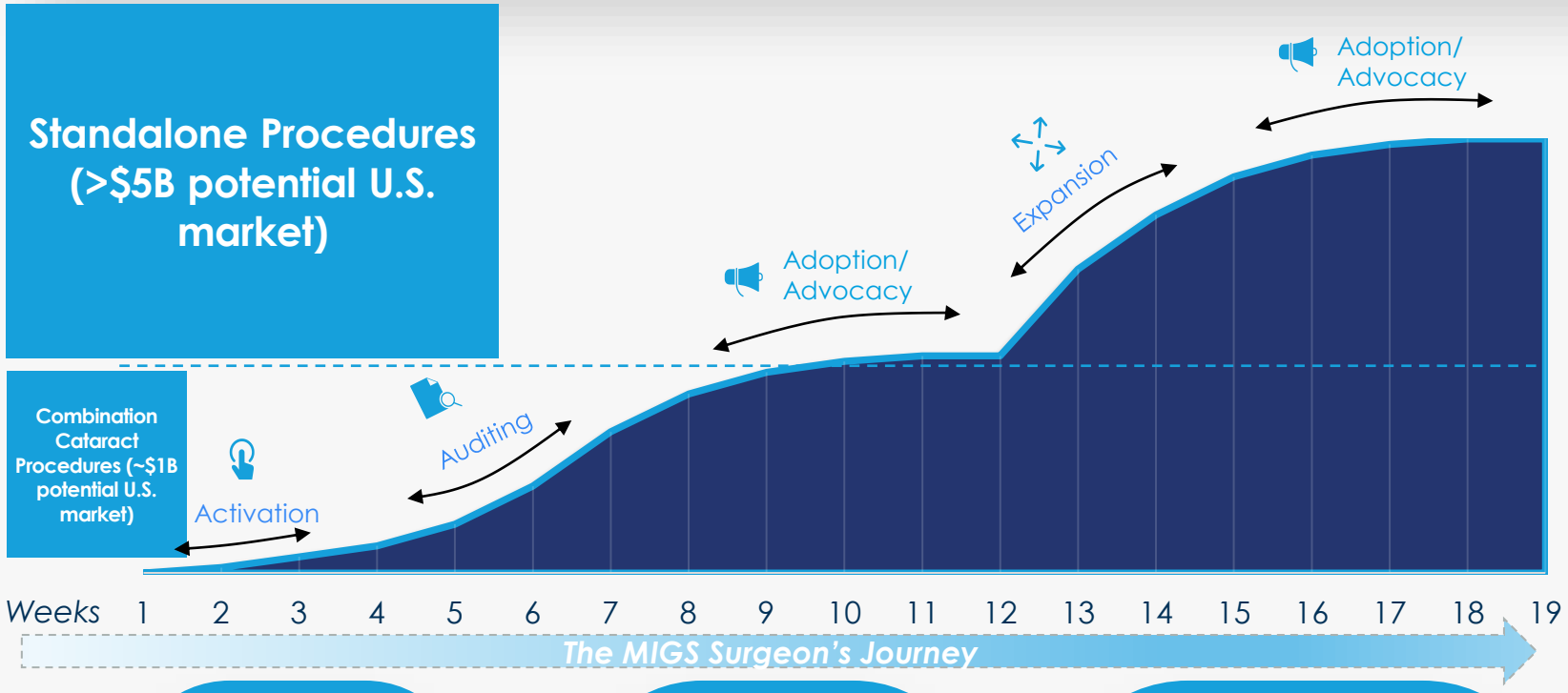
Access **360 degrees** of the diseased conventional outflow pathway through a single clear corneal microincision

Comprehensively address **all three points of resistance** in the conventional outflow pathway in a single outpatient visit

Reduce IOP in adult patients with POAG across the spectrum of disease severity

OMNI Commercial Strategy

Unique go-to-market strategy to serve entire >$6B MIGS Market



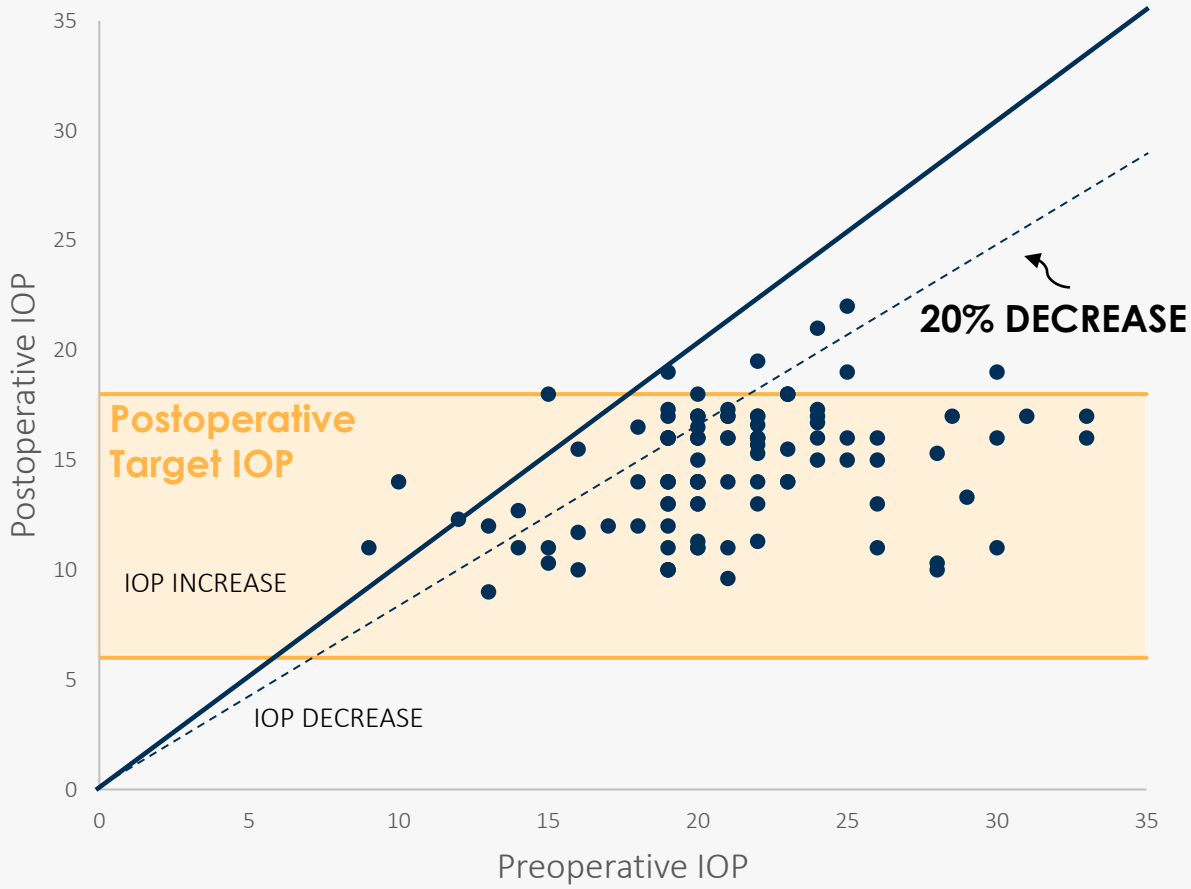
Commercial team structured to unlock Standalone segment

- ***Surgical Sales Representatives***: territory-based account coverage in U.S./OUS
- ***Strategic Account Managers***: teaching institutions, government
- ***Glaucoma Clinical Consultants*** **(expanded team after 2021 beta test)**: educate POAG primary care providers about Standalone MIGS

Significant commercial team expansion in 2022

Pooled OMNI® Data Across Multiple Clinical Studies: Consistent IOP Reduction

- ROMEO data (published) and single surgeon data sets report **consistent IOP reduction** in real-world settings
  - Pooled data from 4 studies in 5 peer-reviewed publications
  - Observed lower IOP in 98 of 103 patients (95%)
  - Observed ≥20% decrease in IOP in 77 of 103 patients (75%)
  - **For all eyes where preoperative IOP was ≥15 mmHg, observed lower IOP in 94 of 96 (98%)**



Consistency is critical for Standalone market development as OMNI procedure would be the sole purpose of patient's operating room visit

OMNI® Robust Clinical Roadmap

MIGS Clinical Program

ROMEO (Completed)

- 12-month multi-center retrospective real world study
- **Elevated baseline IOP group**: significant reduction in IOP and medications
- **Controlled baseline IOP group**: IOP controlled, significant reduction in medications
- Compelling and consistent data supported broad FDA cleared indication

GEMINI (Completed)

- 12-month multi-center prospective, historic controlled
- N=150, Mild-to-Moderate, Combination Cataract
- 12-month follow up complete
- Diurnal IOP article published 3Q2021, two more articles expected 1H2022

8 Ongoing and Planned Trials

- ★ **Includes three RCTs: TRIDENT, PRECISION and JAEGER**
- Prospective and real-world study designs
- Plan to include over 1,500 subjects
- Standalone and Combination Cataract
- U.S. and Europe

Goals

- Drive competitive differentiation and bolster marketing campaigns
- Establish OMNI as MIGS standard of care in POAG
- Support reimbursement and coverage
- Seek FDA clearance of expanded IFU (canaloplasty alone)
- Support Standalone market development
- Support OUS commercial efforts

Recent and Upcoming OMNI® Clinical Milestones

2021 Q3

- TREY: study initiated
- GEMINI 2.0: study initiated
- ORION 2.0: study initiated
- GEMINI: diurnal IOP published in *Clinical Ophthalmology*

2021Q4 / 2022 Q1

- PRECISION: IDE approved by FDA
- TRIDENT: first patient treated
- GEMINI: OMNI procedures in Hispanic eyes published in *Clinical Ophthalmology*

2022 2Q Plan

- PRECISION: first patient enrollment
- GEMINI: 12-month results in *Clinical Ophthalmology*

2022 2H Plan

- TREY: OMNI in patients with history of canal implants in *JCRS*
- ROMEO II: in *Ophthalmology Glaucoma*
- JAEGER: study initiation

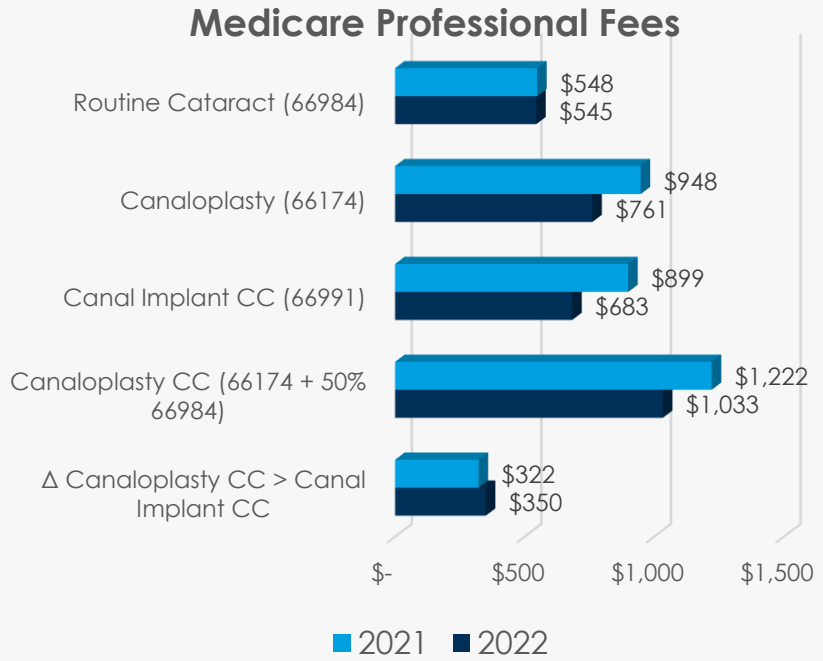
16 presentations planned for Ophthalmic Congresses in 2022; Active investigator initiated trial (IIT) program

OMNI® Clinical Timeline

Name	Description	2022		2023		2024		2025	
		1H	2H	1H	2H	1H	2H	1H	2H
TRIDENT	NCT04658095: A Prospective, Randomized, Multicenter Study To Compare The Safety And Effectiveness Of The OMNI® Surgical System And The iStent Inject In Pseudophakic Eyes With Open Angle Glaucoma. Three-armed RCT in Europe evaluating the safety and effectiveness of (1) canaloplasty alone using OMNI, (2) canaloplasty followed by trabeculotomy using OMNI and (3) trabecular bypass canal implants all as standalone intervention in pseudophakic eyes.						Initial results available		
PRECISION	Three-armed RCT IDE evaluating the safety and effectiveness of (1) canaloplasty alone using new higher volume OMNI, (2) canaloplasty followed by trabeculotomy using new higher volume OMNI and (3) trabecular bypass canal implants, all in conjunction with cataract extraction. IDE could be used to support a canaloplasty alone indication for use for OMNI	Initiation planned						Initial results available	
JAEGER	Three-armed RCT IDE evaluating the safety and effectiveness of (1) canaloplasty alone using new higher volume OMNI, (2) canaloplasty followed by trabeculotomy using new higher volume OMNI and (3) hypotensive medication		Initiation planned						Initial results available
TREY	Retrospective study evaluating the effectiveness of Standalone intervention using OMNI in eyes with uncontrolled IOP previously treated with trabecular bypass canal implants	Initial results available							
ROMEO II	Multi-center study to evaluate longer term outcomes (18-24 months) from Elevated IOP cohort (>18 mmHg) in ROMEO study		Initial results available						
GEMINI 2.0	NCT05044793: An Observational Multicenter Clinical Study To Assess The Long-Term Safety And Effectiveness Of The OMNI® Surgical System In Combination With Cataract Surgery In Eyes With Open Angle Glaucoma				Initial results available				
ORION 2.0	NCT04872348: An Observational Multicenter Clinical Study To Assess The Safety And Effectiveness Of The OMNI® Surgical System In Pseudophakic Eyes With Primary Open Angle Glaucoma. Evaluate 24-month durability of effectiveness and safety for OMNI					Initial results available			
AAO/IRIS® Registry	Evaluate historical data for OMNI and competing products from IRIS® Registry in the U.S.	Initiation planned	Initial results available						

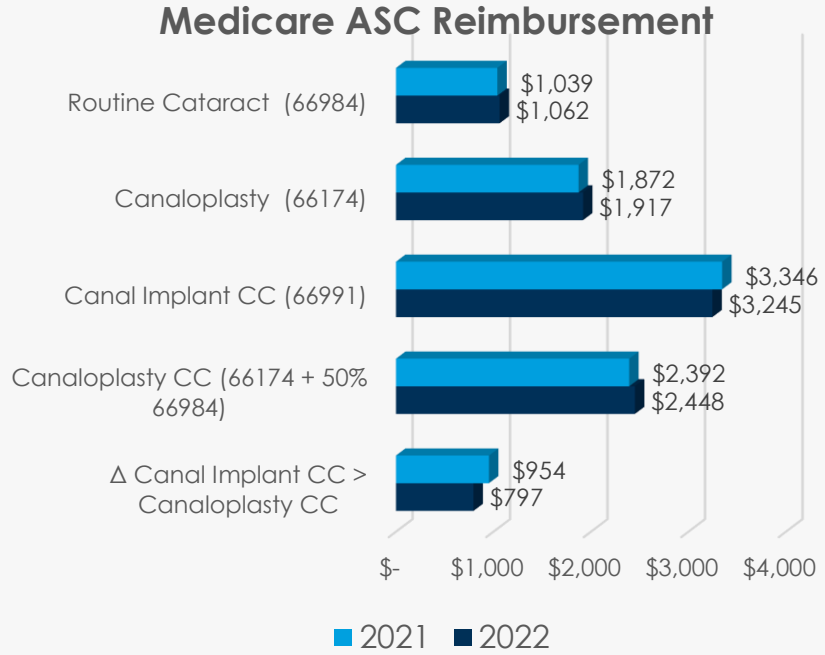
Note: Clinical trials, including their design, endpoints and timing, are subject to change at the Company's discretion. Initial results may include preliminary data and interim analyses that are subject to change.

CMS Final Payment Rules 2022 vs. 2021



- Professional fees for Canaloplasty and Canal Implant Combination Cataract were reduced
- Canaloplasty maintains $350 advantage over Canal Implants in Combination Cataract setting
- Standalone Canaloplasty fee $216 higher than Routine Cataract

Note: 66991 is a new code effective 1/1/22. The estimated 2021 fees are based on representative carrier pricing for 0191T plus 50% of 66984.

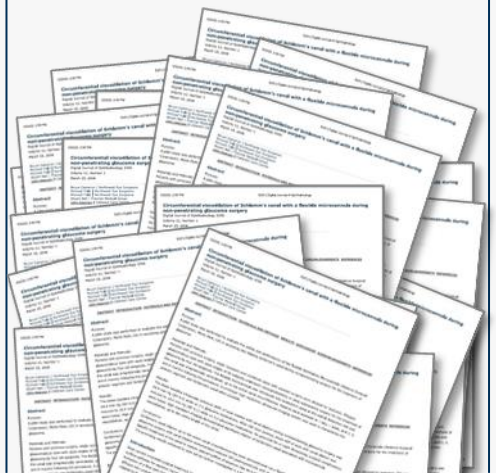


- ASCs account for ~80% of MIGS volume
- Reimbursement for Canaloplasty improved relative to canal implants for Combination Cataract procedures
- Canaloplasty reimbursement higher than cataract
- Seeking more appropriate and accurate reimbursement for Canaloplasty with support of major professional societies

Note: 66991 is a new code effective 1/1/22. The estimated 2021 fees are based on 2021 fees for 0191T plus 50% of 66984.

Reimbursement for Combination Cataract Canaloplasty Procedures will be more competitive in 2022

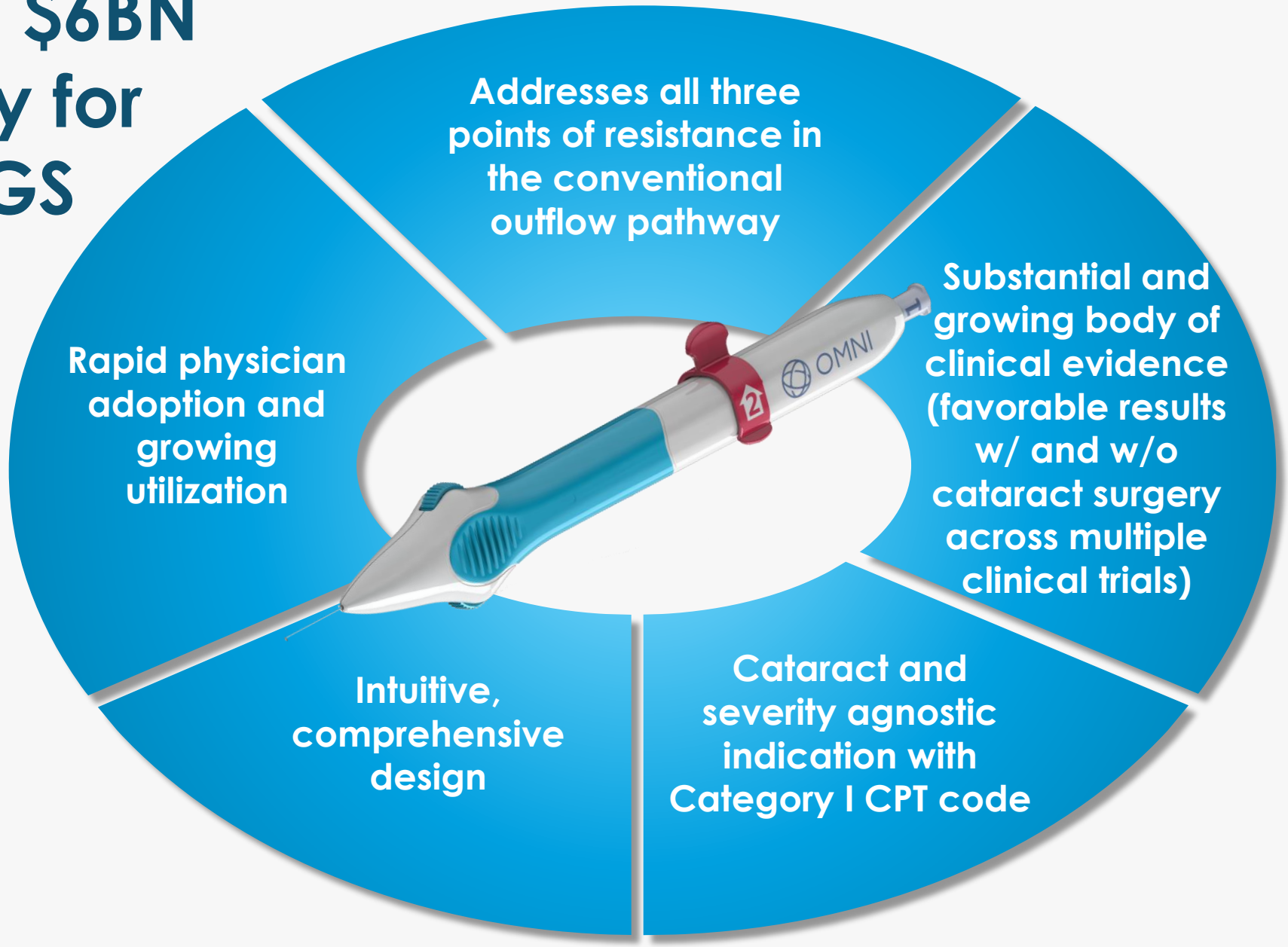
Overview of Canal Surgery Procedures

	CANALOPLASTY	*AB INTERNO* TRABECULOTOMY / GONIOTOMY	*AB INTERNO* VISCOCANALOSTOMY	MICROGONIOTOMY
Estimated Procedure History	~16 YEARS	~90 YEARS	INTRODUCED 2022	INTRODUCED 2022
Estimated Number of Published Articles	200	1,000	0	0
List of Publications *(available upon request)*				

OMNI® Unlocks $6BN U.S. Opportunity for Standalone MIGS in POAG

While we have gained substantial share in the Combination Cataract segment since launching OMNI in early 2018…..

we believe OMNI meets the higher clinical efficacy bar necessary to "unlock" the Standalone MIGS segment



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Dry Eye Disease

TearCare® System

New TearCare® IFU Cleared by FDA December 2021

Supported by favorable safety and efficacy data from our OLYMPIA RCT

December 2021 Indication for Use

"For the application of localized heat therapy in adult patients with evaporative DED due to MGD, when used in conjunction with manual expression of the meibomian glands"

Considerable benefits from expanded indication for use

Significant improvement over prior "tool" claim backed by **robust clinical data**; specifically mentions **heat therapy** and **manual expression**

Enhances promotional capabilities: marketing collateral and sales reps can now explicitly **address all key attributes** of the TearCare System

Allows patients and ECPs to have more **intuitive understanding** of the TearCare System's ability to treat DED due to MGD

Key step toward achieving ultimate IFU goal: **treat signs and symptoms of DED due to MGD**

Dry Eye Disease and Meibomian Gland Dysfunction

Dry Eye Disease (DED) can be extremely painful and can lead to permanent cornea damage and vision impairment

- MGD is present in the vast majority of diagnosed dry eye cases
- Clogged glands prevent **meibum**, an oily secretion that **protects tears from premature evaporation**, from reaching the tear
- MGD is linked to many prominent demographic, medical and sociological trends

#1

Reason to visit ECP

86%

of DED
caused by MGD

739

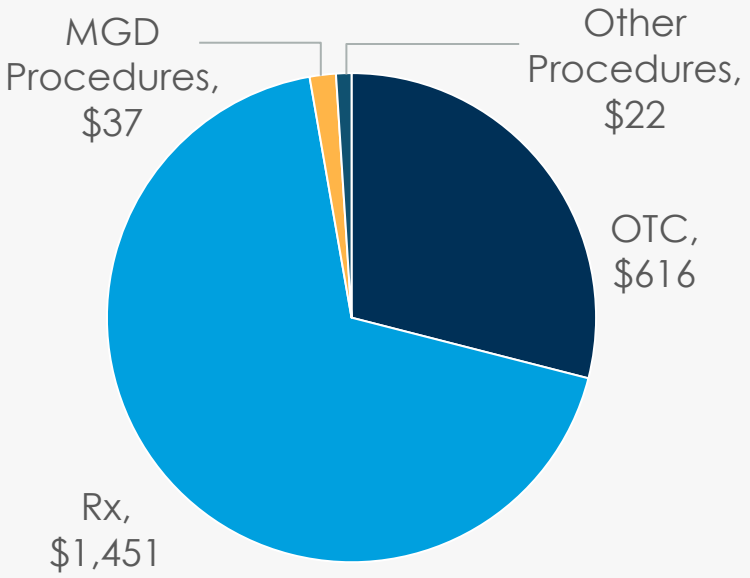
million affected
W.W.

38

million affected
in U.S.
(17 million diagnosed)

MGD Market Opportunity

2019 Dry Eye Market Revenue ($MM)



2019 U.S. treatment spend was ~$2 billion with **<$100 million for DED procedures**

Substantial current treatment limitations

- Historically, limited focus on MGD
- Aqueous deficiency and inflammation were synonymous with DED
- Limited patient access (no meaningful reimbursement for MGD procedures)
- OTC eyedrops lubricate, Rx eyedrops address inflammation or tear production; neither can clear obstructed meibomian glands

$10B potential U.S. evaporative DED / MGD market is vastly underserved

Our Solution: TearCare®

The Only Open-Eye Heat + Expression device designed to melt + remove meibomian gland obstructions

Expanded Indication for Use

- FDA clearance received December 2021
- Localized heat therapy for adult patients with evaporative DED due to MGD when used in conjunction with manual clearance of meibomian glands

Intelligent Therapeutic Heat

- In patients with MGD, meibum hardens within the meibomian glands and forms obstructions
- TearCare delivers software and sensor-controlled, precise (41° C at the inner eyelid) and consistent (15 minutes) heat that has been clinically proven to melt gland obstructions
- Enables manual gland clearance by an ECP

Intuitive Design

- Designed for Intuitive provider training and comfortable patient experience
- SmartLids™ are designed to conform to variable eyelid anatomy and heat glands to a proven temperature to "prime" meibum through natural blinking

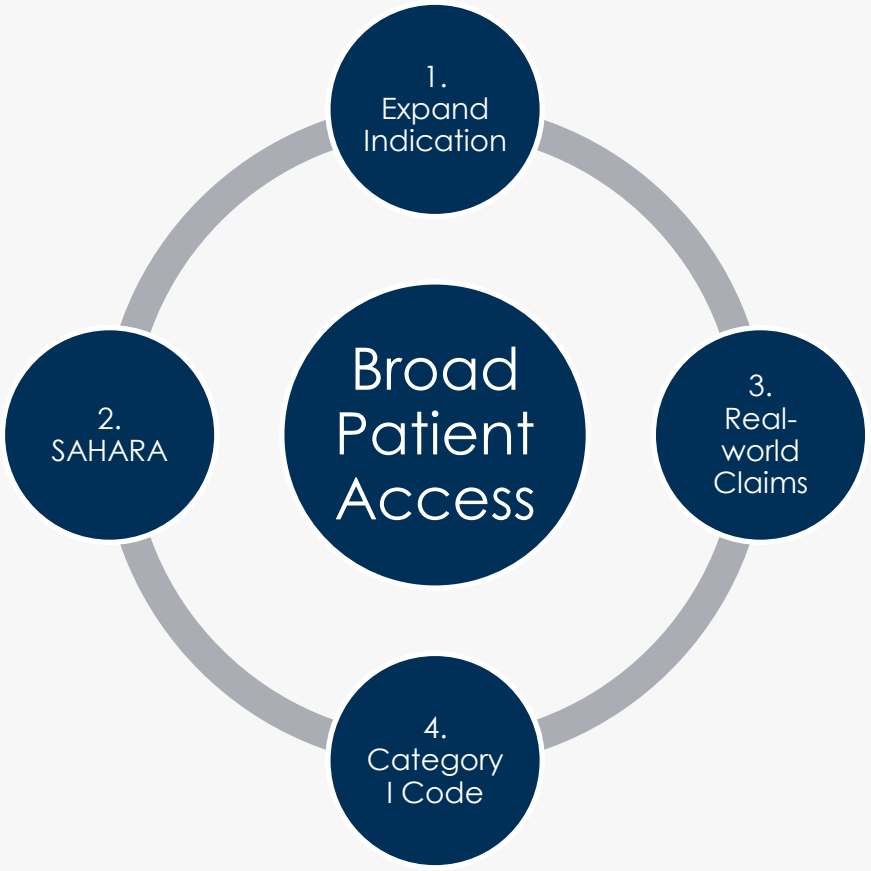
Support Patient Access Strategy with Expanded Label and RCT Clinical Data vs. Rx

Clinical and real-world data intended to support coverage, coding and payment

Payor research: conducted eight 1:1s with medical directors from national and regional payors for feedback on our clinical programs (e.g., endpoints, value, messaging, pricing strategy) to drive patient access

Key Learnings:

1. Expand indications for use – ultimate IFU goal: "treat the signs and symptoms of evaporative DED due to MGD"
2. Conduct SAHARA RCT, designed to provide key clinical data to support potential reimbursement decisions by third-party payors
3. Utilize real-world prior authorization and claims data to demonstrate to payors the perceived value of TearCare®
4. Convert temporary Category III CPT code for TearCare to a permanent Category I CPT code



Goal: broad coverage and appropriate payment from private payors and Medicare for treating DED due to MGD

TearCare® Clinical Program Summary

Clinical trials designed with specific end goals in mind

Head-to-head versus MGD device (LipiFlow®)

- Objective: To study effectiveness and safety of the TearCare System compared to LipiFlow in reducing the signs and symptoms of DED
- Prospective multi-center (10 sites), randomized controlled, masked
- 135 total subjects
- **Completed with favorable results:**
  - **Primary endpoint of non-inferiority met and no statistically significant differences between TearCare and LipiFlow observed**
  - **A single use of TearCare successfully reduced signs and symptoms of DED w/in 2 weeks**
  - **In a post-hoc analysis, a significantly greater proportion of patients in the TearCare group showed improvements in at least one OSDI category from baseline compared to LipiFlow**

OLYMPIA RCT (Completed)

Head-to-head vs. market leading DED Rx eyedrop

- Enrollment ongoing
- 24-month study period (n = 300)
- Designed with input from 8 payor medical directors with goal of driving reimbursement and coverage

SAHARA RCT (Ongoing)

Real-world evidence program

- Evaluate effect of TearCare treatments on patients previously treated with Restasis® or Xiidra®
- Multi-center U.S. study, n = 300

RESTORE (Planning Phase)

TearCare® Clinical Milestones & Timeline

2021 1H

- SAHARA: first patient, first visit

2021 2H

- OLYMPIA: results in *Cornea*

2022 1H Plan

- RESTORE: initiation planned
- OLYMPIA: symptom post-hoc results in *Ocular Surface*

2022 2H Plan

- SAHARA: 1-month results available
- RESTORE: 3-month results available
- IIT articles in *Cornea* and *Optometry & Vision Science*

Name	Description	2022		2023		2024		2025	
		1H	2H	1H	2H	1H	2H	1H	2H
SAHARA	NCT04795752: Prospective, Randomized, Masked, Controlled Trial To Evaluate The Safety And Effectiveness Of The TearCare® System In The Treatment Of The Signs And Symptoms Of Dry Eye Disease. Control group will self-administer Restasis® for six months then receive one TearCare treatment		Initial results available (1-month data)	Initial results available (6-month data)			Initial results available (12-month data)		Initial results available (24-month data)
RESTORE	Evaluate the safety and effectiveness of TearCare® to treat the signs and symptoms of DED in patients previously treated with Restasis® or Xiidra®	Initiation planned	Initial results available (3-month data)						

Note: Clinical trials, including their design, endpoints and timing, are subject to change at the Company's discretion. Initial results may include preliminary data and interim analyses that are subject to change.

10 presentations planned for Ophthalmic Congresses in 2022; Active IIT program

TearCare® Controlled Release

Overview

- Executing a **controlled release** of TearCare with ~10 direct outside sales reps since April 2019 (expanded to ~15 in late Q4 2021)
- Successful patient-pay adoption
  - Over **550 facilities** added (through 12/31/21)
  - Sizable base of steady reordering accounts
- Messaging focused on **personalized, open-eye application of intelligent phase transition heat** through user-friendly technology

Strategy

1. Establish market appropriate pricing programs consistent with strong RVU analysis
2. Increase market awareness of MGD and product differentiation of the TearCare System
3. Provide customers with reimbursement resources to support coverage / payment
4. Partner with practices willing to advocate to health plans on behalf of MGD patients seeking access to the TearCare System
5. Secure optimal payor coverage and appropriate payment for the TearCare System through partnerships with relevant societies, KOLs and other stakeholders

SIGHT SCIENCES™

Delivering the
Power of Sight

New Product Overview

Lead the Glaucoma and Dry Eye Categories

Leverage Sight's Proven Development Expertise and Commercial Infrastructure

Our product development initiatives further leverage:

1. An unparalleled clinical understanding of the underlying causes of glaucoma & dry eye
2. A differentiated and efficient development process
3. Ongoing and substantial investment in specialized Sales, Marketing, Clinical and Market Access resources that are developing the deep, focused stakeholder relationships throughout eye care
4. Through OMNI and TearCare, substantial goodwill / credibility with ECPs that associates Sight Sciences with highly proprietary, "best-in-class" innovative treatments
5. High-quality corporate infrastructure that has been built with specific lens on being able to scale with a high growth, diverse operating environment

Lead the Glaucoma and Dry Eye Disease Categories

GLAUCOMA PRODUCT DEVELOPMENT OVERVIEW

Offer a **Comprehensive Portfolio** of Six Products

1

In-office Injection of Sustained Release Pharmaceutical (Rx)

MILD TO MODERATE DISEASE

2

Implantable Canalicular Scaffold (MIGS)

MILD TO MODERATE DISEASE

3

OR Performed Goniotomy Device (MIGS)

MILD TO MODERATE DISEASE

4&5

OR Performed Canal-based Glaucoma Surgery (MIGS)

4. FDA-cleared canaloplasty followed by trabeculotomy
5. Canaloplasty alone IDE trial underway

MILD TO MODERATE DISEASE

6

OR Performed Suprachoroidal Implant (MIGS)

MODERATE TO ADVANCED DISEASE

2022 Introduction

2022 Introduction (3rd Gen)

DRY EYE DISEASE PRODUCT DEVELOPMENT OVERVIEW

Offer a **Comprehensive Portfolio** of Four Products

1

Over-the-counter Artificial Tear With A Differentiated Lipid Layer Technology

2

Dry Eye Disease Prescription Pharmaceutical Eyelid Ointment

3

Office-Based Eyelid Procedure

TearCare System

2023 Next Gen Release

4

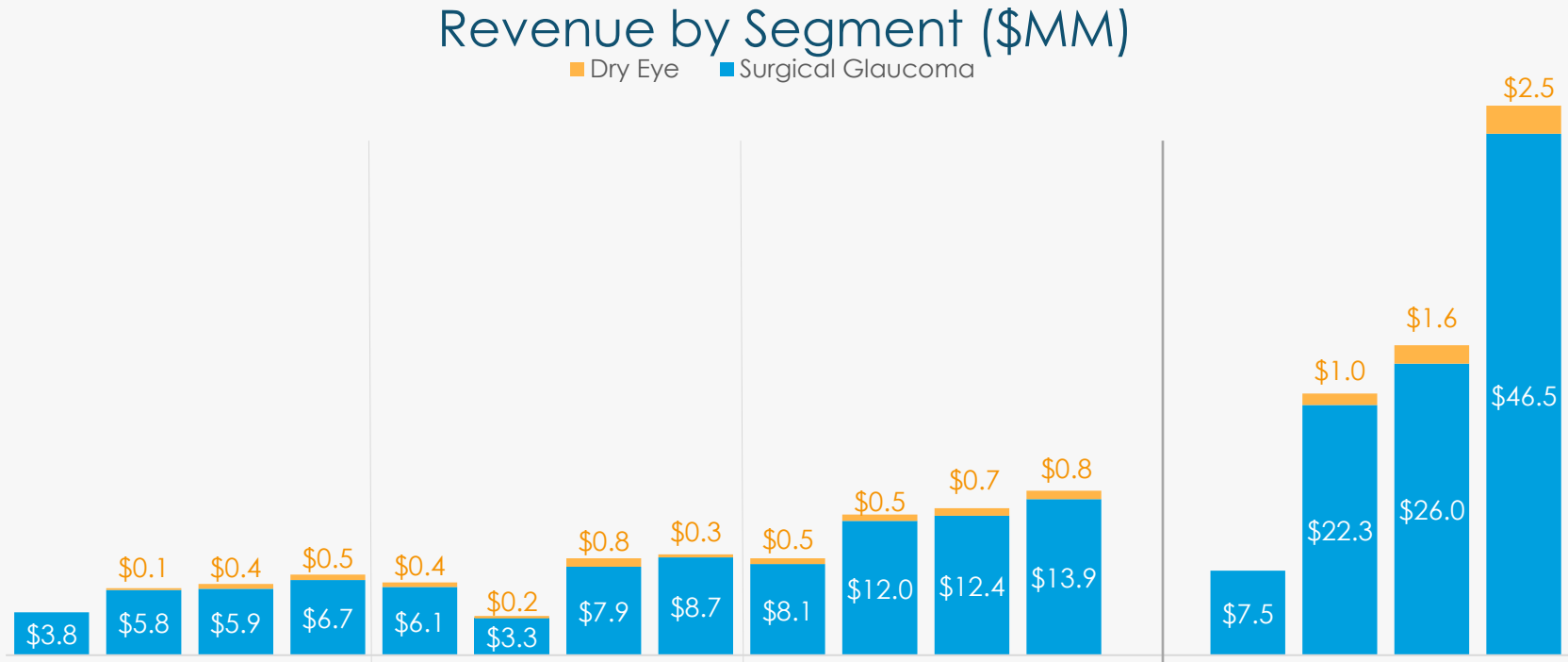
Home-Based Eyelid Device Treatment

SIGHT SCIENCES™

Delivering the
Power of Sight

Financial Overview

Strong Financial Profile



Y/Y Growth

	1Q20	2Q20	3Q20	4Q20	1Q21	2Q21	3Q21	4Q21	FY19	FY20	FY21
Surgical Glaucoma	59%	(43%)	33%	30%	33%	263%	58%	60%	196%	17%	79%
Dry Eye	-	38%	83%	(43%)	25%	169%	(15%)	179%	-	57%	50%
Total	**70%**	**(41%)**	**36%**	**25%**	**33%**	**258%**	**51%**	**63%**	**210%**	**18%**	**77%**

4Q21 & FY21 Highlights

- 4Q revenue $14.7M
  - Surgical Glaucoma $13.9M
  - Dry Eye $0.8M
- FY21 revenue $49.0M
  - Surgical Glaucoma $46.5M
  - Dry Eye $2.5M
- 4Q sequential revenue growth
  - Surgical Glaucoma: 12%
  - Dry Eye: 16%
  - Total: 12%
- Completed IPO in July, raised $252.2M of net proceeds
- Over $260M of cash on hand at 12/31/21