WELCOME AND OPENING REMARKS

Mike Rousseau, President and CEO
This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 that involve risks and uncertainties. Such forward-looking statements include the expectations, plans and prospects for the Company, including potential clinical successes, reimbursement strategies, anticipated regulatory approvals and future product launches, and projected revenues, margins, earnings and market shares. The statements made by the Company are based upon management’s current expectations and are subject to certain risks and uncertainties that could cause actual results to differ materially from those described in the forward-looking statements. These risks and uncertainties include market conditions and other factors beyond the Company’s control and the risk factors and other cautionary statements described in the Company’s filings with the SEC, including those described in the Risk Factors and Cautionary Statements sections of the Company’s Annual Report on Form 10-K for the fiscal year ended January 3, 2015 and Quarterly Report on Form 10-Q for the fiscal quarter ended October 3, 2015. The Company does not intend to update these statements and undertakes no duty to any person to provide any such update under any circumstance.

The Company will be using non-GAAP financial measures (e.g., constant currency sales growth, adjusted net earnings, etc.) in this presentation. Investors should consider non-GAAP measures in addition to, and not as a substitute for, financial performance measures prepared in accordance with GAAP. For a reconciliation of our non-GAAP financial measures to our GAAP results, please see the Company’s Current Report on Form 8-K furnished January 27, 2016.
# AGENDA

### 8:00AM

**Driving Growth Through Innovation**
Mike Rousseau, President and Chief Executive Officer

**Thoratec Integration: A Priority for 2016**
Rachel Ellingson, V.P., Corporate Strategy

**Heart Failure: Medical Technology Leadership**
Eric Fain, M.D., Group President
John O’Connell M.D., Medical Director, Mechanical Circulatory Support and V.P., Medical Affairs

Panel for Q&A

### ~10:00AM

Break

### 10:00AM

**Atrial Fibrillation: Platform and Pipeline for Global Innovation Leadership**
Phil Ebeling, V.P. and Chief Technology Officer

**Traditional CRM: A Path to Recovery in the U.S.**
Eric Fain M.D., Group President

**Neuromodulation: Building the Most Comprehensive Portfolio**
Keith Boettiger, Senior V.P. & General Manager, Chronic Pain & Movement Disorder Therapies

**Cardiovascular: Products to Watch in 2016**
Phil Ebeling, V.P. and Chief Technology Officer

Panel and Q&A

### 12:00PM

Meeting Ends
OUR COMMITMENT TO CUSTOMERS

Target expensive epidemic disease states by surrounding the patient care continuum with innovative products that offer clinical and economic advantages
OUR MARKETS FOR 2016 EXCEED $23 BILLION IN SIZE AND ARE GROWING MID SINGLE DIGITS*

- Atrial Fibrillation
- Heart Failure
- Neuromodulation
- Traditional CRM
- Cardiovascular

**Growth**
- Low/Mid SD
- Low-teens
- Mid/High SD
- Flat
- High-single/Low-teens

* Excludes the impact from currency
Low/Mid SD- Low to middle single digit percent growth
Low-teens - Low teens percent growth
Mid/High SD-Middle to high single digit percent growth
High-single/Low-teens percent growth
Flat ~0%

All dollar market sizes are based on estimated revenues
St. Jude Medical market estimates
SURROUNDING DISEASE STATES

**Atrial Fibrillation (AF):** We understood early on that ultimately curing AF would require a “tool box” approach

- Over time, we have created the most comprehensive product portfolio in the industry

**Heart Failure:** We are on the front lines of developing the multi-billion dollar heart failure device market

- We are uniquely able to offer products that improve patient care – from early symptoms to advanced heart failure, regardless of type
- The recent acquisition of Thoratec adds the market leading portfolio of left ventricular assist devices

**Neuromodulation:** We are the global innovation leader with a portfolio that spans the continuum of care for chronic pain patients

- STJ proprietary SCS Burst therapy* provides superior pain relief vs. tonic for overall, trunk, and limb pain
- STJ’s proprietary Dorsal Root Ganglion therapy* is superior to tonic relief for targeted pain syndromes

*Caution - INVESTIGATIONAL DEVICE, LIMITED BY FEDERAL (OR UNITED STATES) LAW TO INVESTIGATIONAL USE.
Markets around the world are evolutionary not revolutionary when it comes to the paradigm shift from fee-for-service to fee-for-value

- Healthcare remains a largely fee-for-service market
- Economic incentives need to change for providers to truly transition to fee-for-value
- Industry needs to address both ends of the spectrum
- We are living this paradigm with technologies like CardioMEMS/Fractional Flow Reserve (FFR)
- We are working with customers during this transition to provide tailored solutions
OUR DECISION TO EVOLVE OUR STRUCTURE

- In 2012 we saw: our markets changing, hospitals consolidating, payment models transitioning, pricing pressures mounting

- How can STJ compete and win in that environment?
  - Target expensive epidemic disease states and deliver innovation to transform treatment in those markets
  - Surround patient care continuum with products that offer clinical and economic advantages
  - Provide solutions to our customers that address their needs in an evolving healthcare landscape
  - And transition from a highly decentralized structure to ONE SJM (end of 2012)
    - Agility being critically important
    - Resources must be optimized across organization
Our structure supports our strategy

- Aligned priorities ensure global organization focused on the right things
- Shared resources across our organization – able to make decisions based on company-wide goals rather than individual division goals
- Faster decision making and ability to course correct – agility is critically important
- Operating leverage through global supply chain
- Drives increased collaboration and communication without expense of traditional business silos
- Cultural alignment – employees working together to achieve our vision and mission
- Integration as a competitive advantage
- Selling divisions can focus on selling – organized the way customers make purchasing decisions
- Contracting resources within selling teams across cardiovascular service line
ONE SJM – MANY BENEFITS

Atrial Fibrillation:
- Addressed ablation catheter gap and now adding a highly competitive advanced mapping system with a full set of tools
- EnSite Precision* – 18 months from development to launch
- FlexAbility SE Catheters**

Neuromodulation:
- Transformed neuromodulation business through internal investment and acquisitions by reallocating significant resources
- Launching most comprehensive portfolio in 2016

Heart Failure:
- Identified challenges in treatment paradigm and invested resources to become medical technology leader
- HeartMate LVAD / CardioMEMS opportunities in 2016; MultiPoint™ Pacing*** for non-responders

*510K pending
**PMA-S pending
***Caution - INVESTIGATIONAL DEVICE, LIMITED BY FEDERAL (OR UNITED STATES) LAW TO INVESTIGATIONAL USE.
SETTING MEASURABLE GOALS IN 2016

Where we focus…We win

- Establish U.S. reimbursement for CardioMEMS nationwide
- Successfully integrate our Thoratec acquisition
- Execute the plan for recovery in U.S. CRM
- Successfully launch key products to drive sales growth
ESTABLISH U.S. REIMBURSEMENT FOR CARDIOMEMS

- We have clear evidence that pulmonary artery pressure-guided heart failure management is superior to clinical assessment alone
  - Recent *The Lancet* publication: 48% reduction in HF hospitalizations at 31 months

- CMS established new technology add-on and pass-through pathway payments

- We have submitted our application to CMS for a National Coverage Determination

- We will also continue to work with national private payers and regional MACs

- Our commercial experience has continued to demonstrate strong patient benefits and there is tremendous support from the implanting community
  - Clinical evidence continues to grow and outcomes are as good as – or better than – those observed in CHAMPION
Thoratec represents the largest acquisition in the history of St. Jude Medical

Added the broadest portfolio of mechanical circulatory support devices to treat the full range of clinical needs for patients suffering from advanced heart failure

Integration team and priorities were established early

- Appointed an executive sponsor, dedicated senior leader and cross-functional team to ensure stability within both organizations

Continued business momentum demonstrated with revenue growth and clinical study execution

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OUR PATH TO RECOVERY IN CRM BEGINS WITH UPCOMING LAUNCHES

- Upcoming launches will fill product gaps as well as deliver technology advancements
  - Allow STJ to compete at the premium tier of contract negotiations
  - Enhanced AF, HF and CRM portfolios provide unique opportunities when contracting with customers

- First half of 2016:
  - Assurity MRI™ Pacemaker* in the U.S.
  - MRI labeling for existing ICD’s in Japan
    - MRI safe Ellipse™ ICD approved on February 2, 2016

- Second half of 2016:
  - Nanostim™ Leadless Pacemaker*
  - MultiPoint™ Pacing*, advanced diagnostics, next generation Confirm™ insertable cardiac monitor**

*Caution - INVESTIGATIONAL DEVICE, LIMITED BY FEDERAL (OR UNITED STATES) LAW TO INVESTIGATIONAL USE
**Product not available for sale; remains in development
Notable 2016 Investments:

- Portico™ IDE trial: Over 1,200 randomized subjects*
- Heartmate PHP™ Shield II trial: 425 patients*
- Initiate Amplatzer Amulet IDE study
- Initiate EnligHTN Renal Denervation IDE study
- Dual chamber leadless pacing development work
- Next-generation LVAD technology
- Next-generation Confirm™ insertable cardiac monitor**

*Caution - INVESTIGATIONAL DEVICE, LIMITED BY FEDERAL (OR UNITED STATES) LAW TO INVESTIGATIONAL USE.  
**Product not available for sale; remains in development
INCREASING SHAREHOLDER VALUE

- Intensify our **FOCUS** by surrounding disease states
  - *Heart Failure, Atrial Fibrillation, Neuromodulation*
  - *Prioritizing programs and resources to surround care continuum*

- Continue to invest in **INNOVATION** to raise standards of care
  - *Innovation leadership is our competitive advantage*
  - *Leverage CRM technology portfolio and expertise*

- Further develop **ONE SJM CULTURE** to mobilize employees
  - *In support of our mission; driving productivity, commitment and teamwork*

- Strengthen **EXECUTION** and grow markets and sales
  - *Product launches, market development and operating leverage*

- Deliver on **EXPECTATIONS** of our stakeholders
  - *Doing what we say we are going to do*
THORATEC INTEGRATION: A PRIORITY FOR 2016
Rachel Ellingson, V.P., Corporate Strategy
BUILDING THE WORLD LEADER IN HEART FAILURE MANAGEMENT

- Together as one company, we offer patients and physicians the most comprehensive portfolio of products across the heart failure (HF) care continuum
- Expand the reach of left ventricular assist devices (LVADs) for advanced stage HF
- Integrate our technologies for improved therapy options
- Leverage our global presence and enter new markets
- Together we will lead the industry in heart failure management
INTEGRATION GUIDING PRINCIPLES

- Full integration of Thoratec within the STJ global structure

- The integration team is focused on:
  - Collaboration
  - Momentum
  - Organization
  - Culture
  - Speed
INTEGRATION PRIORITIES

- Maintain business momentum and leverage STJ’s expertise in HF, size and distribution network as quickly as possible
  - Drive revenue growth through scale and by offering customers the broadest portfolio of HF products
  - Deliver exceptional customer experience
- Drive innovation leadership and doing so more efficiently through STJ technology platform capabilities
- Leverage cost and productivity synergies through integrated operations, distribution and infrastructure
- Implement “One St. Jude Medical” for organizational design and cultural alignment
- Identify and grow top talent across the business
CULTURAL ALIGNMENT

- Cultural alignment is a critical success factor in any merger or acquisition

- St. Jude Medical and Thoratec have a shared commitment to:
  - Patients
  - Customers
  - Delivering innovation to save and improve lives

- Our cultures have many areas of alignment – we expect to grow stronger together by leveraging our differences
PROGRESS

- Revenue diversification and broader scale to our heart failure program
  - Business momentum continues with Q4 revenue beating expectations
  - Significant progress on cross-training sales and clinical resources
- Revenue and cost synergies overachieving deal model
  - Provides incremental operating leverage and significant accretion in 2016 estimated to be approximately $0.20 per share
- Operational improvements
- Manufacturing optimization and site consolidation
- Joint cross-functional integration team in place and performing well
- Functional integration plans have been developed
- All employees reporting in “One St. Jude Medical” structure
INTEGRATION CADENCE

October 8
Acquisition completed; Integration kick-off

First 60 Days
One STJ reporting; 2016 AOP developed; Key site decisions made

Q1 2016
Executing functional integration plans; key infrastructure milestones

Mid-2016
Fully functioning as an integrated business
HEART FAILURE: MEDICAL TECHNOLOGY LEADERSHIP

Eric Fain, M.D., Group President
John O’Connell M.D., Medical Director, Mechanical Circulatory Support and V.P., Medical Affairs
HEART FAILURE – THE MARKET

2016 Market Revenue >$4B
Market Growth*: Low to mid-single digits

Market dynamics impacting the heart failure market in 2016:

- Destination therapy continues to be primary growth driver WW for VADs
- Establishing reimbursement for remote hemodynamic monitoring
- Continued shift in global markets to CRT, increase in de novo mix, and premiums for new technologies
  - ~$300 million worldwide CRT-P market growing in the high-single digits

2016* Market Growth Expectations
WW: 2%-4%
U.S.: 3%-4%
Intl: 2%-3%

* excludes the impact from currency
All dollar market sizes are based on estimated revenues
HEART FAILURE BURDEN$^{1,2}$

Heart Failure is a growing and expensive public health issue

- 26M HF sufferers globally$^3$
  - 15M Europeans
  - 5.1M Americans suffer from HF
    - >650,000 new HF diagnoses each year
    - 1 in 2 HF patients die in 5 years

- Burden on the U.S. healthcare system is high
  - 2.8M office and emergency department visits each year
  - 1.0M HF hospitalizations each year
    - Leading cause of hospitalizations among patients >65 years old
      - Class III and IV HF patients represent ~75% of hospitalizations$^4,5$
    - Every 30 seconds, someone is hospitalized for HF
  - U.S. in particular focused on new approach to reduce hospitalizations and improve outcomes
HEART FAILURE THERAPY CHARACTERIZED BY THREE PRIMARY DEVICE INTERVENTIONS\(^1,2,3\)

<table>
<thead>
<tr>
<th>Intervention or Procedure</th>
<th>Percent of Symptomatic HF Population</th>
<th>Percent of HF Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>II (48%) ~12.5M patients(^\dagger)</td>
<td>20% ~200,000 admissions(^\dagger)</td>
</tr>
<tr>
<td></td>
<td>III (39%) ~10.1M patients(^\dagger)</td>
<td>44% ~440,000 admissions(^\dagger)</td>
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<tr>
<td></td>
<td>IV (13%) ~3.4M patients(^\dagger)</td>
<td>32% ~320,000 admissions(^\dagger)</td>
</tr>
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</table>

**New York Heart Association (NYHA) Classification**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Cardiac Resynchronization Therapy (CRT)</th>
<th>CardioMEMS™ HF System</th>
<th>LVAD: Short and Long Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
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<tr>
<td>III</td>
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<tr>
<td>IV</td>
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</tbody>
</table>

\(^\dagger\)Based off 26M patients WW\(^3\)

\(^\dagger\)Based on 1M U.S. admissions

\(^\dagger\)Based on 1M U.S. admissions
SUSTAINING LEADERSHIP IN CRT
STJ QUADRIPOlar innovation set the new standard of care: substantiated by 100k+ implants & 130+ publications

<table>
<thead>
<tr>
<th>Finding</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>97% implant success rate⁶</td>
<td></td>
</tr>
<tr>
<td>40.8% risk reduction in LV lead related events⁷</td>
<td></td>
</tr>
<tr>
<td>19% improvement in responder rates at 12 months⁷</td>
<td>2014</td>
</tr>
<tr>
<td>44% relative reduction in non-responders⁷</td>
<td></td>
</tr>
<tr>
<td>$2,197 patient cost savings at 180-days post implant⁸</td>
<td>2014</td>
</tr>
<tr>
<td>18% reduction in mortality⁹</td>
<td></td>
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</tbody>
</table>
MULTIPOINT™ PACING (MPP)*
THE NEXT GENERATION IN QUADRIPOlar TECHNOLOGY

- Problem Statement
  - Non-responders remain a significant issue even with advances in CRT technology
  - Cannot identify non-responders at implant

- Solution: MPP provides an additional set of non-invasive tools -- pacing from two locations on a single lead to optimize and tailor CRT therapy
  - Tailor effective therapy
  - Improve outcomes for complex HF patients
  - Salvage non-responders or create super-responders

- New Advanced Quadripolar Pacing Options**
  - Supplemental lead shapes for optimal placement*
  - Auto VectSelect Quartet™ Multivector Testing

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** WW launch beginning in 1H 2016
MULTIPOINT PACING*: STJ INNOVATION FOLLOWING IN THE FOOTSTEPS OF QUADRIPTOPOLAR TECHNOLOGY

- Growing body of evidence and real-world experience continue to build
  - 60 abstracts/publications to date
- Experience in international markets an analog for U.S. opportunity
  - Driver for share capture
  - Continued mix shift (now > 50% of CRT with ASP premium in markets where available)
- Available in both CRT-D and CRT-P
- Expect U.S. launch 2H 2016
- MORE-CRT MPP Study:
  - Investigating conversion of non-responders by MPP (~1,800 patients)
  - Expect to complete enrollment 1H 2016

![STJ CRT-D Unit Share Shift: EMEA](chart)

<table>
<thead>
<tr>
<th>Finding</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved acute hemodynamic response</td>
<td>EUROPACE</td>
</tr>
<tr>
<td></td>
<td>Heart Rhythm</td>
</tr>
<tr>
<td>Increased Ejection Fraction</td>
<td>Heart Rhythm</td>
</tr>
<tr>
<td>Improved reverse remodeling</td>
<td>Heart Rhythm</td>
</tr>
<tr>
<td>19% improvement in responder rates at 12-months</td>
<td>European Heart Journal</td>
</tr>
<tr>
<td>44% relative reduction in non-responders</td>
<td>European Heart Journal</td>
</tr>
<tr>
<td>Improved NYHA class</td>
<td>European Heart Journal</td>
</tr>
<tr>
<td>Converted non-responders to responders</td>
<td>European Heart Journal</td>
</tr>
</tbody>
</table>

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ADVANCING HF STANDARD OF CARE WITH CARDIOMEMS
CURRENT BEST PRACTICE PROVEN TO BE INEFFECTIVE ACROSS NEARLY 5,000 PATIENTS

<table>
<thead>
<tr>
<th>Trial</th>
<th>N</th>
<th>Parameter Monitored/ Clinician Interaction</th>
<th>Impact on HF Hospitalization</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEN-HMS(^{18})</td>
<td>426</td>
<td>Signs/symptoms, daily weights, BP, nurse telephone support</td>
<td>None</td>
<td>JACC (2005)</td>
</tr>
<tr>
<td>TELE-HF(^{19})</td>
<td>1,653</td>
<td>Signs/symptoms, daily weights</td>
<td>None</td>
<td>NEJM (2010)</td>
</tr>
<tr>
<td>TIM-HF(^{20})</td>
<td>710</td>
<td>Signs/symptoms, daily weights</td>
<td>None</td>
<td>Circulation (2011)</td>
</tr>
<tr>
<td>INH(^{21})</td>
<td>715</td>
<td>Signs/symptoms, telemonitoring, nurse coordinated DM</td>
<td>None</td>
<td>Circulation (2012)</td>
</tr>
<tr>
<td>BEAT-HF(^{22})</td>
<td>1,437</td>
<td>Pre-D/C HF education, regularly scheduled telephone nurse coaching &amp; remote monitoring of weight, BP, HR, signs/symptoms</td>
<td>None</td>
<td>American Heart Association (2015)</td>
</tr>
</tbody>
</table>

**Total**  4,941
CARDIOMEMS IS DIFFERENT: IT ENABLES TREATING PATIENTS BEFORE THEY EXHIBIT SYMPTOMS

Only CardioMEMS HF System enables proactive management of patients before visible symptoms, shown to reduce HF hospitalizations by 37%\textsuperscript{23}

CARDIOMEMS HF SYSTEM EVIDENCE CONTINUES TO GROW
33 KEY PUBLICATIONS/ABSTRACTS AND COUNTING

37% Reduction in HF hospitalizations at average 15-month follow-up\textsuperscript{20}

\textbf{THE LANCET} 2010

78% Reduction in 30-day heart failure readmissions in Medicare population\textsuperscript{23}

Survivability improvement of HFrEF treatment group compared to guideline directed medical therapy (GDMT) and ICD/CRT therapy\textsuperscript{25}

\textbf{THE LANCET} 2014

53% Reduction in heart failure hospitalizations within HFpEF population at average 18-month follow-up\textsuperscript{22}

\textbf{Circulation} Heart Failure 2014

31 MONTHS Durability of treatment group in absence of nurse communications\textsuperscript{21}

\textbf{THE LANCET} 2015

50% Reduction in HF hospitalizations when control group has access to PA pressure monitoring\textsuperscript{21}

\textbf{THE LANCET} 2015
HFpEF: ADDRESSING A LARGE UNDERSERVED HF POPULATION

- Heart failure with reduced ejection fraction (HFrEF; EF<40%)
  - ~50% of total HF population (~13M WW)
  - Indicated for guideline determined medical therapy, ICD, and/or CRT therapies

- Heart failure with preserved ejection fraction (HFpEF; EF>40%)
  - ~50% of total HF population (~13M WW)
  - Underlying root causes not well understood, no consensus GDMT
  - No solutions previously proven prior to CardioMEMS
  - HF hospitalization rates equal to or higher than HFrEF patients

- CardioMEMS hemodynamic-guided HF therapy is the 1st strategy to improve outcomes in HFpEF
  - Estimated at NNT = 2
CARDMIEMS IN THE “REAL WORLD”

- Clinical outcomes have been as good or better than observed in CHAMPION*
- Training approach and integration into HF clinics has been validated in real world
  - Learning to proactively manage to pressure versus reactively responding to symptoms or weight/blood pressure changes
- New workflow
  - Manageable weekly review of trends
  - Replaces traditional non-reimbursable activities for clinicians such as regular and patient-initiated phone calls, unscheduled clinic and ER visits and addressing symptomatic patients
- The reality of HF penalties
  - Facilities with higher readmission rates now incur up to a 3% reduction in total Medicare payments
  - Less than 25% of hospitals subject to the Hospital Readmissions Reduction Program performed well enough on the CMS' 30-day readmission program to face no penalty

*Interviews with doctors regarding specific results. Results may vary
Reimbursement headwinds not atypical for new technologies

Favorable reimbursement at national level (NTAP and TAPTS)

Challenges at the local Medicare Access Carrier (MAC) level being addressed and supported by new longer term data and publications

- Novitas
  - Draft Local Coverage Determination (LCD) pending review of open comments
  - Expect decision 1Q 2016

- First Coast Service Options (FCSO)
  - Reconsideration application for previous negative LCD submitted December 2015 and was accepted January 2016
  - Expect decision 1Q 2016
Pursuing CMS National Coverage Determination (NCD)
- Initiated discussions with CMS in October 2015
- Submitted NCD draft in December 2015
- Submitted formal NCD application January 29, 2016

NCD applies nationally to all Medicare beneficiaries and supersedes any LCDs
- Possible outcomes: Coverage, No coverage, Coverage with Evidence Development (CED)
  - CED provides coverage while additional data is collected to continue developing the evidence base
  - Common mechanism used by CMS to provide coverage for new technologies (e.g., TAVR, TMVR and LAA)

Expected Timeline/Process*

<table>
<thead>
<tr>
<th>JAN</th>
<th>&lt;FEB-MAR</th>
<th>&lt;MAR-APR</th>
<th>&lt;SEP</th>
<th>&lt;OCT</th>
<th>&lt;DEC</th>
</tr>
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<tbody>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2017</td>
</tr>
<tr>
<td>NCD Submitted 1/29/16</td>
<td>CMS Decision to Accept Request</td>
<td>End of Public Comment Period (30 days)</td>
<td>Proposed Decision Released (6 months from acceptance)</td>
<td>End of Public Comment Period (30 days)</td>
<td>Final Decision Released (within 60 days of end of comment period)</td>
</tr>
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*Optional HTA or MEDCAC meeting adds ~3 months, but considered unlikely (not done for TAVR, TMVR or LAA)
NEAR-TERM EVOLUTION OF CARDIOMEMS PLATFORM: MERLIN.NET™ 9.0

- Merlin.net Website
  - myMerlin™ application
  - EHR Integration

- Further automates communication with patient
- Further eliminates/reduces phone calls while documenting interventions
- Technology-enabled prescription adjustments
- Medication updates electronically pushed to patient’s smartphone
- Patient receives medication updates via smartphone app
- Designed for both iPhone and Android use
- Bi-directional communication for patient acknowledgement or escalation
- CardioMEMS notifications displayed in EHR system directly
- Allows CardioMEMS discrete data to be selectively integrated into practice EHR
- Enables single site login within EHR and Merlin.net to further streamline workflow and leverage practice system of record
Our goal is to be the innovation and solution leader in HF

- CardioMEMS HF System
- Cardiac Resynchronization Therapy (CRT)
- Left Ventricular Assist Devices (LVADs)

Product, Patient and Customer Synergies for Managing Heart Failure

- CardioMEMS + CRT in Merlin.net
- CardioMEMS-guided CRT programming & CardioMEMS-guided LVAD
- Contracting across HF care pathway
HEART FAILURE: MECHANICAL CIRCULATORY SUPPORT

John O’Connell M.D., Medical Director, Mechanical Circulatory Support and V.P., Medical Affairs
HEARTMATE 3™ OFFERS NEAR-TERM OPPORTUNITY FOR SHARE CAPTURE IN INTERNATIONAL MARKETS

<table>
<thead>
<tr>
<th>U.S. Market (Units)</th>
<th>International Market (Units)</th>
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HM exited 4Q 2015 with ~73% share

HM 3 offers opportunity for share capture OUS

Notes:
1. In the U.S. excludes HVAD stocking units prior to 2015.
2. Excludes PVAD and market participants other than Thoratec and Heartware.
3. U.S.- Q4’14 excludes a 53rd week for THOR
4. OUS-Q4’14 excludes a 53rd week for THOR
GROWTH DRIVEN BY TREMENDOUS BENEFITS OF THERAPY

Improvement in NYHA Functional Class Over Time\textsuperscript{30}

Bridge to Transplantation at 6 Months

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<tr>
<th></th>
<th>Baseline</th>
<th>6 Months</th>
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<tbody>
<tr>
<td>100%</td>
<td>100%</td>
<td>50%</td>
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<tr>
<td>75%</td>
<td>75%</td>
<td>25%</td>
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<tr>
<td>50%</td>
<td>50%</td>
<td>0%</td>
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<td>25%</td>
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Destination Therapy at 2 Years

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>2 Years</th>
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<tbody>
<tr>
<td>100%</td>
<td>100%</td>
<td>75%</td>
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<tr>
<td>75%</td>
<td>75%</td>
<td>50%</td>
</tr>
<tr>
<td>50%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>25%</td>
<td>25%</td>
<td>0%</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Bridge-to-Transplantation Six-Minute Walk Test (6MWT)\textsuperscript{31,32}

Only 16% could complete pre implant

94% could complete post implant

NYHA IV
NYHA III
NYHA II
NYHA I

Can’t Walk
Can Walk

345 m average

Could not complete

Baseline
6 Months
2 Years

St. Jude Medical
### HEARTMATE II™ IMPROVED ADVERSE EVENT RATES

#### Destination Therapy Trial vs. Post Approval Study (PAS)

<table>
<thead>
<tr>
<th>Event</th>
<th>Trial</th>
<th>PAS</th>
<th>Events/pt-year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Device Related Infection</td>
<td>0.47</td>
<td>0.22</td>
<td></td>
</tr>
<tr>
<td>Bleeding Requiring Surgery</td>
<td>0.23</td>
<td>0.09</td>
<td></td>
</tr>
<tr>
<td>Pump Replacement</td>
<td>0.057</td>
<td>0.026</td>
<td></td>
</tr>
<tr>
<td>Isc Stroke</td>
<td>0.06</td>
<td>0.031</td>
<td></td>
</tr>
<tr>
<td>Hem Stroke</td>
<td>0.07</td>
<td>0.052</td>
<td></td>
</tr>
<tr>
<td>Hemolysis</td>
<td>0.06</td>
<td>0.24</td>
<td></td>
</tr>
<tr>
<td>Thrombus</td>
<td>0.024</td>
<td>0.024</td>
<td>0.027</td>
</tr>
</tbody>
</table>

Note: 3x scale difference for Device infection and Bleeding requiring surgery compared to others.

Jorde, Khushwaha, Tatooles, et al. JACC 2014
HEARTMATE II LEFT VENTRICULAR ASSIST SYSTEM IS THE MOST WIDELY USED AND EXTENSIVELY STUDIED LVAD

- Strong body of evidence
  - > 22,000 patients implanted
  - > 1,300 patient clinical trial (BTT & DT)
  - Extensive post-market study experience with highly challenging patient populations
  - > 720 published, peer-reviewed articles
- Reliability demonstrated by
  - > 2,000 patients at 3+ years of support (longest >10 years)
- Benefits continue to improve over time

**1-Year Survival Rates**

<table>
<thead>
<tr>
<th>Trial</th>
<th>CAP</th>
<th>Post Approval</th>
<th>Bridge-to-Transplant (^{33})</th>
<th>68%</th>
<th>74%</th>
<th>85%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Destination Therapy (^{34})</td>
<td>Trial</td>
<td>CAP</td>
<td>Post Approval</td>
<td>68%</td>
<td>73%</td>
<td>74%</td>
</tr>
</tbody>
</table>
HEARTMATE 3 WITH FULL MAGLEV™ TECHNOLOGY FURTHER STRENGTHENS COMPETITIVE POSITION

- Design objectives
  - Reduced adverse events
  - Compact size for less invasive surgical approaches
  - Return of pulsatility into continuous flow profile
  - Full support (flow) up to 10L/minute at lower pump speeds
  - Large and consistent gaps allow for thorough washing and avoidance of blood trauma (shear)

Caution - INVESTIGATIONAL DEVICE, LIMITED BY FEDERAL (OR UNITED STATES) LAW TO INVESTIGATIONAL USE.
HeartMate 3 reduced the 6-month mortality risk by 66%.

Estimated hazard ratio for the HM3 = 0.34
P = 0.0093

*Caution - INVESTIGATIONAL DEVICE, LIMITED BY FEDERAL (OR UNITED STATES) LAW TO INVESTIGATIONAL USE.
### HEARTMATE 3** HAS A FAVORABLE ADVERSE EVENT PROFILE

<table>
<thead>
<tr>
<th>Event</th>
<th>Days 0 – 30 (n=50)</th>
<th>Days 0 – 180 (n=50)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Pts</td>
<td>% Pts</td>
</tr>
<tr>
<td>Bleeding</td>
<td>15</td>
<td>30%</td>
</tr>
<tr>
<td>Requiring Surgery</td>
<td>6</td>
<td>12%</td>
</tr>
<tr>
<td>GI</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Any Infection</td>
<td>10</td>
<td>20%</td>
</tr>
<tr>
<td>Sepsis</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>Driveline</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Stroke</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Ischemic</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Hemorrhagic</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Neurologic Dysfunction*</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Right Heart Failure</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>Requiring RVAD</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Pump Malfunction</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Pump Thrombosis</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Hemolysis</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Caution - INVESTIGATIONAL DEVICE, LIMITED BY FEDERAL (OR UNITED STATES) LAW TO INVESTIGATIONAL USE.

*TIA, seizures
HEARTMATE 3* PROGRAM IS ON-TRACK

- European limited market release 4Q 2015, full market release by the end of 1Q 2016
  - CE Mark approved mid-October 2015
  - 30+ centers actively implanting by the end of 2015 (including major German centers)
  - 200+ devices implanted through end of 2015

- MOMENTUM 3 U.S. IDE Study (currently enrolling)
  - Over 1,000 patients at up to 60 U.S. sites (548 enrolled as of January 2016)
  - Single study design for short and long term use
    - First 294 patients with six month follow up (enrollment completed in October 2015)
      - Short-term indication FDA submission expected 2H 2016
    - First 366 patients with two year follow up (enrollment completed in November 2015)
    - Approximately 600 additional patients to evaluate Secondary Endpoints
  - Non-inferiority study randomized 1:1 against HeartMate II™
    - Primary Endpoints: Survival on HeartMate 3 support free of stroke or pump replacement

*Caution - INVESTIGATIONAL DEVICE, LIMITED BY FEDERAL (OR UNITED STATES) LAW TO INVESTIGATIONAL USE.
SUMMARY

- St. Jude Medical offers the broadest portfolio of mechanical circulatory support devices to treat the full range of clinical needs for patients suffering from advanced HF

- HeartMate II is the most widely used and extensively studied LVAD on the market

- HeartMate 3 is a next generation LVAD with the first fully magnetically levitated compact VAD
  - MOMENTUM 3 IDE study continues to enroll
  - First quarter of the European launch was a success
    - Will complete the full rollout by the end of 1Q 2016
  - Short-term indication FDA submission 2H 2016
Q&A Panel

Moderator:
Mike Rousseau, President and CEO

Panelists:
Phil Adamson, M.D., Medical Director and V.P., Medical Affairs
Eric Fain, M.D., Group President
John O’Connell, M.D., Medical Director, Mechanical Circulatory Support and V.P., Medical Affairs
Don Zurbay, Chief Financial Officer
MID-MORNING BREAK

St. Jude Medical Important Dates in 2016:

- Second quarter 2016 earnings results conference call: July 20, 2016
ATRIAL FIBRILLATION: PLATFORM AND PIPELINE FOR GLOBAL INNOVATION LEADERSHIP

Phil Ebeling, V.P. and Chief Technology Officer

St. Jude Medical
2016 Market Revenue >$4B
Market Growth*: Low double digits

2016* Market Growth Expectations
WW: 11%-12%
U.S.: 12%-14%
Intl: 9%-10%

Market dynamics impacting the AF market in 2016:

- ~2.5% of the diagnosed symptomatic AF patient population receiving ablation
- Strong growth in ablation driven by catheter ablation and advanced technology adoption
- WW ablation procedures projected to reach almost 950K in 2016 (double digit growth)
- Force-sensing catheters quickly becoming standard of care
- Continued steady catheter ablation growth expected for U.S. patients diagnosed with AF

*excludes the impact from currency
All dollar market sizes are based on estimated revenues
ELECTROPHYSIOLOGY (EP) ABLATION MARKET IS ~75% IRRIGATED/ADVANCED ABLATION

**WW Catheter Ablation**
- Procedures estimated to be ~950K in 2016 (10% growth)
- Market revenue growing at 11% (’13-’16 CAGR)
- STJ expects to gain multiple share points in 2016

**U.S. Catheter Ablation**
- Procedures estimated to be ~270K in 2016 (8% growth)
- In two years over 50% of the U.S. irrigated ablation catheter market moved to contact force
- Market revenue growing at 17% (’13-’16 CAGR)
- STJ expects to gain multiple share points in 2016

---

[Graph showing Estimated 2016 Catheter Ablation Market Size]

- Revenue in Millions
- US
- WW
  - Standard
  - Irrigated/Advanced

Estimated 2016 Catheter Ablation Market Size

- Revenue in Millions
  - $0
  - $1,400

1. Estimated 2016 Catheter Ablation Market Size
INTEGRATED EP PRODUCT PORTFOLIO

Complete Ablation Solution

Access and Guidance
- Agilis™ NxT Steerable Introducers
- Swartz™ Braided Transseptal Guiding Introducers
- BRK™ Transseptal Needles

Diagnostics and Visualization
- ViewFlex™ and ViewMate™ Intracardiac Ultrasound
- Reflexion™ Spiral Variable Radius Mapping Catheters
- LiveWire™ and Inquiry™ Steerable Catheters
- Response™ and Supreme™ EP Catheters
- **Advisor™ FL Circular Mapping Catheter, Sensor Enabled™
- **Next Generation Confirm ™

Recording and Mapping
- WorkMate™ Claris™ Recording System (1.1/1.1.1 software)
- ***MediGuide™ Technology 17.0 software,
- **CRT 2.0 tools, Quadra Excel™ Guidewire, Sensor Enabled™
- VantageView™ System HD display with add-on tools
- ***EnSite Precision™ Cardiac Mapping System

Advanced Ablation
- TactiCath™ Quartz Contact Force Ablation Catheter
- **TactiCath™ Contact Force Ablation Catheter, Sensor Enabled™
- FlexAbility™ Ablation Catheter
- *FlexAbility™ Ablation Catheter, Sensor Enabled™
- Ampere™ RF Ablation Generator
- Cool Point™ Irrigation Pump

STJ Integrated Lab

*PMA under review
**Product not available for sale; remains in development
***510K pending
FLEXABILITY AND TACTICATH ABLATION CATHETERS
LOWER AF RECURRENCE AND SHORTER PROCEDURE TIMES USING CONTACT FORCE\textsuperscript{1,4}

\textbf{LOWER AF RECURRENCE} rate and \textbf{SHORTER PROCEDURE TIMES} in contact force compared to conventional catheters was shown in meta-analysis of 8 independent studies involving 530 patients\textsuperscript{1}

Using CF catheters was an \textbf{INDEPENDENT PREDICTOR OF PROCEDURAL SUCCESS} evaluating all patients undergoing RF ablation for paroxysmal or persistent AF (n=721)\textsuperscript{4}

<table>
<thead>
<tr>
<th>Multivariate Predictors of AF Recurrence</th>
<th>HR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent AF</td>
<td>2.05</td>
<td>1.48-2.83</td>
</tr>
<tr>
<td>LA Volume &gt;40ml/m2</td>
<td>1.42</td>
<td>1.04-1.93</td>
</tr>
<tr>
<td>CF Use</td>
<td>0.58</td>
<td>0.42-0.79</td>
</tr>
<tr>
<td>BMI</td>
<td>1.04</td>
<td>1.01-1.08</td>
</tr>
<tr>
<td>AF Duration (years)</td>
<td>1.07</td>
<td>1.04-1.09</td>
</tr>
</tbody>
</table>
DEFINITION OF OPTIMAL CONTACT FORCE PARAMETERS KEY TO IMPROVED OUTCOMES, LOWER COST

- STJ is the only company to have defined optimal contact force parameters through a robust, compelling set of clinical studies
  - Using optimal contact force parameters with TactiCath catheter decreases rate of repeat ablation\(^5\)
  - Using optimal contact force parameters with TactiCath catheter decreases patient cost of care one year after ablation\(^4\)

Optimal Contact Force Rate of Repeat Ablation\(^5\)

<table>
<thead>
<tr>
<th></th>
<th>Optimal CF(^2)</th>
<th>Control</th>
<th>Non-optimal CF(^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of Repeat</td>
<td>7.2%</td>
<td>12.7%</td>
<td>16.1%</td>
</tr>
</tbody>
</table>

Total Cost per Patient in Year After Ablation\(^6\)

- TactiCath with optimal contact force: $19,271
- Catheter with no contact force: $22,673

\(\text{Cost} \times 1.15 = \text{Cost per patient}\)
TECHNOLOGY ADVANTAGES SUGGEST STJ SHARE CAPTURE OPPORTUNITY

- STJ’s proprietary sensor technology advantages:
  - Fiber optic sensing allows force to be measured closer to tip where power applied, allowing uninhibited use of long introducer sheath
  - 50Hz sampling rate allows for visualization of transient peaks with cardiac movement and increased real-time feedback
  - No calibration required, which may save time and shorten procedures

SmartTouch catheter

- SmartTouch SF Lateral Contact Force measurements showed error up to 41.7 g in lateral orientation

TactiCath™ catheter

- A separate study characterized the contact force accuracy of the TactiCath™ catheter. Results of this study showed mean error was ≤ 1 g

* Data from the TactiCath catheter are applicable to the TactiCath Quartz catheter as the design modifications made to the TactiCath catheter were fully verifiable in bench testing. The concept and working principle of the optical force sensor did not change.
STJ ABLATION BUSINESS FUELED BY TACTICATH™ QUARTZ

- >7% unit share gain in irrigated advanced ablation in the U.S. since the launch of TactiCath Quartz\(^9\)
- Momentum continues to build with >350 TactiCath™ Quartz catheter accounts in the U.S.\(^{10}\)
- TactiCath represents over 50% of STJ’s U.S. irrigated portfolio\(^{11}\)
- Expect approval of TactiCath in Japan 2H 2016
FLEXABILITY™ ABLATION CATHETER RECEIVES PRAISE FOR HANDLING, TIP PERFORMANCE

- STJ irrigated portfolio growth outpaced estimated market growth in Japan by >10 percentage points in 2015\textsuperscript{12}
- FlexAbility rapidly grew to represent 58% of STJ’s Japan irrigated portfolio within the first year of launch\textsuperscript{13}
- Validated STJ’s next generation handle-shaft combination as the right platform of the future
  - Next generation shaft: reliability, accuracy and consistent performance
  - Advanced handle-shaft combination: Maneuverability with comfort and ease of use
- Distinct advantages of unique flexible tip
  - In recent preclinical work\textsuperscript{14}, the FlexAbility™ ablation catheter showed comparable lesion sizes to competitive catheters and had:
    - Significantly lower rate of steam pop when compared to ThermoCool™ SF
    - Less instances of char when compared to ThermoCool™
STJ ABLATION SHARE CAPTURE IN 2015 JUST THE BEGINNING

- Gained over 4 points of U.S. ablation catheter share
- Increased STJ ablation catheter penetration with current NavX users globally
- Anticipate continued FlexAbility, TactiCath adoption in approved geographies
- Expect approval of TactiCath in Japan 2H 2016
A REVOLUTION IN CARDIAC MAPPING: AUTOMATED, FLEXIBLE AND PRECISE
ENSITE™ PRECISION CARDIAC MAPPING SYSTEM

A comprehensive launch of tools and software throughout 2016

EnSite Precision Module, Sensor Enabled™*
FlexAbility Ablation Catheter, Sensor Enabled***
Advisor™ FL Circular Mapping Catheter, Sensor Enabled™**

EnSite Precision Surface Electrode Kit*
EnSite AutoMap*
AutoMark*
EnSite Precision Software v2.0*

*510K pending.
**Product not available for sale; remains in development
***PMA pending review
Excludes China
## HOW DOES PRECISION STACK UP AGAINST THE CURRENT GENERATION SYSTEMS

<table>
<thead>
<tr>
<th>Feature</th>
<th>EnSite Precision*</th>
<th>CARTO</th>
<th>Rhythmia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automated HD Mapping + TurboMap feature</td>
<td>✔️</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Flexible Workflow</td>
<td>✔️</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Clinically validated Contact Force parameters</td>
<td>✔️</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Integrated Lab</td>
<td>✔️</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Automated Lesion Marking</td>
<td>✔️</td>
<td>✔️</td>
<td>✗</td>
</tr>
<tr>
<td>Proven Platform (Used in 100,000’s of procedures)</td>
<td>✔️</td>
<td>✔️</td>
<td>✗</td>
</tr>
<tr>
<td>Fully Integrates Contact Force</td>
<td>✔️</td>
<td>✔️</td>
<td>✗</td>
</tr>
<tr>
<td>Leverage Impedance AND Magnetics coordinate systems</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

*510K pending.
EnSite™ AutoMap Module, TurboMap Feature

- Designed for improved system and software ease of use
- Anticipate improved data acquisition and speed of acquisition in everyday use, for all procedure types
- Faster decision-making with both positive and negative morphology matching score\(^{15, 16}\)
- Faster, more accurate map creation with greater consistency across cases\(^{15, 16}\)
- Secondary arrhythmias mapped up to 10x faster with TurboMap feature
- Enhanced VT mapping with automated morphology matching capability\(^{15, 16}\) and automatic catheter ectopy rejection

Mapping Time Comparison of Manual, AutoMap and TurboMap\(^1\)
LV and RV Maps Made with Ablation Catheters

- **P-value = 0.001**
- **P-value < 0.001**

*510K pending*
SYSTEM OPTIMIZED FOR TAILORED PATIENT THERAPY*

Tailor patient therapy and streamline workflow

- Only system to optimally integrate magnetic and impedance data
- 3-D models with CT-scan-like detail – 27x†† higher point density
- Automated lesion marking guidance with the AutoMark module\(^\text{17}\)
- Easily visualize scar tissue – integration of delayed enhancement MRI imaging\(^\text{17,18}\)
- SparkleMap feature enables easy visualization of voltage pathways on a single map
- Customizable dashboard

†† Based on minimum distance allowed between 3-D model points with Precision system versus previous EnSite\(^\text{TM}\) Velocity\(^\text{TM}\) system.

*510K pending
INITIAL FEEDBACK VERY POSITIVE

- Initial cases have been performed as part of a limited market release at 3 centers in Germany starting January 26
- The EnSite Precision Cardiac Mapping system* was used in a variety of procedures including atypical flutter, paroxysmal and persistent AF, and VT
- System performance has been excellent through challenging procedure dynamics such as: multiple patient defibrillations, fluid loading, lengthy procedures times, and complex arrhythmia diagnosis and treatment
- Limited market release is expected to continue in Italy and France in coming weeks, followed by a full market release in 2Q 2016
- Anticipate 510k clearance 1H 2016

“This system is exactly what I hoped it would be. AutoMap is great. Very fast. Feels like the mapping data is more reliable”
- Prof. Isabel Deisenhofer
  Head Senior Physician, German Heart Center, Munich

“Improvements to model precision, model stability, and mapping automaticity were significant and have delivered the next generation of mapping technology to Leipzig.”
- Prof. Gerhard Hindricks
  EHRA President
  EP Director, Heart Center, University of Leipzig

“Improvements to model precision and model stability were significant. EnSite Precision addressed the concerns that caused me to stop using EnSite Velocity about two years ago.”
- Dr Christopher Piorkowski
  EP Director, Heart Center, University of Dresden

*510K pending
AMPLATZER AMULET: LEFT ATRIAL APPENDAGE
LAA closure is an attractive, emerging opportunity. IDE study expected to begin in 2016

- We are a veteran in this space with a significant implant base and over 5 years of experience

- STJ is the market leader in Europe
  - Ease of use
  - Broad size matrix
  - Complete seal of left atrial appendage

- We plan to initiate global IDE Study in 2H 2016
  - Encouraging, on-going discussions with the FDA and CMS
  - Randomized clinical trial vs. approved BSX devices
NEXT GENERATION CONFIRM: INSERTABLE CARDIAC MONITOR
Insertable Cardiac Monitor for Long-Term Arrhythmia Diagnosis

- Drive share gains in >$600M market with low double digit growth
- Small device size (<1.5cc)
- Simple insertion procedure requiring minimal time and resources. Intuitive one-touch programming
- Automatic wireless connectivity to Merlin.net
- Simplified reports to facilitate monitoring and diagnosis
- Expect CE Mark 2H 2016 and FDA clearance 1H 2017
END TO END EP/AF SOLUTION FROM STJ PROVIDES HOSPITALS, PURCHASING TEAMS AND CONSUMERS AN ADVANTAGE

Offering our customers the broadest portfolio of solutions

- Only company to offer full Integrated Lab – improving service offerings
- Comprehensive training and on-site support
- Contract/payment options with full purchase, complement of hardware and disposables

Lab Features: EnSite Precision™ cardiac mapping system; VantageView™ HD monitoring system; ViewMate™ ultrasound console; MediGuide™ technology; WorkMate Claris™ recording system
SUMMARY

Market leading technology and most comprehensive EP portfolio

- AF is one of the best growth stories in MedTech
  - WW market is expected to be over $4 billion and growing low double digits
- STJ continues to have the deepest, broadest and most technologically advanced AF portfolio in the industry
- Demonstrated catheter technology leadership in 2015 with FlexAbility and TactiCath and expect to continue to take additional ablation catheter share in 2016
- STJ continues to see LAA occlusion as an attractive market and expects to begin an IDE study in 2016
- Enter the insertable cardiac monitor market and the launch of the EnSite Precision Cardiac Mapping System offer significant growth opportunities in 2016 and beyond
TRADITIONAL CRM: A PATH TO RECOVERY IN THE U.S.

Eric Fain, M.D., Group President
WW TRADITIONAL CRM MARKET DYNAMICS

2016 Market Revenue >$6.6B
Market Growth*: Flat

- Low, single-digit unit growth offset by pricing pressure
- U.S. ASP pressure partially offset by shift to CRT, increased de novo mix, and premium for new technologies
- OUS implants steady and positive
- Japan bi-annual reimbursement cuts in 2016

* excludes the impact from currency
All dollar market sizes are based on estimated revenues
A PATH TO CRM SHARE RECAPTURE

- Multiple new product launches in 2016 and 2017 that return our CRM business to technology leadership
- Expect to have new MRI labeled device submissions and launches across CRM product segments in key markets globally
- Once approved in the U.S., MultiPoint™ CRT Pacing and Nanostim™ leadless pacemaker expected to provide competitive advantage in U.S. contracting
- Continued growth and leadership in heart failure and AF improve the economics, investment, and competitiveness of our CRM business
- We are uniquely positioned to partner with hospitals by contracting across the cardiovascular service line
RETURN TO GLOBAL TECHNOLOGY LEADERSHIP IN CRM

The St. Jude Medical CRM portfolio demonstrates our leadership with innovative technology solutions:

- **Smallest, longest lasting wireless MRI Pacemaker**
  - Assurity MRI™ Pacemaker*
  - EU: Launched
    - U.S.: 1H’16
    - JPN: Launched

- **New standard in CRT pacing**
  - MultiPoint™ Pacing*
  - EU: Launched
    - U.S.: 2H’16

- **Leadership in leadless technology**
  - Nanostim™ Leadless Pacemaker*
  - EU: Launched¹
    - U.S.: 2H’16

- **High Voltage MRI portfolio**
  - MRI labeling for existing Ellipse™ & Fortify Assura™ ICDs, and Quadra Assura™ CRT-D devices*
  - EU: Launched
    - U.S.: 1H’17²
    - JPN: Launching (ICD)
  - 2H’16 (CRT-D)

- **Arrhythmia diagnosis**
  - Next Generation Confirm™ Insertable Cardiac Monitor*
  - EU: 2H’16
    - U.S.: 1H’17

---

¹ Launched in EU as part of post market clinical trial
² IDE study completion in 2016 in United States

*Caution - INVESTIGATIONAL DEVICE, LIMITED BY FEDERAL (OR UNITED STATES) LAW TO INVESTIGATIONAL USE.
2016 MRI LAUNCHES WILL PROVIDE CATALYST FOR GROWTH

- **1H 2016 U.S. launch of Assurity MRI™ pacer**
  - World’s smallest, longest lasting wireless, remotely managed, MRI pacemaker
  - Efficient workflow using the STJ MRI activator
- **1H 2016 Japan launch of MRI labelled ICD**
  - Backwards compatible to existing device and lead technology
  - Expect to see similar share recapture as LV MRI launch
- **2H 2016 Japan launch of MRI labelled CRT-D**
- **U.S. IDE clinical trial to support MRI labeling for existing HV devices**
  - Enroll patients previously implanted with STJ HV devices
  - Endpoint based on 30-day follow-up of ~150 patients
  - Expect IDE completion in 2H 2016, launch in 1H 2017
Clinical Summary

- Over 1,000 Nanostim™ implants worldwide
- Leadless II Study results presented at ESC’15 and in NEJM
- Building back momentum in Europe with post-market registry
- FDA Panel meeting scheduled for February 18, 2016
- Expect U.S. launch 2H 2016

Product Characteristics

- Smallest introducer size
- Demonstrated chronic retrievability
- Expect greater longevity than traditional VVI pacers
- MRI labeling
- Peri-operative complication rates similar to traditional VVI pacers with absence of long-term adverse events observed

Dual chamber leadless pacing system development continues to make progress

*Caution - INVESTIGATIONAL DEVICE, LIMITED BY FEDERAL (OR UNITED STATES) LAW TO INVESTIGATIONAL USE.
SUMMARY

- In 2016 our product cycle is a path to return STJ to technology leadership in CRM and provide a foundation for sustained growth

- Growth and share recapture in our CRM business will be driven by key product introductions in 2016 including:
  - Assurity MRI (U.S.)
  - HV MRI (Japan and U.S. IDE)
  - MultiPoint Pacing (U.S.)
  - Nanostim (U.S.)
  - Next Generation Confirm™ Insertable Cardiac Monitor (OUS)

- As momentum continues to grow in our AF and HF franchises, we expect to see increasing benefit to our traditional CRM franchise as we partner and align with our customers to address their greatest unmet needs
NEUROMODULATION: BUILDING THE MOST COMPREHENSIVE PORTFOLIO

Keith Boettiger, Sr. V.P. & General Manager,
Chronic Pain & Movement Disorder Therapies
Key Market Dynamics

- Market remains underpenetrated
- Oral opioid use under scrutiny (especially U.S.) creating favorable market conditions for effective, non-drug therapies
- Replacement cycle driving new units (expect double digit growth of replacements in U.S.)
- Stable ASPs despite new competition, driven by premium price capture for new technologies
- Competition from new entrants driving market growth as awareness is raised

2016 Market Revenue >$2.4B
Market Growth*: Mid to high-single digits

- Traditional Spinal Cord Stimulation (SCS)
- Radio Frequency Ablation (RFA)
- Dorsal Root Ganglion (DRG)
- Deep Brain Stimulation (DBS)

2016’ Market Growth Expectations
- WW: 7%-9%
- U.S.: 6%-8%
- Intl: 8%-10%

* excludes the impact from currency
All dollar market sizes are based on estimated revenues
TREATING THE CHRONIC PAIN PATIENT
PATIENTS ENDURE LONG, COMPLICATED PATH

- Path to treat pain is long and fragmented
- Patients often desperate to resolve or reduce pain
- Patients typically end at long-term opioid therapy at risk of addiction
- Clinical and economic data demonstrate benefits of SCS earlier in the care continuum
STJ IS UNIQUELY POSITIONED TO SURROUND THE PAIN PATIENT

**RADIOFREQUENCY ABLATION (RFA)**
- ~$200M global market
- ~90% SCS implanters also use RFA
- Full line of RFA products including generators, electrodes and cannulae
- Marketed in ~70 countries

**SPINAL CORD STIMULATION**
- Burst gaining momentum where approved*
- SUNBURST RCT preliminary results demonstrate superiority vs. tonic
- Invisible trial system: discreet, convenient and Burst-enabled trial experience**
- iPod Touch and iPad Mini leverage familiar iOS for consumer friendly peripherals

**DRG***
- DRG becoming standard of care for Complex Regional Pain Syndrome (CRPS) and peripheral nerve injury internationally
- ACCURATE trial demonstrates superiority vs. conventional SCS
- Estimated CRPS prevalence is 20% of global market (DRG therapy uniquely positioned to treat)
- Groundswell of clinician excitement for new technology to treat a poorly treated patient group
- DRG Launch: FDA approval expected 1H 2016

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*Caution - INVESTIGATIONAL DEVICE, LIMITED BY FEDERAL (OR UNITED STATES) LAW TO INVESTIGATIONAL USE.

**In selected geographies where approved**
BURST THERAPY IS A PROPRIETARY ADVANCED WAVEFORM PROVEN TO DELIVER SUPERIOR RESULTS
WE ARE POISED TO TAKE SHARE WITH PROVEN STJ BURST

In addition to SUNBURST randomized clinical trial, clinical evidence continues to grow:

- Limited (~10%) market penetration with advanced waveforms through 2015
- STJ and one competitor with advanced waveforms represent significant market share opportunity
- Recent success in Australia demonstrates our competitive position:
  - Australia market share leader*
    - Q1 2015 Pre-BURST: ~24%
    - Q4 2015 Post-BURST: ~31%

In addition to SUNBURST randomized clinical trial, clinical evidence continues to grow:

- German observational study shows STJ Burst equal to or better than HF-10 in head-to-head comparison in 16 FBSS patients (>70% back pain with or without leg pain) randomized and blinded demonstrated 3 key findings¹:
  1. 100% trial conversion to Burst and 75% trial conversion to HF 10 (2 failures)
  2. Both Burst and HF-10 achieved reduction in VAS for back pain that were not significantly different
  3. Burst achieved significantly lower VAS for leg pain (p< 0.009)

- Expect Burst U.S. approval and launch 2H 2016

*Based off of revenue, PWC Consortium data Q1 and Q4 2015
Significantly improved pain outcomes

- More than 90% of patients preferred Burst over tonic SCS with better pain relief cited as the primary reason\(^3\text{-}\text{6}\)
- Almost 95% of tonic responders experienced a greater reduction in NRS score during Burst stimulation\(^7\)
- Provided pain relief superior to tonic for overall, trunk, and limb pain\(^6\)

Demonstrated ability to rescue prior failures

- 62.5% of non-responders responded to Burst\(^8\)

Preferred by patients while preserving patient choice

- 69% of patients preferred Burst (\(p<0.001\))\(^9\)
- 21% of patients still preferred Tonic stimulation and only STJ can provide both options in a single solution\(^9\)

Improved workflow

- Burst required 50% fewer office visits and lasted 10% as long as regular visits\(^10\)
TREATING THE PAIN PATIENT; CREATING PATIENT PREFERENCE

Improve the patient experience with the Proclaim platform to create preference and expand patient appetite for SCS trials through improved patient comfort and convenience.

**Invisible Trial**
- First Bluetooth™-enabled system
- First “on body” trial system
- First Burst & Tonic Capable EPG

**Recharge-Free Platform**
- Invisible therapy leading to patient normalcy
- Recharge-free; no patient burden
- First Bluetooth™ enabled system
- First Apple™ iPod touch™ and iPad mini™ programming system
- Upgradeable technology platform

**MRI**
- Current state: Head and extremity MRI
- Future state: Full-Body Conditional MRI
- Expect U.S. launch of full-body MRI in 2H 2016
Traditional Platforms

**Step 1** – Identify IPG location suitable for recharging

**Step 2** – Place IPG superficially to facilitate charging

**Step 3** – Educate patient on charging

**Step 4** – Daily or weekly charging for 1-4 hours (frequency dependent)

**Proclaim™ Recharge Free**

- Can be implanted almost ~2x deeper than rechargeable options
- Designed to reduce patient burden and discomfort
- Saves patient 1,825 hours, or 76 full days of recharging, over IPG options with recommendations of daily charging in 5 years of use*
- Gives patients an opportunity to focus on normal daily activities

DORSAL ROOT GANGLION THERAPY IS A UNIQUE SOLUTION FOR TARGETED PAIN SYNDROMES
DRG STIMULATION EXPANDS THE MARKET

- DRG therapy is designed for focal pain conditions often characterized by nerve injury
- Nerve injury is common in the large (and growing) postsurgical pain markets such as hernia, hip and knee postsurgical pain syndromes
- Several physician-initiated studies internationally hold promise to expand indications beyond current labeling
- Etiologies are prevalent but poorly treated with current technologies providing a unique opportunity for DRG therapy

U.S. DRG Market Opportunities ($M)

- Amputations (lower extremity)
- Cardiac Surgery
- Hernia Surgery
- Total Hip Replacement
- Total Knee Replacement
- Caesarean Section

Chronic pain %

Procedures ('000s)

Notes where DRG is well-positioned
ACCURATE VALIDATES DRG AS SUPERIOR TO SCS

- DRG procedure similar to traditional SCS
  - >400K post-surgical intractable chronic pain patients (U.S. only)\textsuperscript{11-14}
  - Uses low energy (<10% traditional) with minimal postural effects\textsuperscript{15}

- Compared to traditional SCS for patients with chronic lower limb pain due to CRPS and peripheral causalgia, DRG stimulation provides\textsuperscript{15}:
  - Sustained and superior pain relief
  - After 12 months, significantly more DRG stimulation patients achieved pain relief and treatment success versus control SCS (74.2\% vs. 53.0\%)
  - Improved therapeutic targeting
  - DRG stimulation patients reported better stimulation targeting in their area of pain without extraneous paresthesia (94.5\% vs. 61.2\%)
  - Improved quality of life (QoL) and reduced paresthesia
  - DRG patients experienced improved QoL measures, psychological disposition and activity levels
  - After 12 months, more than a third of DRG stimulation patients were experiencing greater than 80\% pain relief with no paresthesia
FIELD SELLING ORGANIZATION PREPARED AND EAGER TO EXECUTE

- Highly motivated and well-trained sales force
- Excellent technical and clinical skills
- Demonstrated ability to execute during technology reboot
- Proven ability to build partnerships with interventional pain physicians and sell product portfolio
- Long-standing respect among physician community
DBS OPPORTUNITY
# Deep Brain Stimulation (DBS) Market Opportunity

- **2016:** ~$600M worldwide market with high-single digit to low double-digit growth of underpenetrated, monopoly market
- Stable reimbursement
- 70% of cases done in less than 100 centers (U.S.)
- 50% of the market is IPG replacements

<table>
<thead>
<tr>
<th>Worldwide Prevalence</th>
<th>6.3M</th>
<th>DBS Penetration</th>
<th>&lt;1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(no differentiation for race or culture)</td>
<td></td>
<td>&lt;1% of the addressable population have been treated with DBS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Economic Impact</th>
<th>$25B</th>
<th>Small Number of Implanters</th>
<th>150</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25B is the estimated annual direct and indirect cost of care for patients with Parkinson’s disease in the United States alone</td>
<td></td>
<td>~150 is the number of surgeons WW who perform over 50 new cases per year, ~70% academic</td>
<td></td>
</tr>
</tbody>
</table>

![St. Jude Medical Logo](image)
WINNING WITH INNOVATION IN DBS

Platform engineered to fuel patient independence

Infinity Platform

- App-based Bluetooth® wireless communication
- Competitive headers
- First Apple™ iPad mini™ programming system
- Upgradeable technology platform

Patient Peripherals

- User-friendly Apple™ mobile digital devices
- First Apple™ iPod touch™ programming system
- Programming ease-of-use for physician

Directional Lead

- Steer therapy to avoid stimulating undesirable areas such as those that produce side-effects
- Reduce current for battery longevity
- Compatible extensible extension

DBS Global Launch expected 2H 2016
SUMMARY

- STJ neuromodulation business transformed and positioned to be global technology leader
- World-class field selling organization prepared and eager to execute
- Only company with a portfolio that surrounds the interventional pain physician and treats chronic pain patients throughout the continuum of care
  - Radio frequency ablation
  - Proprietary SCS Burst waveform with upgradeable capability
  - Dorsal Root Ganglion (DRG) therapy for targeted pain syndromes
- Advanced waveforms show superior results to traditional therapy and only account for ~10% of the market
- The ACCURATE study showed that DRG was superior in treating targeted pain syndromes versus tonic
- Entering a DBS market that has been starved for innovation for the past 15 years
  - Directional lead technology as the future standard of care
  - Devices engineered for patient independence: Apple™ consumer devices and simplified programming
CARDIOVASCULAR: PRODUCTS TO WATCH IN 2016

Phil Ebeling, V.P. and Chief Technology Officer
CARDIOVASCULAR – THE MARKET

2016 Market Revenue >$6B
Market Growth*: High-single to low double digits

Market Dynamics

- Strong double digit TAVR market growth driven by expansion into lower risk patients
- Tissue valves remain the gold standard for most patients with aortic stenosis
  - WW market expected to continue to grow low-single digits
- Strong double digit growth in percutaneous heart pumps
  - U.S. reimbursement established
- PCI optimization market expected to grow low double digits
  - Upcoming OCT reimbursement for U.S. physicians

2016’ Market Growth Expectations
WW: 9%-11%
U.S.: 12%-13%
Intl: 6%-8%

* excludes the impact from currency
All dollar market sizes are based on estimated revenues
STJ IS AN EMERGING LEADER IN THE TRANSCATHETER AORTIC VALVE MARKET

Significant market opportunity
- Strong double digit market growth driven by expansion into lower risk patients

Consistent, positive physician feedback
- Ease of use: prep, delivery, deploy and recapture, profile
- Low rate of permanent pacemakers

IDE enrollment ongoing
- Strong group of enthusiastic enrolling centers
- Competitive trial recently completed enrollment

Exceeded Q4 2015 expectations
- Key contracts awarded in Germany, Switzerland, Italy, Nordics
- First full quarter offering full portfolio of valve sizes

TAVR WW Market
(‘15-’20 CAGR: ~18%)

Revenue (billions)

*Caution - INVESTIGATIONAL DEVICE, LIMITED BY FEDERAL (OR UNITED STATES) LAW TO INVESTIGATIONAL USE
A self-expanding, repositionable and retrievable transcatheter aortic valve**

**Repositionable and retrievable until fully deployed**

**PORTICO IDE TRIAL UPDATE**

**Trial Design:**
A prospective, multi-center, randomized-controlled study of TAVR in patients at high or extreme risk for surgical AVR. 1,206 randomized subjects at 60 U.S. centers.

**Portico Devices Studied:**
23, 25, 27, 29 mm valves with transfemoral and transaortic/subclavian delivery systems

**Control:** Commercially available TAVR

**Primary Endpoints:**
Safety composite (mortality, stroke, bleed, AKI, Vasc Comp) at 30 days
Effectiveness composite (mortality, stroke, ≥ moderate AI) at 1 year

**Follow-up:** 30 days, 6 months, 1, 2, 3, 4 and 5 years

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PORTICO NEXT GENERATION*

Scope:

- Features to improve placement accuracy, ease of use, profile and trackability
- Further improve paravalvular leak (PVL) performance
- Expanded valve size offering (18mm – 30mm annulus size)
- Transfemoral/subclavian/transaortic approaches

Product Overview:

- Improved positioning accuracy with a stability layer
- Improved valve placement with coaxial alignment during delivery
- Reduced profile in combination with expandable sheath
- Improved handle ease of use and ergonomics
- Improved PVL performance with the addition of sealing feature

**Product not available for sale; remains in development**
Trifecta GT valve expected to launch globally in 2016 based off best-in-class hemodynamic Trifecta platform.

**Tissue Valve Market**
- Remain the gold standard for most patients with aortic stenosis
- WW market expected to continue to grow low-single digits

**Trifecta GT**
- Next generation Trifecta valve
  - Improved ease of use while maintaining exceptional hemodynamic performance
  - Improvement areas include: flexible sewing cuff, streamlined holder, enhanced radiopacity
  - Initiate launch in key geographies in 1H'16
HEARTMATE PERCUTANEOUS HEART PUMP (PHP)*

PHP addresses a large, growing market and provides meaningful enhancements to competitive offerings

**Significant future market opportunity**
- $300M+ in 2016, strong double-digit CAGR
- ~15% U.S. PCIs are High Risk
- Adequate U.S. reimbursement in place

**Disrupts traditional relationship between profile and flow**
- Ease of use: prep, delivery, deploy and recapture, profile
- Low profile, high flow with stability across the aortic valve

**Consistent, positive physician engagement**
- SHIELD II IDE led by leading physicians
- High engagement in study completion

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HEARTMATE PHP™ SHIELD II TRIAL*

IDE Trial is evaluating the use of Heartmate PHP to support patients undergoing a high risk PCI procedure

**Trial Design:**
Prospective, randomized, multi-center, open-label non-inferiority trial in the U.S. comparing HeartMate PHP to Abiomed® Impella® 2.5 percutaneous cardiac support system

**Trial Objective**
Assess the safety and efficacy of the HeartMate PHP in supporting patients with severe symptomatic coronary artery disease with diminished but stable cardiovascular function, who are undergoing elective or urgent high risk percutaneous coronary interventions (PCI) but are not candidates for coronary artery bypass graft (CABG) surgery

**Scope**
- Up to 60 sites
- 425 patients randomized 2:1 (PHP: Impella® 2.5)

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STJ continues to drive the PCI Optimization market through advancing the standard of care with OCT and FFR

Continued market opportunity
- OCT/FFR market is projected to grow more than 12% (CN) in 2016 to ~$450 million WW

STJ is the leader in technology development
- OPTIS Integrated, OPTIS Mobile with Angio Co-Registration, PressureWire X*

Legacy of strong clinical data providing strong clinical and economic outcomes
- FFR: FAME I, FAME II, FAME III
- OCT: ILUMIEN I, ILUMIEN II, ILUMIEN III

PressureWire X* next generation FFR pressure guidewire with excellent steerability, wireless connectivity and designed to be the most reliable sensor technology available

OPTIS Mobile brings the value of Angiographic co-registration to the OCT and FFR mobile cart system

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OCT REIMBURSEMENT PLANNED FOR U.S. PHYSICIANS

Through STJ’s continued investment in clinical data and strong physician advocacy, improved reimbursement will begin January 1, 2017

- At the October 2015 CPT Editorial Panel meeting, the AMA met and decided specific action relating to the use of OCT
- As of Jan 1, 2017, the professional coding to describe use of OCT will fall under CPT codes 92978 and 92979, the same codes as IVUS
- The professional component (physician payment) will now be applicable to both OCT and IVUS (vs. IVUS only)
- Clinical utility was supported by the publications on the utilization of OCT for PCI optimization, such as ILUMIEN I and ILUMIEN II studies

<table>
<thead>
<tr>
<th>Tab #</th>
<th>Name</th>
<th>Codes</th>
<th>Description of Editorial Panel Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>Optical Coherence Tomography (OCT)</td>
<td>92978, 92979, 0291T, 0292T</td>
<td>Accepted editorial revision of codes 92978 and 92979 and guidelines to include optical coherence tomography for intravascular measurement of vessel dimension and lesion size; and deletion of codes 0291T and 0292T.</td>
</tr>
</tbody>
</table>
AMPLATZER PATENT FORAMEN OVALE (PFO) CLOSURE*  

Long-term data recently presented at TCT affirm the clinically meaningful benefit of Amplatzer PFO closure to reduce the likelihood of recurrent cryptogenic stroke

- Market opportunity: >100,000 patients/year with a cryptogenic stroke and PFO in the U.S.
- AMPLATZER™ PFO Occluder is superior to medical management in reducing recurrent cryptogenic ischemic stroke
- Collaborating with FDA in preparation for an FDA Panel Meeting 1H’16

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STJ remains committed to renal denervation therapy for hypertension and expects to commence global IDE in 2016

**Significant future market opportunity**
- 1.2B Worldwide prevalence

**STJ preclinical efforts validate concept**
- Sustained blood pressure reductions in hypertensive swine model
- Provides confidence in treatment effect

**STJ expects to begin global IDE in 2016**
- Sham-controlled, randomized controlled trial
- On-going discussions with FDA
- Global thought leader steering committee

*Not available for sale in the U.S.*
SUMMARY

- **Portico**: Competitive TAVR device provides a meaningful growth engine in 2016
  - First full quarter of all sizes in Europe exceeded expectations
  - Expect to continue to accelerate U.S. IDE enrollment
- **Trifecta GT**: Expected to launch globally in 2016 based off best-in-class hemodynamic Trifecta platform
- **Heartmate PHP**: Provides meaningful enhancements to competitive offerings for high-risk PCI patients
- **PCI Optimization**: Through continued investment in clinical data and strong physician advocacy, improved reimbursement will begin January 1, 2017
  - OPTIS Integrated, OPTIS Mobile with Angio Co-Registration, PressureWire X
- **Amplatzer PFO Closure**: FDA panel meeting (1H’16)
- **EnligHTN Renal Denervation**: Committed to renal denervation therapy for hypertension and expect to commence global IDE in 2016

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**Caution - NOT APPROVED IN THE UNITED STATES. NOT AVAILABLE IN ALL GEOGRAPHIES.
Q&A Panel

Moderator:
Mike Rousseau, President and CEO

Panelists:
Keith Boettiger, S.V.P. & General Manager, Chronic Pain and Movement Disorder Therapies
Allen Burton, M.D., Medical Director, Neuromodulation, Movement Disorders & Pain, and V.P, Medical Affairs
Phil Ebeling, V.P., Chief Technology Officer
Eric Fain, M.D., Group President
THANK YOU
HF REFERENCES


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9. Turakhia M et al. Reduced mortality with quadripolar versus bipolar left ventricular leads in cardiac resynchronization therapy. HRS 2014. PO01-51. Retrospective data analysis.


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3. Non-optimal CF cohort defined as those patients where < 90% lesions ≥10 g
6. Data presented by Moussa Mansour, MD at AF Symposium 2016, Orlando, FL USA
9. Q3 2014 to Q4 2015 unit share gain
10. Total of 413 TactiSys units in Q4 2015 in United States
11. Q4 2015 portfolio mix in the United States
12. STJ unit growth of 31% year over year vs. estimated market growth of 19%
13. FY 2015
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