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, 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 visit the investor relations portion of our website: investors.sjm.com.

The information in this presentation is intended for the investor community only and is not meant to promote any unapproved device or indication. This information is not intended for St. Jude Medical customers or other clinicians. This presentation contains information on products that are not FDA approved.
AGENDA

Neuromodulation Overview and Strategy
  Eric Fain, M.D.,
  St. Jude Medical

SUNBURST Data
  Timothy Deer, M.D.,
  Center for Pain Relief

DRG/ACCURATE 12-month Data
  Allen Burton, M.D.,
  St. Jude Medical

Proclaim™ IPG, St. Jude Medical™ Invisible Trial system and MRI compatibility
  Allen Burton, M.D.

Q&A
  Eric Fain, M.D.
  Allen Burton, M.D.
  Keith Boettiger,
  St. Jude Medical
  Ashwini Sharan, M.D.,
  Thomas Jefferson University
ST. JUDE MEDICAL OVERVIEW
Eric Fain M.D., Group President
**CHRONIC PAIN MARKET OVERVIEW**

**2016 WW SCS Market\(^1\)**

\[ > \$1.6B \]

- **U.S., ~75%**
- **Intl, ~25%**

**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 pricing of new technologies**

- **Intensifying competition expected to drive market growth as awareness is raised**

**2016\(^2\) Market Growth Expectations**

- **WW: 6% - 8%**
- **U.S.: 5% - 7%**
- **Intl: 8% - 9%**

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1. St. Jude Medical market model estimates, reported revenue
2. St. Jude Medical market model estimates, constant-currency growth rates
**WORLDWIDE NEUROMODULATION MARKET SEGMENTATION**

**Worldwide Mix of Non Rechargeable Devices**
- U.S. is ~ 25%
- EMEA is ~ 55%

**Top 5 Countries**
- US, $1,300, 75%
- EMEA, $321.1, 19%
- ANZ, $50.4, 3%
- LA, $23.1, 2%
- JAPAN, $20.2, 1%

*As Reported, dollars in millions*
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
- Indications are prevalent but poorly treated with current technologies providing exclusive access with DRG

**U.S. DRG Market Opportunities ($M)**

- Notes where DRG is well-positioned
2015 ACCOMPLISHMENTS

- YTD revenue growth of 17% constant currency
- Acquired Spinal Modulation and fully integrated NeuroTherm™ devices
- RF business up double digits YTD
- Gained CE mark and FDA approval for St. Jude Medical™ Invisible Trial System
- Gained CE mark and FDA approval for Proclaim™ Elite Chronic Pain System
- Gained FDA approval for DBS PMA with indications for Parkinson’s disease and Essential tremor
- Gained CE mark for new DBS platform – St. Jude Medical Infinity™ Movement Disorder System
- Completed ACCURATE trial and submitted Axium™ DRG system for FDA approval in 1Q 2015
- Completed SUNBURST trial and recently submitted Prodigy™ SCS system for FDA approval

We continue to see DBS, DRG, RFA, Burst and traditional SCS as synergistic in any or all of the following three ways:

1. Treatment continuum (patient and physician)
2. Call point (sales and sales management)
3. Technology and clinical research (clinical, R&D and IP)
UNMATCHED TECHNOLOGY FROM ST. JUDE MEDICAL

St. Jude Medical™ Invisible Trial System
- CE Mark: June 2015
- FDA Approval: July 2015
- Limited market release (LMR): Ongoing

Proclaim™ SCS – Non-rechargeable
- FDA Approval: Nov. 2015
- European Launch: Nov. 2015
- LMR: Ongoing

Prodigy™ SCS System
- MR Conditional CE Mark with leads: Aug. 2015
- Recent FDA submission of Prodigy and Proclaim with SUNBURST IDE data

Protégé™ SCS System – Upgradeable
- MR Conditional FDA approval leads: Apr. (perc. leads) and July (Penta) 2015

Axium™ DRG SCS System
- FDA PMA submitted: 1Q 2015
- SMI acquisition close: May 2015
- ACCURATE Study Results
  - INS: June 2015; 12-month data: NANS

Infinity™ DBS System
- LMR to begin Q1 2016
- FDA Approval - pending
RESULTS OF THE SUNBURST STUDY: A PROSPECTIVE, RANDOMIZED, CONTROLLED TRIAL ASSESSING BURST STIMULATION FOR THE TREATMENT OF CHRONIC PAIN

Timothy Deer, M.D.
DISCLOSURES

- Timothy Deer is a consultant for Axonics, Bioness, St Jude Medical, Saluda, Medtronic, Nevro, NuVance, Flowonix, Vertos, and Jazz
  - Minority Stock options: Axonics, Bioness, Nevro, Vertos, Saluda
  - Previous stock options: Spinal Modulation
  - Funded research by St Jude Medical, Nevro, Jazz, and Saluda
Burst firing is a naturally occurring signaling modality in human physiology and is interpreted differently by the nervous system\textsuperscript{1,2,3}.

- Thalamic cells can fire in tonic and burst modes\textsuperscript{1}.
- Thalamic burst firing considered a more potent activator of the cortex\textsuperscript{2,3}.

**Current Hypothesis:** Burst stimulation may exert its main effect through an ability to modulate both lateral & medial pathways*

*(Ongoing Burst sub-study using PET and EEG to identify pathways during stimulation)*

BURST STIMULATION MIMICS NATURAL NEURONAL SIGNALING

ARTISTIC REPRESENTATION OF THE NEURON/SYNAPSE
TRIAL DESIGN

- Multi-center, prospective
- Randomized (1:1)
- Crossover design (each subject was their own control)
- 76 subjects required to perform primary endpoint analysis
- Each patient had a device that could deliver both tonic and Burst stimulation
ENDPOINTS

Primary Endpoint
- Non-inferiority of Burst: Difference in overall VAS (mm) between Burst and tonic (within subject controls)

Secondary Endpoint
- Superiority of overall VAS
- Superiority of trunk VAS
- Superiority of limb VAS
- Paresthesia coverage
- Preference
SUBJECTS

- Age 59.1 (13.5) years
- 12.8 (10.9) years of pain
- 60% Female
- Conditions:
  - 42% FBSS
  - 37% Radiculopathies
- Overall baseline VAS: 75.1mm
- Mental Health:
  - Mean BDI 10.1 (±6.0) with 75% having no depression
  - Mean PCS 20.2 (±11.8): Not clinically catastrophizing

Reference: Deer T and Staats P. A Prospective, Randomized, Controlled Trial Assessing Burst Stimulation for the Treatment of Chronic Pain. Presented at NANS 2015
SUNBURST TRIAL PRIMARY ENDPOINT: PAIN INTENSITY

Superiority

Non-inferiority

Inferior

Overall VAS

p = 0.035; Superiority

Trunk VAS

p = 0.024; Superiority

Limb VAS

p = 0.044; Superiority

Mean Difference of Burst VAS - Tonic VAS (mm)
A significantly higher proportion of patients preferred Burst (p<0.001)

- Burst (n=59): 69.4%
- Tonic (n=18): 21.2%
- No Preference (n=8): 9.4%
SUNBURST SECONDARY ENDPOINT

Relative Reduction in Paresthesia with Burst vs. Tonic

- **91%** of subjects reported paresthesia during tonic stimulation
- **91%** of subjects reported a decrease in paresthesia during burst relative to tonic
- **65%** of subjects had no paresthesia while using burst

Eliminated or reduced

- **65%** Eliminated
- **26%** Reduced
- **9%** No reduction
SUNBURST STUDY: REASONS FOR PREFERENCE

- Better Pain Relief: Preferred Burst (33.7%), Preferred Tonic (10.3%)
- Lack of Paresthesia: Preferred Burst (37.5%), Preferred Tonic (1.4%)
- Preferred Paresthesia: Preferred Burst (10.3%), Preferred Tonic (1.5%)
- Other: Preferred Burst (3.8%), Preferred Tonic (1.4%)
SUNBURST STUDY: ADVERSE EVENTS

- No unanticipated adverse events were reported
- Similar adverse event profile to other SCS studies
- Rates similar for both stimulation modes
SUNBURST STUDY KEY TAKEAWAYS:

- Burst stimulation provided superior pain relief vs. tonic for overall, trunk, and limb pain
- Burst stimulation was preferred by the majority of patients (69%)
- Burst stimulation eliminated or reduced paresthesia in 91% of subjects
- There are patients who prefer paresthesia
- Each patient experienced both stimulation modes (tonic and Burst) and chose their preferred mode

Reference: Deer T and Staats P. A Prospective, Randomized, Controlled Trial Assessing Burst Stimulation for the Treatment of Chronic Pain. Presented at NANS 2015
RESULTS OF THE ACCURATE STUDY

Allen Burton, M.D., Medical Director of Neuromodulation, VP of Medical Affairs
THE DORSAL ROOT GANGLION (DRG)

What is the DRG?
- The dorsal root ganglion is a central spinal structure surrounded by a dural sheath
- The dorsal nerve rootlets form a central root that then in turn forms the dorsal root ganglion
- The DRG is bathed in minimal cerebrospinal fluid
- As such, it is accessible via minimally invasive epidural lead placement techniques
- DRG resides in the lateral recesses of the epidural space and houses the primary sensory neurons

What is DRG Stimulation Therapy?
- DRG is critical to the development and maintenance of chronic pain
- Implant procedure similar to traditional SCS with access via epidural puncture and electrode placement at a different target location

Advantages of DRG Stimulation
- Ability to treat pain syndromes that are typically not well served by traditional SCS
- Minimal postural effects
- Low energy requirements (< 10% vs. traditional)
- Focused anatomical targeting
Objective was to conduct a multicenter, prospective, randomized, controlled trial to assess the safety and efficacy of DRG stimulation compared to a commercially available SCS device.

**PRIMARY ENDPOINT**

A subject was considered a primary endpoint success if the subject met three criteria:

- ≥ 50% pain relief in their primary area of pain at the end of the trial phase, and
- ≥ 50% pain relief in their primary area of pain at the three month visit post implant, and
- Freedom from stimulation-induced neurological deficit through three months

*Statistically powered for non-inferiority and superiority*
PRIMARY ENDPOINT: IMPLANT ONLY

Superiority Achieved

<table>
<thead>
<tr>
<th></th>
<th>3 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRG (n=60 at 3 months, n=57 at 12 months)</td>
<td>93.3%</td>
<td>86.0%</td>
</tr>
<tr>
<td>Control (n=54 at 3 months, n=50 at 12 months)</td>
<td>72.2%</td>
<td>70.0%</td>
</tr>
</tbody>
</table>

P-value for non-inferiority at 3 months: < 0.0001

P-value for superiority at 3 months: 0.0011

P-value for non-inferiority at 12 months: 0.0005

P-value for superiority at 12 months: 0.0223
POSITIONAL EFFECTS

Change* in Paresthesia Intensity Upright vs. Supine Positions

*Change is calculated as Supine minus Upright.
# THERAPY SPECIFICITY AT 12 MONTHS

## Methodology:
- Patient reported area of pain
- Patient reported area of paresthesia
- Overlap of pain and paresthesia assessed

<table>
<thead>
<tr>
<th>Area of Pain</th>
<th>Paresthesia in non-painful area</th>
<th>Paresthesia in painful area ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DRG</strong></td>
<td><strong>Control</strong></td>
<td><strong>P-value</strong></td>
</tr>
<tr>
<td>94.5%</td>
<td>61.2%</td>
<td>&lt; 0.0001</td>
</tr>
</tbody>
</table>

Subjects receiving targeted stimulation in the area of pain without extraneous paresthesia

Subjects in the DRG group experienced greater stimulation specificity than subjects in the control group.
CONCLUSIONS FROM 3-MONTH AND 12-MONTH ACCURATE DATA

The 12-month outcome data have confirmed DRG stimulation provides long-term, sustained and superior pain relief over traditional SCS for patients with chronic lower limb pain due to Complex Regional Pain Syndrome (CRPS) and peripheral causalgia.

DRG Stimulation offered patients:

- **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%).

- **Quality of life and functionality was enhanced**: DRG stimulation patients experienced improved quality of life measures, psychological disposition and physical/activity levels.

- **Reduced paresthesia**: After 12 months, more than a third of DRG stimulation patients were experiencing greater than 80% pain relief with no paresthesia.
PROCLAIM™ IPG, SJM™ INVISIBLE TRIAL SYSTEM AND MRI COMPATIBILITY

Allen Burton, M.D., Medical Director of Neuromodulation, VP of Medical Affairs
INTERNATIONALLY NON-RECHARGEABLE STILL MAKES UP MORE THAN 50% OF IMPLANTS

- Traditional non-rechargeable (non-RC) implantable pulse generator (IPG) account for ~ 25% of U.S. and ~ 55% of EMEA SCS procedures.
- Currently, only limited features are available on non-RC IPGs.
- Complaints associated with pocket pain possibly related to (1) shallow implant depth and (2) frequently manipulated rechargeable device.
- When charging is removed, device is less burdensome for patient and complaint rates decrease.
- High service burden associated with training and troubleshooting.
- Opportunities exist to expand Burst penetration in a range of markets by introducing a non-rechargeable embodiment.

\[\text{Chart showing RC mix (%) and Non-RC Mix (%)}\]
**PROCLAIM™ ELITE ADVANCED PRIMARY CELL TECHNOLOGY TO DRIVE SHARE CAPTURE**

### Product Features
- New primary cell platform design with high capacity batteries
- Sizes and shapes provides improved IPG placement and longevity options
- Burst and tonic stimulation capable
- Magnetic resonance imaging (MRI) conditional
- Bluetooth® used for safe, secure communication to consumer externals
- Upgradeable technology
- 3-6 year estimated longevity

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<table>
<thead>
<tr>
<th>Features</th>
<th>Launch</th>
<th>Unique to STJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burst Stimulation*</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Upgradeable Features</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Competitive Headers</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>MRI Conditional</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Activity Sensor (data collection)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Apple IOS Consumer Device</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>BLE Wireless Programming</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

*Caution: Investigational device. Limited by federal (or United States) law to investigational use

Bluetooth is a registered trademark of Bluetooth SIG, Inc.
THE INVISIBLE TRIAL SYSTEM

Creates an opportunity to improve the number of patients open to SCS trials with improved patient comfort and convenience

Key Features:
- **First** Bluetooth®-enabled system
- **First** Apple™ iPod touch™ and iPad mini™ programming system
- **First** direct-connect trial system
- **First** Burst* and tonic capable IPG
- **First** “on-body” trial system

Competitive Systems:

| Boston Scientific | Medtronic |

**Patient convenience and comfort**
- No Charger = no recharge burden for patients and no complaints related to device recharging
- Improved patient compliance to therapy
- Wireless patient controller for invisible therapy
- Improved patient comfort due to reduced size of IPG

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Bluetooth is a registered trademark of Bluetooth SIG, Inc. Apple, iPad mini and iPod touch are trademarks of Apple Inc.

*Caution: Investigational device. Limited by federal (or United States) law to investigational use.*
MRI LABELED NEW PRODUCTS IN KEY PRODUCT AREAS IN 2016

**Rechargeable Spinal Cord Stimulation**
- Prodigy™ (OUS ONLY)
- Protégé™ (US ONLY)
- Penta™
- Octrode™

**EU:** Launched
**US:** Launched

**Recharge-free Spinal Cord Stimulation**
- Proclaim™ (WW)
- Penta™
- Octrode™

**EU:** Launched Q4 2015
**US:** Launching Q1 2016
Q&A

Panelists
Eric Fain, M.D.
Allen Burton, M.D.
Keith Boettiger
Ashwini Sharan, M.D.
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ST. JUDE MEDICAL NANS INVESTOR AND ANALYST MEETING
Non-GAAP Reconciliation
The adjustment made to GAAP financial measures result from facts and circumstances that vary in frequency and impact on the Company's results of operations. The following is an explanation of the adjustment that management excludes in calculating its non-GAAP measures.

- **Foreign currency impact** – This amount represents the impact to net sales after translating net sales at comparable prior period foreign currency exchange rates.

The company provides constant currency net sales growth because St. Jude Medical management believes that in order to properly understand the Company’s short-term and long-term financial trends, investors may wish to consider the impact of foreign currency. St. Jude Medical management uses this non-GAAP financial measure to forecast and evaluate operational performance of the company as well as to compare results of current periods to prior periods on a consolidated basis.

### NON-GAAP FINANCIAL MEASURE

<table>
<thead>
<tr>
<th>Net sales of Neuromodulation Products ($ in millions)</th>
<th>Nine months ended September 27, 2014</th>
<th>Nine months ended October 3, 2015</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>As reported (GAAP)</td>
<td>$313</td>
<td>$347</td>
<td>11%</td>
</tr>
<tr>
<td>Unfavorable foreign currency impact vs. prior year</td>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td><strong>Constant currency (non-GAAP)</strong></td>
<td></td>
<td>$313</td>
<td>$365</td>
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</tbody>
</table>