UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2017

Sarepta Therapeutics, Inc.
(Exact name of registrant as specified in its charter)

Delaware	001-14895	93-0797222
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

215 First Street
Suite 415
Cambridge, MA 02142
(Address of principal executive offices, including zip code)

(617) 274-4000
(Registrant's telephone number, including area code)

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 2.02 Results of Operations and Financial Condition.

On January 10, 2017, Edward M. Kaye M.D., President, Chief Executive Officer and Chief Medical Officer of Sarepta Therapeutics, Inc. (the "Company") disclosed certain preliminary financial information for the year ended December 31, 2016 during the Company's presentation at the 35th Annual J.P. Morgan Healthcare Conference (the "Conference") and in discussions with third parties at the Conference. Specifically, the Company disclosed that, as of December 31, 2016, the Company generated approximately $5.4 million in revenue (unaudited) from sales of Exondys 51™ and had cash, cash equivalents and investments of $329.3 million (unaudited). A copy of the slide presentation associated with this announcement is furnished as Exhibit 99.1 and is incorporated herein by reference.

The information in this Item 2.02 is unaudited and preliminary, and does not present all information necessary for an understanding of the Company's financial condition as of December 31, 2016 and its results of operations for the three months and year ended December 31, 2016. The audit of the Company's financial statements for the year ended December 31, 2016 is ongoing and could result in changes to the information in this Item 2.02.

Item 7.01 Regulation FD Disclosure.

The disclosure in Item 2.02 above is hereby incorporated by reference into this Item 7.01.

The slides presented by Dr. Kaye at the Conference on January 10, 2017 are furnished with this report as Exhibit 99.1, which is incorporated herein by reference.

The information in this report and Exhibit 99.1 to this report is furnished pursuant to Items 2.02 and 7.01 and shall not be deemed "filed" for the purposes of Section 18 of the Securities and Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section. It may only be incorporated by reference in another filing under the Exchange Act or the Securities Act of 1933, as amended, if such subsequent filing specifically references the information furnished pursuant to Items 2.02 and 7.01 of this report.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit Number	Description
99.1	Sarepta Therapeutics, Inc. Presentation at the 35th Annual J.P. Morgan Healthcare Conference, dated January 10, 2017.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Sarepta Therapeutics, Inc.

By: /s/ Edward M. Kaye, M.D.
Edward M. Kaye, M.D.
President, Chief Executive Officer and
Chief Medical Officer

Date: January 10, 2017

EXHIBIT INDEX

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Exhibit 99.1

SAREPTA THERAPEUTICS

RNA-TARGETED PRECISION MEDICINE FOR DUCHENNE MUSCULAR DYSTROPHY

JANUARY 10, 2017

NASDAQ: SRPT

FORWARD-LOOKING STATEMENTS

This presentation contains "forward-looking statements" within the meaning of the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995. Statements that are not historical facts or words such as "believes," "anticipates," "plans," "expects," "will," "intends," "potential," "possible," "goal," "strategy," "may," "should," "project," "estimate," "and similar expressions are intended to identify forward-looking statements. Forward-looking statements in this presentation include but are not limited to: The market opportunity for DMD in and Sarepta's goals to expand into Europe and other regions; the potential role and impact of small amounts of dystrophin on DMD disease progression; Sarepta's beliefs that it has established a strong foundation for the Exondys 51 launch and its plans to continue building on it, that the early stage of the launch and access discussions with payors are going well and that they will ultimately cover the majority of patients who have submitted a start form, that the initial quarter of this launch is highly competitive with those of some of the most successful launches for ultra-rare diseases, that Sarepta is well positioned for success in 2017 and its plans for building shareholder value in 2017 by among other things executing on Sarepta's identified key areas of focus to support the launch, its strategic plans with payors, and Sarepta's expectation that conversion rates will gradually accelerate throughout the second quarter and the rest of the year; Sarepta's plans for its pipeline and technology, including PPMO, development efforts, partnerships and their respective potential benefits; Sarepta's Q4 2016 net revenue (unaudited) and other financial expectations; Sarepta's strategic and commercialization plans in the EU for Exondys 51 and Sarepta's belief that it has submitted data supporting the clinical efficacy of Exondys 51 and expectations relating to the EMA's Exondys 51 MAA evaluation process and timelines; Sarepta's belief that its robust clinical development program, including ESSENCE, could form a potential foundation for an accelerated clinical development pathway for follow-on therapies; and other statements made during the presentation regarding Sarepta's future, strategy and business plans.

These forward-looking statements involve risks and uncertainties, many of which are beyond Sarepta's control and are based on Sarepta's current beliefs, expectations and assumptions regarding it business. Actual results and financial condition could materially differ from those stated or implied by these forward-looking statements as a result of such risks and uncertainties and could materially and adversely affect Sarepta's business, results of operations and trading price. Potential known risk factors include, among others, the following: the commercialization of EXONDYS 51 may not be successful in part or at all for various reasons including that the actual market size, market acceptance, demand/ prescriptions and drug supply needed may not be consistent with Sarepta's expectations, insurance carrier delays in coverage, coverage limitations and denials could be more prevalent than expected, our manufacturing, sales, distribution and specialty pharmacy network may not be efficient in getting EXONDYS 51 to the market, and other economic, competitive, reimbursement and regulatory conditions could negatively impact commercialization; the USPTO, other agencies or courts may make decisions against Sarepta that negatively impact its business plans for EXONDYS 51, its pipeline of product candidates or technologies; completion of post-marketing commitments and other studies for EXONDYS 51 and research and development efforts for our technologies, including PPMO, and pipeline of product candidates may not yield data consistent with prior results or demonstrate a benefit that supports approval or continued or full regulatory approval by regulatory authorities; Sarepta and/ or its partners may not be able to achieve any additional successful commercializations or gain any benefit from their partnerships; Sarepta may not be able to execute on its business plans including meeting its expected or planned regulatory milestones and timelines, clinical development plans and bringing product candidates to market for various other reasons including possible limitations of Company financial and other resources, manufacturing limitations that may not be anticipated and regulatory, court or agency decisions; and those risks identified under the heading "Risk Factors" in Sarepta's 2015 Annual Report on Form 10-K or and most recent Quarterly Report on Form 10-Q for the quarter ended September 30, 2016 filed with the Securities and Exchange Commission (SEC) and in its other SEC filings.

For a detailed description of risks and uncertainties Sarepta faces, you are encouraged to review Sarepta's filings with the SEC. We caution investors not to place considerable reliance on the forward-looking statements contained in this presentation. The forward-looking statements in this presentation are made as of the date of this presentation only and, other than as required under applicable law, Sarepta does not undertake any obligation to publicly update its forward-looking statements.

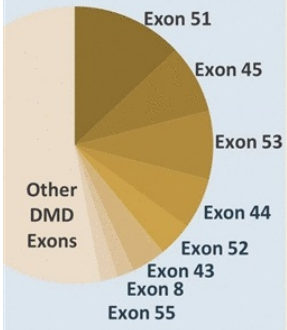
WHAT IS DUCHENNE MUSCULAR DYSTROPHY?

AFFECTS 1 IN 3,500 – 5,000 MALES BORN WORLDWIDE

- Rare progressive neuromuscular genetic disease; fatal with average lifespan of mid to late 20s
- Diagnosis occurs between ages 4-5
- Caused by gene mutation that encodes for dystrophin – a protein that plays a key structural role in muscle fiber production
- Small amounts of dystrophin may change the progression of the disease

DMD REPRESENTS A SIGNIFICANT OPPORTUNITY IN KEY MARKETS AROUND THE WORLD

8 exons ≈ half of all DMD patients

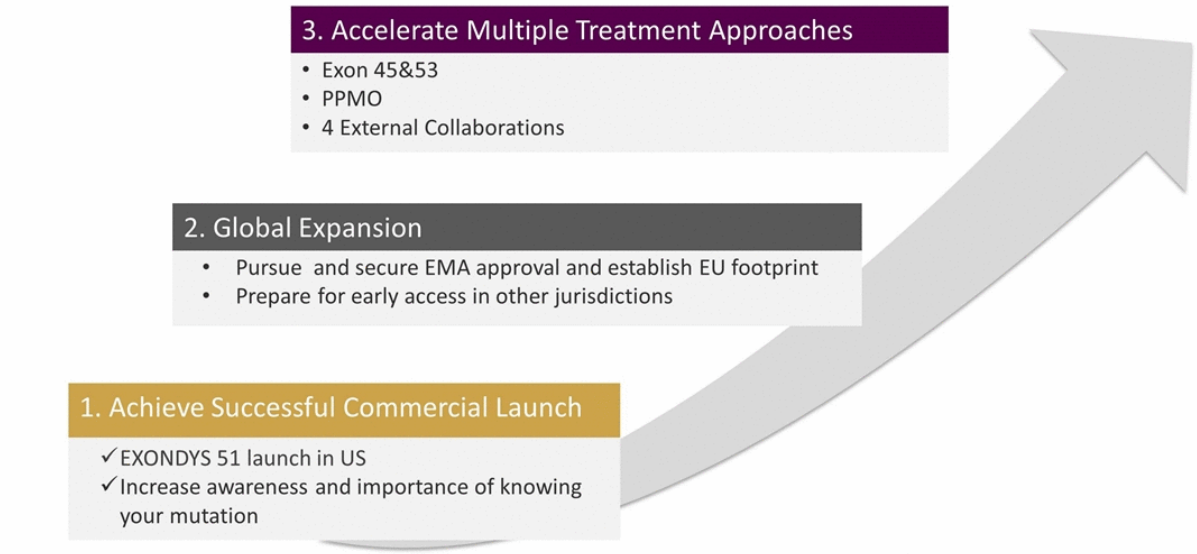


- 13% of DMD
- [>3,400 patients]
- 1 exon
  - Exon 51

- 29% of DMD
- [>7,600 patients]
- 3 exons
  - Exon 45
  - Exon 53
  - Exon 51

- 47% of DMD
- [>12,000 patients]
- 8 exons
  - Exon 44
  - Exon 52
  - Exon 43
  - Exon 8
  - Exon 55
  - Exon 45
  - Exon 53
  - Exon 51

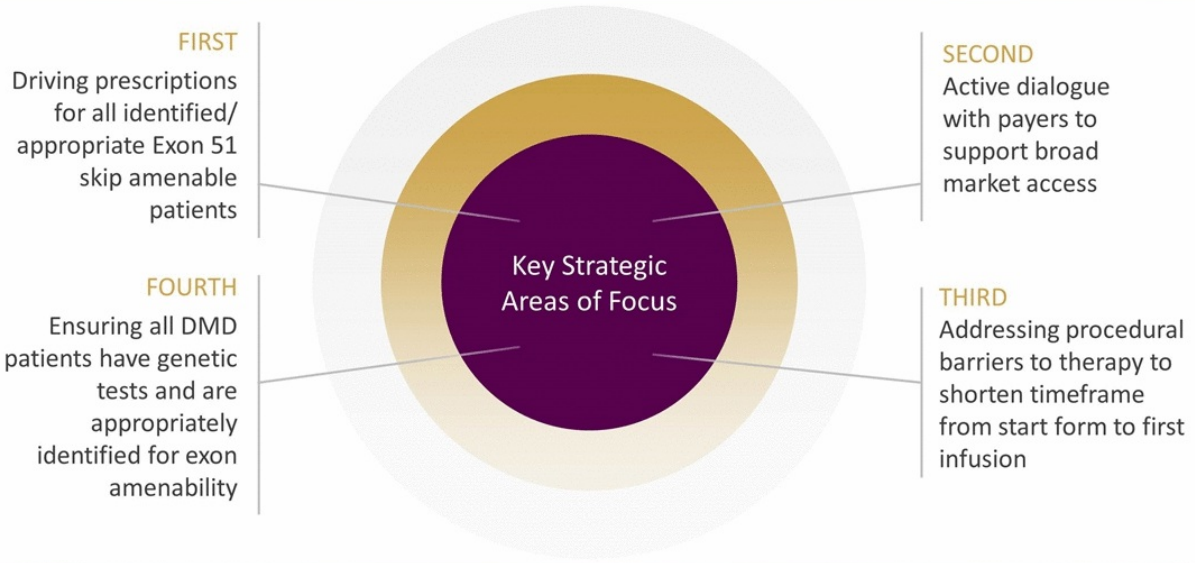
BUILDING VALUE FOR SHAREHOLDERS IN 2017



EXONDYS 51™
COMMERCIAL UPDATE

DRIVING A SUCCESSFUL EXONDYS 51 LAUNCH

FOUR KEY ACTIVITIES



STRONG INITIAL PHYSICIAN AND PATIENT DEMAND

COMMERCIAL EXECUTION: U.S. MARKET LAUNCH

Genetically Verified Start Forms:
Over 250 Since Launch

Q4 Net Revenue (unaudited):
~$5.4 Million

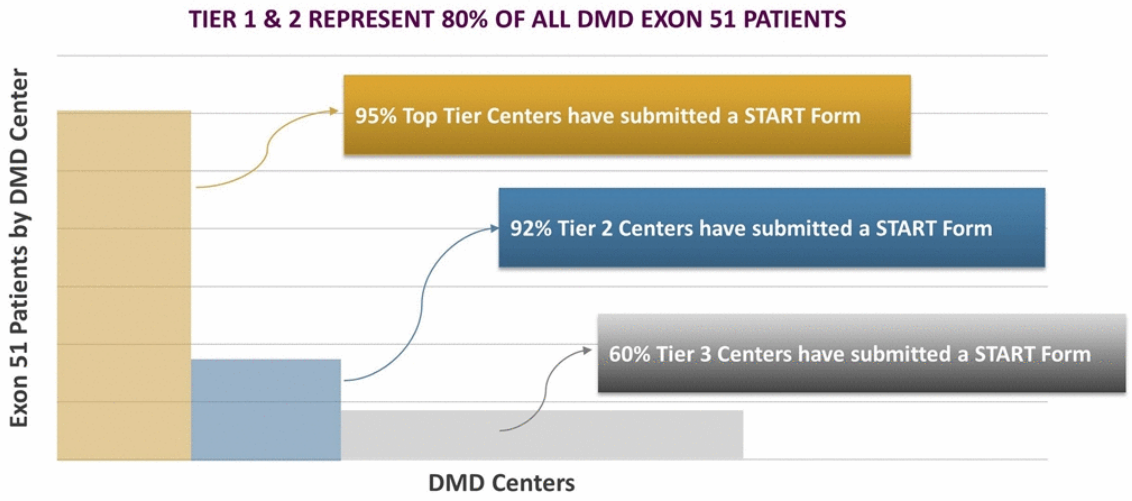
Patient Demographics

Current Start Forms:
~60% commercial /
40% Medicaid

Age of Patients on Therapy:
9 months - 27 years

Average Age of Patients on Therapy:
13 years

MAJOR DMD CENTERS ARE ACTIVELY SUBMITTING START FORMS



ACCESS DISCUSSIONS PROGRESSING WELL

9 National Health Plans Covering >156 Million Lives	22 Regional Accounts Covering 60 Million Lives
5 of the Top Commercial PBMs 3 of the Top Medicaid PBMs	13 of the Top Medicaid States Covering 27 Million Lives

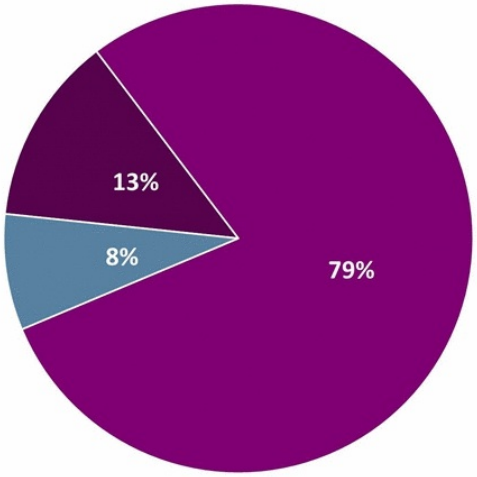
Payers actively engaged in learning more about EXONDYS 51 (i.e. >25 AMCP Dossier requests received to date, ~20 Medical / MSL presentations)

MAJORITY OF PLANS COVERING OR EVALUATING COVERAGE CASE-BY-CASE

13% of Covered Lives have a favorable policy and/or covering to USPI

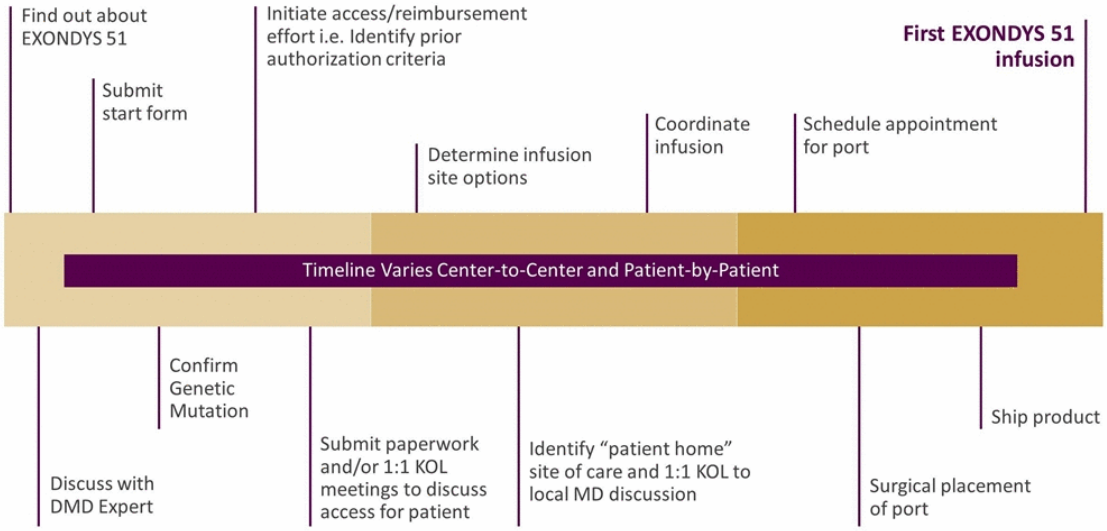
79% of Covered Lives are pending policy decisions, reviewing case-by-case or approved with restrictions

8% of Covered Lives are denying coverage (conversations continue)



As of 12/31/16

PATIENT JOURNEY TO FIRST INFUSION



DRIVING PATIENT IDENTIFICATION THROUGH INCREASED GENETIC TESTING AND INTERPRETATION

INTERPRETATION

- PPMD partnership (Decode Duchenne genetic counselors)
- MDA supported DMD Chart Review Program
- Duchenne.com (Exon Deletion Tool)
- Genetic Mutation Worksheet

GENETIC TESTING

- PPMD partnership (Decode Duchenne support for testing)
- HCP "Importance of Genetic Testing" Brochure (Field driven)
- Duchenne.com patient education "knowing your DMD mutation"

PPMD – DeCode Duchenne	• 7-fold increase year-over-year in testing applications • Highest month of program to-date (last month)

TREATING MORE BOYS WITH DMD

EUROPE IS A LARGE OPPORTUNITY

- Larger exon 51 opportunity (patient numbers) than the U.S.
- E.U. market research and KOL mapping completed
- Strategic approach to E.U. congress management
- IP legal initiatives progressing

EUROPEAN SUBMISSION (MAA)

Proposed Indication

EXONDYS is indicated for treatment of Duchenne muscular dystrophy (DMD) in adults, adolescents and children aged 4 years and older who have a confirmed mutation of the *DMD* gene that is amenable to exon 51 skipping

1. Clinical Data

- **Eteplirsen vs Untreated External Control** (exon 51 amenable patients)
  - 4-Year 6MWT Data
  - 4- Year Loss of Ambulation Data
  - Supportive Data on other Outcome Measures
    - 3-Year North Star Ambulatory Assessment Total Score
    - 3- Year Ability to Rise Independently from Supine
    - Pulmonary Function (compared to literature)
- **Eteplirsen vs Secondary External Control** (N=50 any exon amenable patients)
  - 3-Year 6MWT Data
  - 3- Year Loss of Ambulation Data

2. Dystrophin (Week 180 vs. untreated controls)

- Percent Dystrophin Fibers
- Intensity
- Western Blot

3. Safety Database: N=150 (81 with ≥1 year of exposure)

PREPARING TO RAPIDLY COMMERCIALIZE IN EU IF APPROVED

EU Commercial Plans Underway	• Building out infrastructure footprint • Scaling manufacturing to meet potential demand for a European launch
Actively Engaged with EU KOLs Ongoing advisory from top EU DMD experts and significant presence at major conferences	• World Muscle Society • Skip NMD Consortium • ICNMD: Symposium • Action Duchenne • EMA DMD Guidelines • CNS
Active Clinical Trial Programs in EU	• SRPT 4053-101 • ESSENCE

ESSENCE WILL TARGET AN ADDITIONAL 16%

A GLOBAL PHASE THREE PLACEBO CONTROLLED TRIAL FOR EXONS 45 &53 CURRENTLY ENROLLING

Applying Key Learnings from Eteplirsen Clinical Trials

Developed to enroll boys in whom a potential treatment effect might be most readily detected

- Age-range reduced from ages 7-16 to age 7-13.
- Boys older than 13 years, who walk further than 300 meters on 6MWT have a less predictable disease course.
- Allows for a more homogenous population

Lengthened from 1 to 2 years based on our understanding of the time frame when a potential treatment effect on 6MWT might first be seen

Overview

- ~ 99 males to enroll (age 7-13)
- 96 week, double-blind, placebo controlled
- Roll over to open-label for 96 weeks
- Randomized 2:1 (66 active treatment:33 placebo)
- Conducted at sites in US, Europe, Canada

For more information go to clinicaltrials.gov/show/NCT02500381

ROBUST CLINICAL DEVELOPMENT PROGRAM

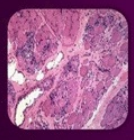
STUDY NAME & NO. EXON TARGET	LENGTH OF STUDY	NO. OF PATIENT	ENROLLMENT STATUS
4045-301 (ESSENCE) Exon 45 or Exon 53	96 weeks (plus 96 week extension)	~99	Enrolling
4658-301 (PROMOVI) Exon 51	48 weeks (plus 48 week extension)	~160 ~80 treated ~ 80 untreated	Enrolling (Treated & Untreated)
4658-203 Exon 51	96 weeks	~40 ~20 treated ~20 untreated	Enrolling (Untreated)
4658-US-202 Exon 51	240+ weeks	12	Complete
4658-204 Exon 51	96 weeks	~24 ~24 treated	Complete
4053-101 Exon 53	Part 1: 12 weeks Part II: 48 weeks	12 (Part I); 48 (Part II) Part I: 8 placebo, 4 treated Part II: 24 treated (12 Part I), 24 untreated	Complete
4045-101 Exon 45	12 weeks (plus 108 weeks extension)	~12 ~12 treated (extension phase)	Complete

Does not include pending trial design under discussion with FDA exploring alternate dosing regimen(s)

STAGING A MULTI-FRONT BATTLE AGAINST DUCHENNE

EXPANDING OUR PORTFOLIO OF DMD TREATMENTS

EXECUTED FOUR EXTERNAL PARTNERSHIPS



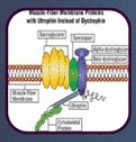
Muscle Fibrosis (Catabasis)
Exploring benefits of co-administration of exon skipping and NF-KB inhibition

Exon Skipping
disease modifying backbone to address to underlying cause of DMD

Staging a multi-front battle against Duchenne

EXPANDING OUR PORTFOLIO OF DMD TREATMENTS

EXECUTED FOUR EXTERNAL PARTNERSHIPS



Utrophin Modulation (Summit)

Potential to be disease-modifying therapy for all underlying mutations of DMD

Exon Skipping

disease modifying backbone to address to underlying cause of DMD

Staging a multi-front battle against Duchenne

EXPANDING OUR PORTFOLIO OF DMD TREATMENTS

EXECUTED FOUR EXTERNAL PARTNERSHIPS

Gene Therapy
(Nationwide Children's Hospital)
Partnering to advance **MicroDystrophin** gene therapy into clinical trials

Exon Skipping
disease modifying backbone to address to underlying cause of DMD

Staging a multi-front battle against Duchenne

EXPANDING OUR PORTFOLIO OF DMD TREATMENTS

EXECUTED FOUR EXTERNAL PARTNERSHIPS

Gene Therapy
(Nationwide Children's Hospital)
Partnering to advance **GalgT2** gene therapy into clinical trials

Exon Skipping
disease modifying backbone to address to underlying cause of DMD

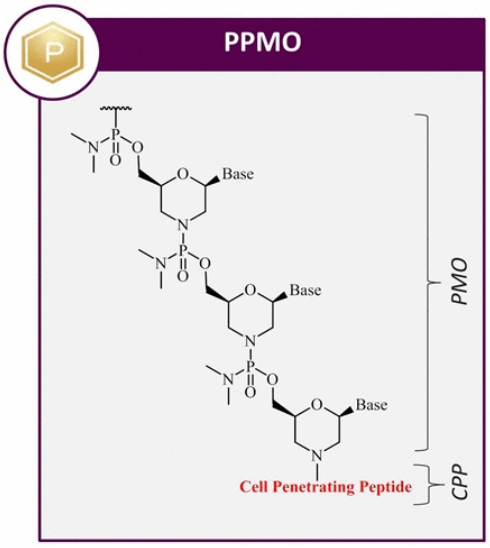
Staging a multi-front battle against Duchenne

NEXT GENERATION PRE-CLINICAL DATA

PPMO: NEXT GENERATION ANTISENSE PLATFORM TO TARGET MUSCLE AND OTHER ORGANS

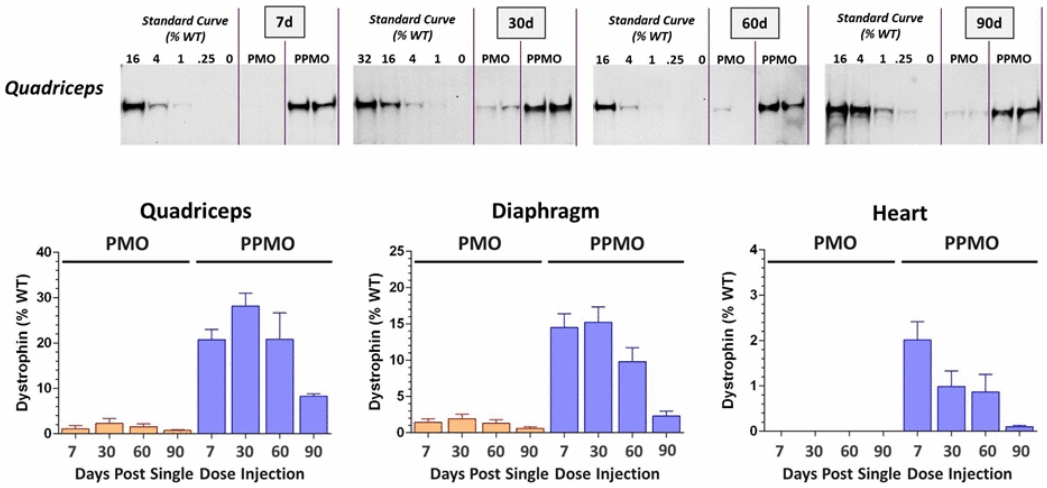
Proprietary class of PPMO compounds have the potential to provide:

- Improved delivery *in vivo*
- Superior dystrophin production *in vivo*
- Tolerability in non-human primates
- Less frequent dosing
- Extended patent term
- A platform technology that can potentially be tailored to target any organ



A SINGLE PPMO DOSE SUSTAINS INCREASED LEVELS OF DYSTROPHIN FOR 90 DAYS IN MDX MICE

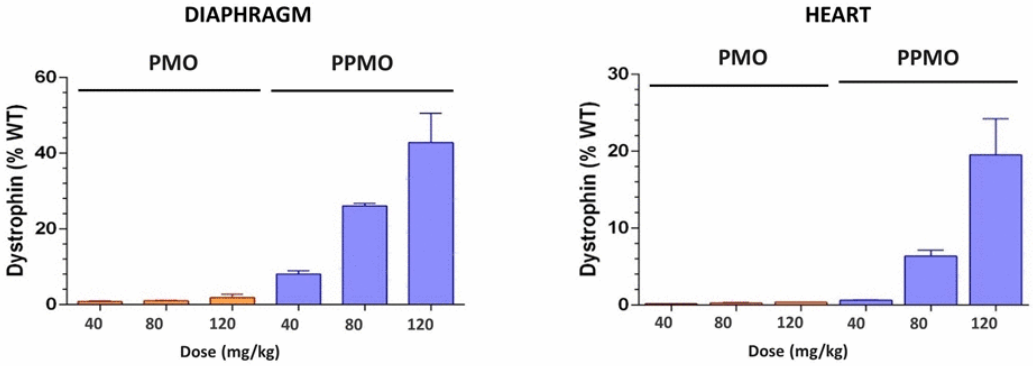
RESPONSE DURABILITY SUPPORTS LESS FREQUENT DOSING



- *mdx* (DMD) mice were treated with a single IV dose of PMO or PPMO @ 40 mg/kg
- The **clinical Western blot method for dystrophin** was performed on muscle at 7-90 days post single dose injection

A SINGLE PPMO DOSE INCREASES DYSTROPHIN LEVELS IN A DOSE-DEPENDENT MANNER IN MDX MICE

CELL PENETRATING PEPTIDE INCREASES POTENCY VS. PMO WITH MATCHED SEQUENCE

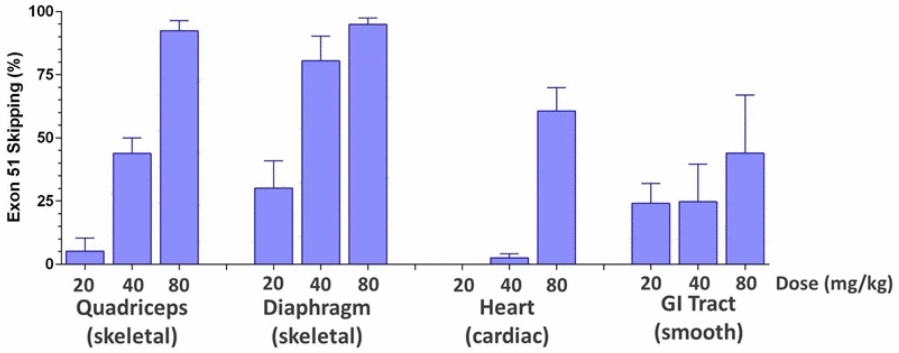


Dose Response:
Levels of dystrophin at 30 days post single dose injection of 40, 80, or 120 mg/kg

- *mdx* (DMD) mice were treated with a single IV dose of PMO or PPMO (with the clinical cell penetrating peptide)
- The **clinical Western blot method for dystrophin** was performed on muscle at 30 days post single dose injection

PPMO CLINICAL CANDIDATE ACHIEVES GLOBAL DELIVERY IN NON-HUMAN PRIMATE (NHP)

>90% EXON 51 SKIPPING



- Exon skipping observed in all relevant muscle groups: skeletal, cardiac and smooth muscle
- NHPs tolerated 4-weekly doses of 20, 40 and 80 mg/kg

ACCELERATING DEVELOPMENT OF PPMO PROGRAM TOWARDS CLINICAL TRIALS

PPMO demonstrates enhanced efficacy vs. PMO

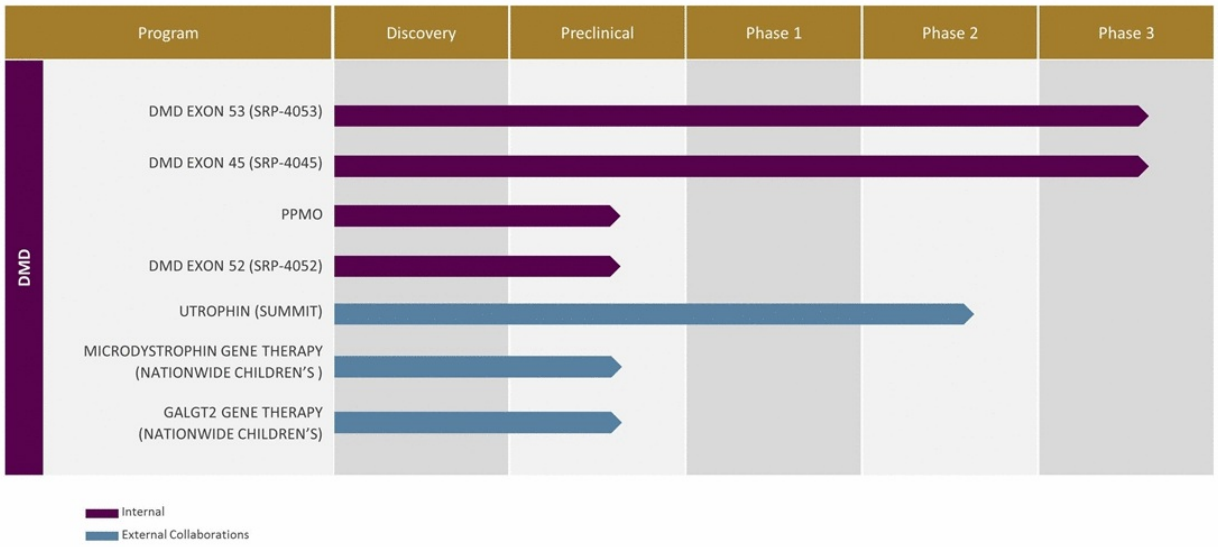
- Significantly higher dystrophin production
- Durability of response should support less frequent dosing

Initial toxicology in mouse and non-human primate indicate a favorable therapeutic window

IND-enabling GLP toxicology studies to begin early this year; target opening IND before year-end 2017

COMPREHENSIVE APPROACH TO TREATING DMD

UP TO 7 PROGRAMS IN CLINIC IN 2017



SAREPTA WELL POSITIONED FOR SUCCESS IN 2017

Sarepta will be the global leader in RNA-targeted precision medicine to treat DMD

EARLY US LAUNCH SUCCESS

EXPANSION INTO EUROPE AND OTHER REGIONS

Rapidly advancing pipeline:

- Exons 45/53
- PPMO
- 4 External collaborations

THANK YOU