Supplemental Figures and Text

1. Supplementary figures

Figure S1: Efficiency of CBS and CSE inhibitor treatment, related to Figure 1.

Figure S2: CBS-deficient BMMSCs showed no alteration in adipogenic differentiation, related to Figure 2.

Figure S3: H₂S levels failed to affect adipogenic differentiation of BMMSCs, related to Figure 3.

Figure S4: Intraperitoneal injection of H_2S donor GYY4317 failed to affect adipogenic differentiation of BMMSCs in $CBS^{+/-}$ mice, related to Figure 4.

Figure S5: H_2S level, but not homocysteine accumulation, may contribute to BMMSC impairment in CBS-deficient mice, related to Figure 5.

Figure S6: H_2S regulates Ca^{2+} influx *via* sulfhydration of Ca^{2+} channels, related to Figure 6.

Figure S7: Osteogenic differentiation of BMMSCs, related to Figure 7.

2. Supplementary tables

Table S1: Glossary, related to Figures 1, 3,4,5,6,7.

Table S2: In Vivo Used Chemical Agents, related to Figures 4, 5

3. Supplementary experimental procedures



Figure S1. Related to Figure 1. **(A)** CBS inhibitor HA and CSE inhibitor PAG (100 μ M) treatment inhibited the expression levels of CBS and CSE in BMMSCs, respectively. **(B, C)** Both human (h) and mouse (m) BMMSCs express CAT and 3-MST, as assessed by Western blotting **(B)** and RT-PCR **(C)**. **(D)** Immunocytochemical staining confirmed that both human and mouse BMMSCs expressed CAT and 3-MST. **(E)** Double immunostaining showed that BMMSCs coexpressed CAT and 3-MST with the mesenchymal stem cell marker CD73. **(F)** Flow cytometric analysis showed that 32.19% of CAT-positive and 41.74% of 3-MST-positive BMMSCs expressed CD73. **(G)** H₂S produced by BMMSCs was downregulated by CAT or 3-MST siRNA treatment at 24 hours post-treatment. **(H)** Downregulation of CAT or 3-MST in BMMSCs resulted in reduced mineralized nodule formation, as assessed by alizarin red staining. **(I)** CAT and 3-MST siRNA treatment decreased the expression levels of CAT and 3-MST in BMMSCs. * *P*<0.01. Experiments were repeated three times.



Figure S2. CBS-deficient BMMSCs showed no alteration in adipogenic differentiation. Related to Figure 2. (A) CBS^{-/-} and 1/50 of CBS^{+/-} mice showed small size and low body weight when compared to control mice from the same C57BL6 strain (WT). Most CBS^{-/-} mice died at 4 weeks after birth. (B) Western blotting showed that the CBS expression level in BMMSCs was decreased by about half in CBS^{+/-} mice, while no CBS expression was observed in CBS^{-/-} mice. (C) When cultured under adipogenic conditions, no significant difference was observed among C57BL6 WT, CBS^{+/-} and CBS^{-/-} BMMSCs in terms of forming Oil red O-positive cells or expression of *LPL* and *PPARy2*.



Figure S3. H₂S levels failed to affect adipogenic differentiation of BMMSCs. Related to Figure 3. (A) H₂S donor NaHS-treated CBS^{+/-} BMMSCs showed no alteration in adipogenic differentiation, as assessed by Oil red O-positive cell ratio and expression of adipogenic markers *LPL* and *PPAR* γ 2. (B) When treated with CBS inhibitor (HA), CSE inhibitor (PAG) or CBS siRNA to reduce H₂S levels, no significant change was seen in the numbers of Oil red O-positive cells or expression of adipogenic markers *LPL* and *PPAR* γ 2. (C) CBS siRNA was able to reduce H₂S levels. (D) CBS siRNA reduced CBS expression in BMMSCs. * *P*<0.05, ** *P*< 0.01. Experiments were repeated three times.



Figure S4. Intraperitoneal injection of H₂S donor GYY4317 failed to affect adipogenic differentiation of BMMSCs in CBS^{+/-} mice. Related to Figure 4. When H₂S donor GYY4317 was IP injected to CBS^{+/-} mice at 1mg/mouse/every other day for 28 days, Oil red O staining and RT-PCR showed no significant change in the number of Oil red O-positive cells (A) and the expression of *LPL* and *PPAR* γ 2 (B) between the GYY4317-treated (CBS^{+/-}+GYY4317) and untreated CBS^{+/-} groups.



Figure S5. H₂S level, but not homocysteine accumulation, may contribute to BMMSC impairment in CBS-deficient mice. Related to Figure 5. (A) CSE inhibitor PAG was IP injected to C57BL6 mice at 100 µg/mouse/every other day for 28 days (total of 14 injections) and BMMSCs were isolated after the

last injection. (**B**, **C**) PAG injection resulted in significantly reduced levels of H_2S (**B**) and expression of CSE, as assessed by Western blotting (C). (D, E) PAG injection induced marked reduction in mouse femur trabecular bone volume as assessed by H&E staining (\mathbf{D}) and bone mineral density (BMD), as well as bone volume/tissue volume (BV/TV), as assessed by microQCT analysis (E). (F, G) BMMSCs derived from PAG-treated mice showed increased proliferation rates, as assessed by BrdU labeling (F), increased mineralized nodule formation, as shown by alizarin red staining, and increased expression of osteogenic markers Runx2 and ALP, as shown by Western blotting (G). (H) BMMSCs from PAG-treated mice showed a decreased capacity to generate new bone when implanted into immunocompromised mice subcutaneously using HA/TCP (HA) as a carrier. BM: bone marrow; CT: connective tissue. (I, J) Homocysteine levels increased nearly two-fold in CBS^{+/-} mouse serum (I) and CBS^{+/-} BMMSC culture supernatant (J) in comparison to WT C57BL6 mouse serum and BMMSC culture supernatant, respectively. (K, L) In comparison to normal control mice, both CBS^{-/-} and CBS^{+/-} mice showed an increased number of tartrate-resistant acid phosphatase (TRAP) positive osteoclasts in the femur (K) and an increased level of receptor activator of nuclear factor kappa-B ligand (RANKL) (L) in serum, as assessed by TRAP staining and ELISA, respectively. CBS^{-/-} mice had a higher number of TRAP-positive osteoclasts and higher levels of RANKL than CBS^{+/-} mice. (M) IP injection of H₂S donor NaHS failed to change the serum homocysteine levels in CBS^{+/-} mice. (N) After IP injection of CBS inhibitor HA, CSE inhibitor PAG, or both HA and PAG, homocysteine levels in C57BL6 mouse serum increased around two-fold compared to the untreated control group. (O, P) Various doses of homocysteine treatment failed to change the proliferation rate of BMMSCs, as assessed by BrdU labeling assay (**O**), or osteogenic differentiation, as assessed by alizarin red staining (P). (Q) When implanted into immunocompromised mice subcutaneously using HA/TCP (HA) as a carrier, 100 µM homocysteine treatment failed to affect BMMSC-mediated new bone formation. BM: bone marrow; CT: connective tissue. (**R**) The number of osteoclast generated from CBS^{+/-} mouse bone marrow was higher than from wildtype (WT) mice. H₂S donor (NaHS) treatment reduced the number of osteoclasts for both CBS^{+/-} and WT groups, but Hcy treatment increased the number of osteoclasts when cultured in vitro, as indicated by TRAP staining * P < 0.05, ** P < 0.01; scale bar: 1000 µm (D), 200 µm (H), 100 µm (K, O), 50 µm (R). Experiments were repeated three times.





Figure S6. H₂S regulates Ca²⁺ influx via sulfydration of Ca²⁺ channels. Related to Figure 6. (A) qPCR analysis showed the efficacy of siRNA knockdown for TRPC1, TRPC3, TRPC7, TRPV1, TRPV3, TRPV4, TRPV6, TRPM2, TRPM4, and TRPM8 in BMMSCs. (B-L) Single TRP channel knockdown by these siRNAs failed to block H₂S donor NaHS (100 µM)-induced Ca²⁺ influx. (M) There was no significant difference in Ca^{2+} influx between the control siRNA group and siTRP channel groups. (N) When pretreated with free sulfhydryl activator DTT (1 mM, red line) or free sulfhydryl inhibitor DM (1 mM, blue line) for 15 min, DTT increased NaHS-induced Ca²⁺ influx in BMMSCs, while DM decreased NaHS-induced Ca²⁺ influx in NaHS-treated BMMSCs compared to the control group (100 µM NaHS, black line). MTSES (1 mM, green line), a nonpermanent free sulfhydryl inhibitor, also reduced NaHSinduced Ca²⁺ influx, but not as effectively as observed in the DM group. (O) CID MS/MS analysis showed that NaHS treatment resulted in sulfhydration of cysteine residues C172 and C329 with a high level of confidence. (P) Detection of precursor ions at high resolution and a nearly complete series of fragmentation ions from CID allowed the accurate sequencing and assignment of the site of modification to only one site. Integrating MS and CID MS/MS results, Protein Discoverer 1.3 automatically assigned potential modification sites at C172 and C329 with high levels of confidence. (Q) A site mutant plasmid at C172 and C329 was generated according to Pubmed Blast results showing the alignment of TRPV6^{C172mu}, TRPV6^{C329mu} and TRPV6^{C172+C329mu} constructs. (**R**) The TRPV6 plasmid and site mutant plasmid at C172 and C329 were transfected to BMMSCs. Ca2+ influx was increased after overexpression of TRPV6 (MSC-TRPV6) when compared to WT BMMSCs (MSC), however, statistically difference is not significant between the two groups. When the site mutant TRPV6 plasmids were transfected to BMMSCs, the Ca²⁺ influx was significantly decreased in the C329 mutant (MSC-TRPV6-C329) and C172/C329 double mutant (MSC-TRPV6-C172+C329) groups when compared to the TRPV6-transfected group. Ca²⁺ influx in the C172 mutant group was also reduced, but this change was not statistically significant. (S) Western blot showed that H₂S donor NaHS (100 μM) treatment upregulated active βcatenin and p-PKC expression along with downregulated p-Erk expression in TRPV6, TRPV6^{C172mu} and TRPV6^{C329mu} BMMSCs. However, H₂S donor NaHS treatment failed to significantly change p-Erk, p-PKC and active β-catenin expression in TRPV6^{C172+C329mu}overexpressed BMMSCs. (T) Alizarin red staining showed that overexpression of TRPV6, TRPV6^{C172mu} and TRPV6^{C329mu} increased mineralized nodule formation in cultured BMMSCs. However, overexpression of TRPV6^{C172+C329mu} failed to affect mineralized nodule formation in BMMSCs. (U) Efficiency of TRPV6 overexpression in BMMSCs was assessed by qPCR analysis. (V, W) Sulfhydration of TRPV3 and TRPM4 calcium channels in BMMSCs was analyzed by maleimide. The green maleimide fluorescence was reduced in TRPV3 proteins from NaHS- and DTT-treated BMMSCs. (X) Sulfhydration modification sites of TRP calcium channels in NaSH-treated BMMSCs were identified at C131 of TRPV3 and C168 of TRPM4 by LS-MS. Experiments were repeated three times. *P < 0.05, **P < 0.01. Experiments were repeated three times.



Figure S7. Osteogenic differentiation of BMMSCs. Related to Figure 7. (A) Expression levels of p-Akt, p-CaMKII and p-GSK3 β did not show any significant changes between CBS^{+/-} and control (WT) BMMSCs, as assessed by Western blotting. (B) PKC activator and Erk inhibitor treatment rescued the osteogenic deficiency in HA-treated BMMSCs, as assessed by *in vivo* BMMSC implantation to show new bone formation. *HA*: HA/TCP; *BM*: bone marrow; *CT*: connective tissue. (C) Alizarin red staining showed that combined knockdown of TRPV3, V6, and M4 by siRNA resulted in reduced mineralized nodule formation in BMMSCs, which was not rescued by NaHS treatment. (D) Western blot showed that knockdown of TRPV3, V6, and M4 by siRNA resulted in downregulation of the osteogenic genes osteoclacin (OCN) and Runx2, which was not rescued by NaHS treatment * *P*<0.05, ** *P*< 0.01, *** *P*< 0.001. Scale bar: 50 µM. Experiments were repeated three times.