Leader in Targeted Protein Modulation

Nurix Therapeutics

Blazing a New Path in Medicine

Investor Presentation

May 2024

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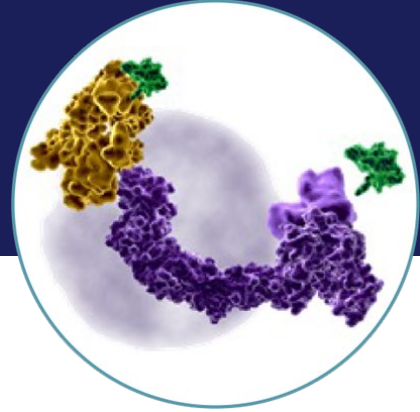
Nurix Therapeutics: Advancing a Robust, Innovative Pipeline

Both small molecules and antibodies with blockbuster potential



- First to introduce BTK degraders into the clinic and show efficacy across B-cell malignancies with the potential to displace BTK inhibitors by addressing drug resistance and scaffolding effects
- Expanded therapeutic focus into inflammation & immunology with IRAK4 degrader licensed by Gilead, STAT6 degrader program with Sanofi, and plans to enable NX-5948 development in autoimmune disease
- Established strategic collaboration with Seagen (now part of Pfizer) to advance an innovative new class of cancer therapeutics called Degrader-Antibody Conjugates or DACs

Nurix Is Advancing a Pipeline of Propriety and Partnered Programs in Oncology and Inflammation & Immunology

MOA	Oncology program	Target	Therapeutic area	Discovery – Lead Op	IND enabling	Phase 1a	Phase 1b
TPD	NX-2127	BTK-IKZF	B-cell malignancies				
TPD	NX-5948	BTK	B-cell malignancies				
TPE	NX-1607	CBL-B	Immuno-Oncology				
TPD	Multiple	Undisclosed	Undisclosed				
TPD	Multiple	Undisclosed	Undisclosed				GILEAD
TPD	Multiple	Undisclosed	Undisclosed				sanofi
DAC	Multiple	Undisclosed	Oncology				Pfizer

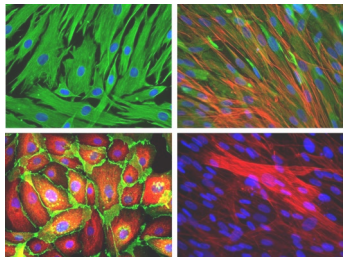
MOA	I&I program	Target	Therapeutic area	Discovery – Lead Op	IND enabling	Phase 1a	Phase 1b
TPD	NX-5948	BTK	Inflammation / autoimmune				
TPD	NX-0479 / GS-6791	IRAK4	Rheumatoid arthritis and other inflammatory diseases				GILEAD
TPD	STAT6 degrader	STAT6	Type 2 inflammatory diseases				sanofi
TPD	Undisclosed	Undisclosed	Inflammation / autoimmune				sanofi

nurix

TPD: Targeted Protein Degradation; **TPE**: Targeted Protein Elevation; **DAC**: Degrader Antibody Conjugate

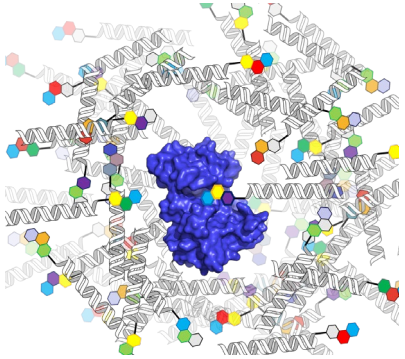
Industry Leading DELigase Platform for TPD Drug Discovery

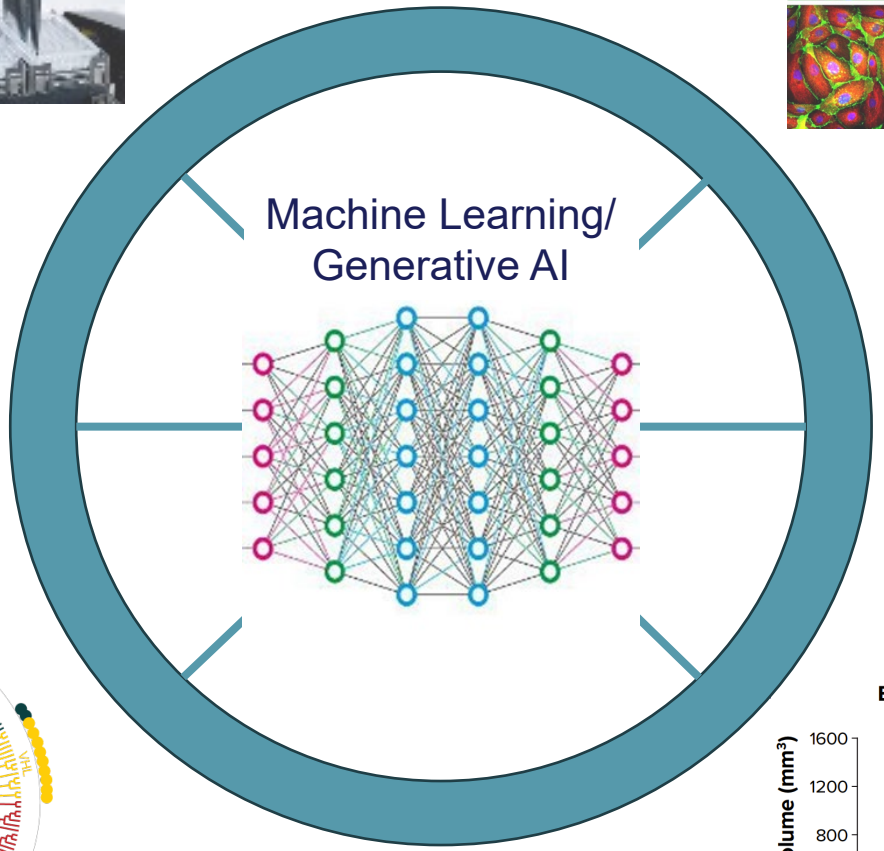
Chemistry Automation

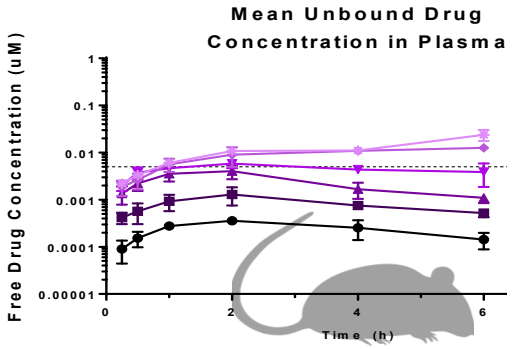


Direct-to-Cell Biology

DEL Discovery

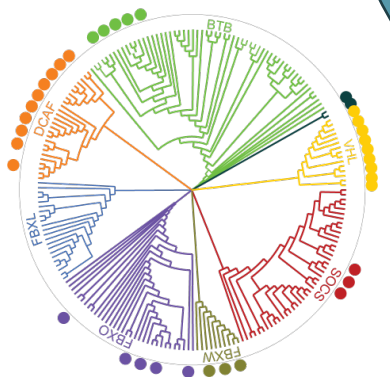




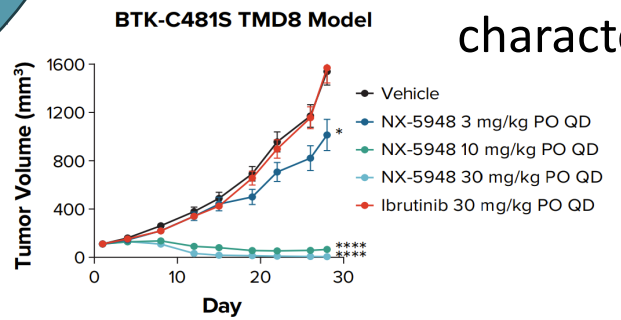


HT Screening for *in vivo* exposure

Ligase Enablement



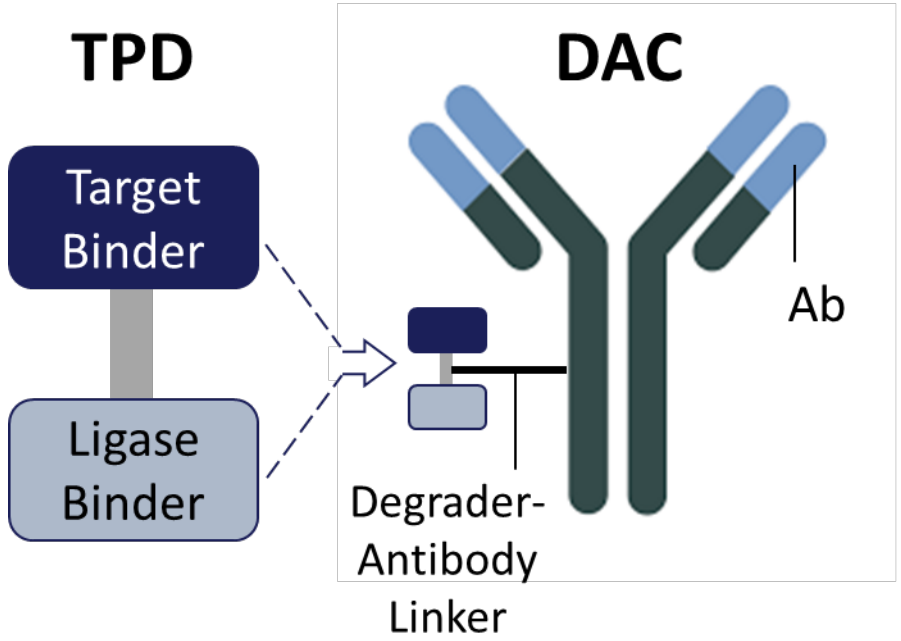
In depth *in vivo* biological characterization



Advancing a New Therapeutic Class

Degrader-Antibody Conjugates (DACs)

- DACs combine the catalytic activity of a Targeted Protein Degrader (TPD) with the specificity of an antibody
- DACs represent the next generation of antibody drug conjugates (ADCs)



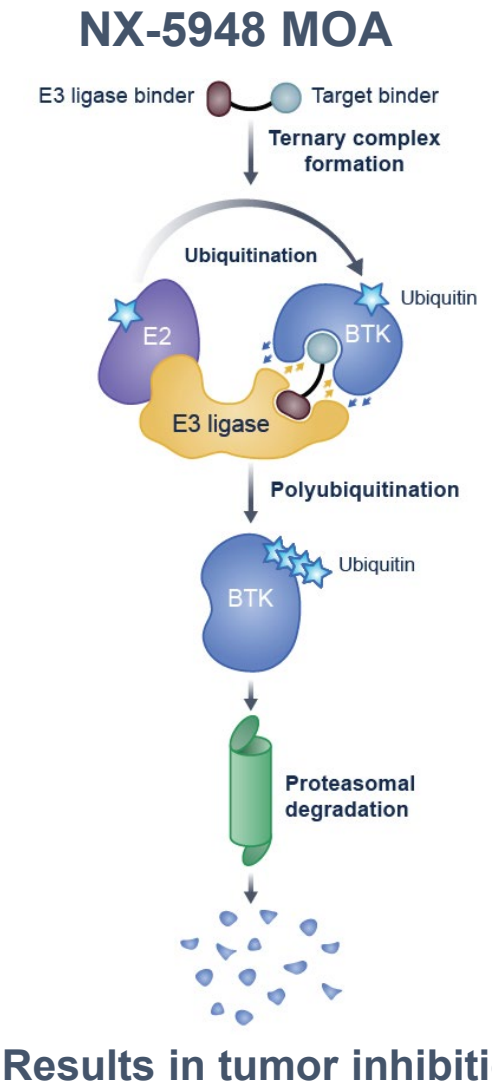
Seagen* Deal Terms

- $60 million upfront cash payment
- $3.4 billion in potential research, development, regulatory and commercial milestone payments
- Mid-single to low double-digit percentage tiered royalties on future product sales
- Option for U.S. profit sharing and co-promotion on up to two products arising from the collaboration

Pfizer

* Seagen is now part of Pfizer

Why Do We Need BTK Degraders?



BTK degraders can overcome treatment emergent resistance mutations

BTK degraders address BTK scaffolding function

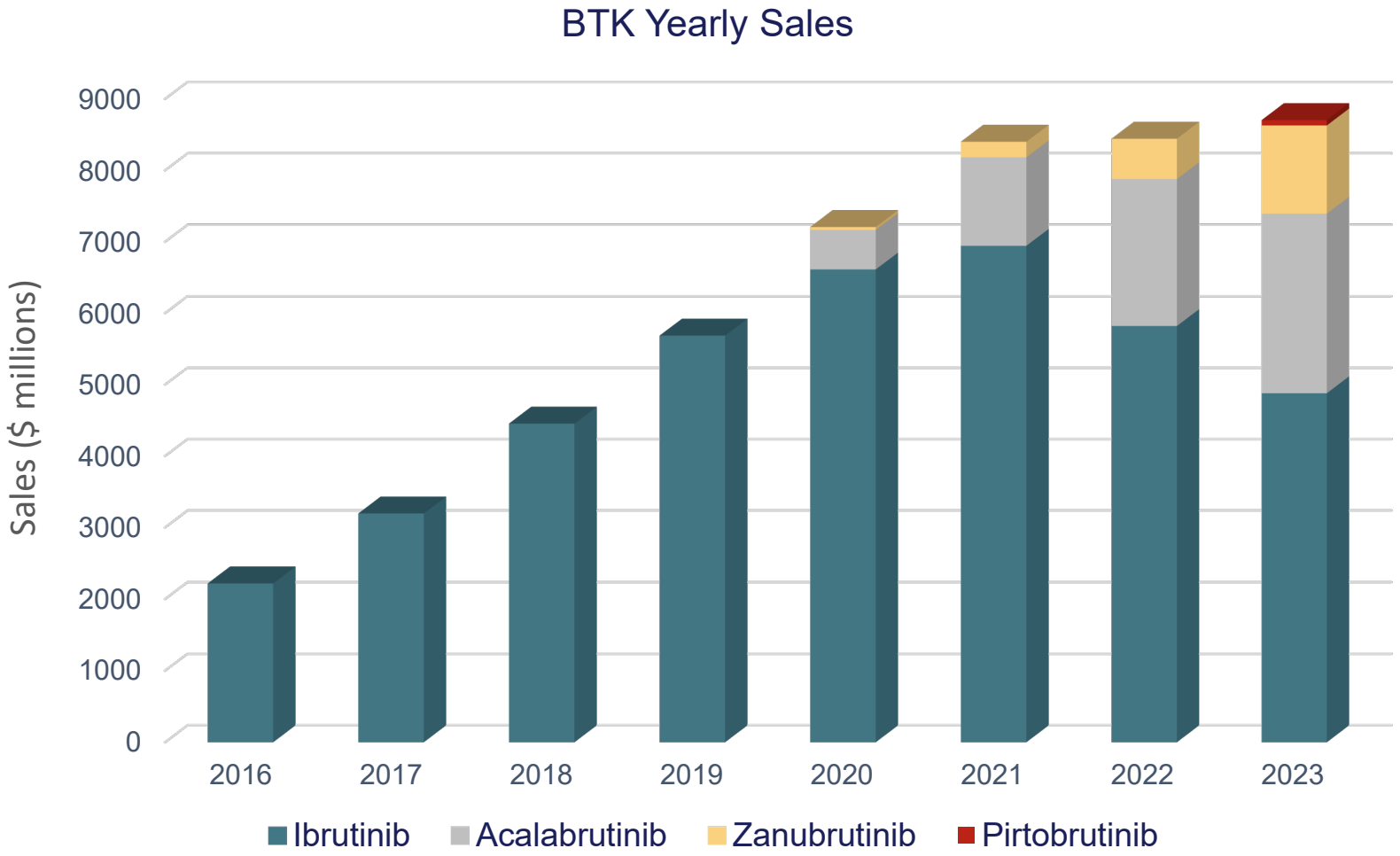
BTK degraders may be useful in other B-cell malignancies and autoimmune diseases

BTK degraders have the potential to displace inhibitors

Blockbuster Opportunity in BTK Market

$8.7 billion in annual sales of approved BTK inhibitors

- Next generation BTK inhibitors are currently taking market share from Imbruvica
- All BTK inhibitors share resistance mutation vulnerabilities
- Opportunity for Nurix BTK degraders to displace both covalent and non-covalent inhibitors and expand the market



Evolution of BTK Targeted Therapies

1st Generation Covalent Inhibitor

Ibrutinib

Next Generation Covalent Inhibitors

Acalabrutinib
Zanubrutinib

Non-Covalent Inhibitors

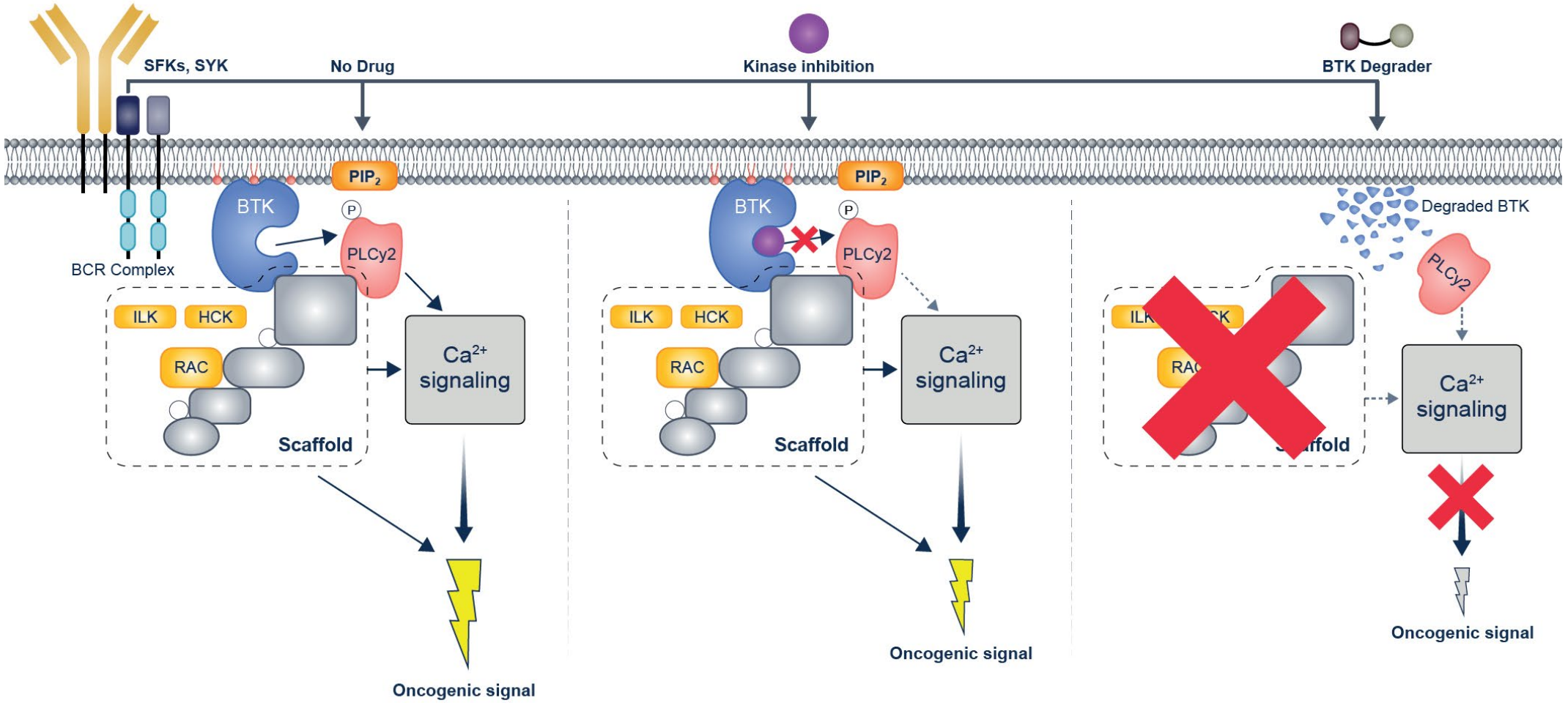
Pirtobrutinib

Degraders

NX-5948
NX-2127

Montoya *et al.*, Science 383, 496 (2024)

BTK Degraders Disrupt BCR Signaling by Removing the Protein and All of Its Functions

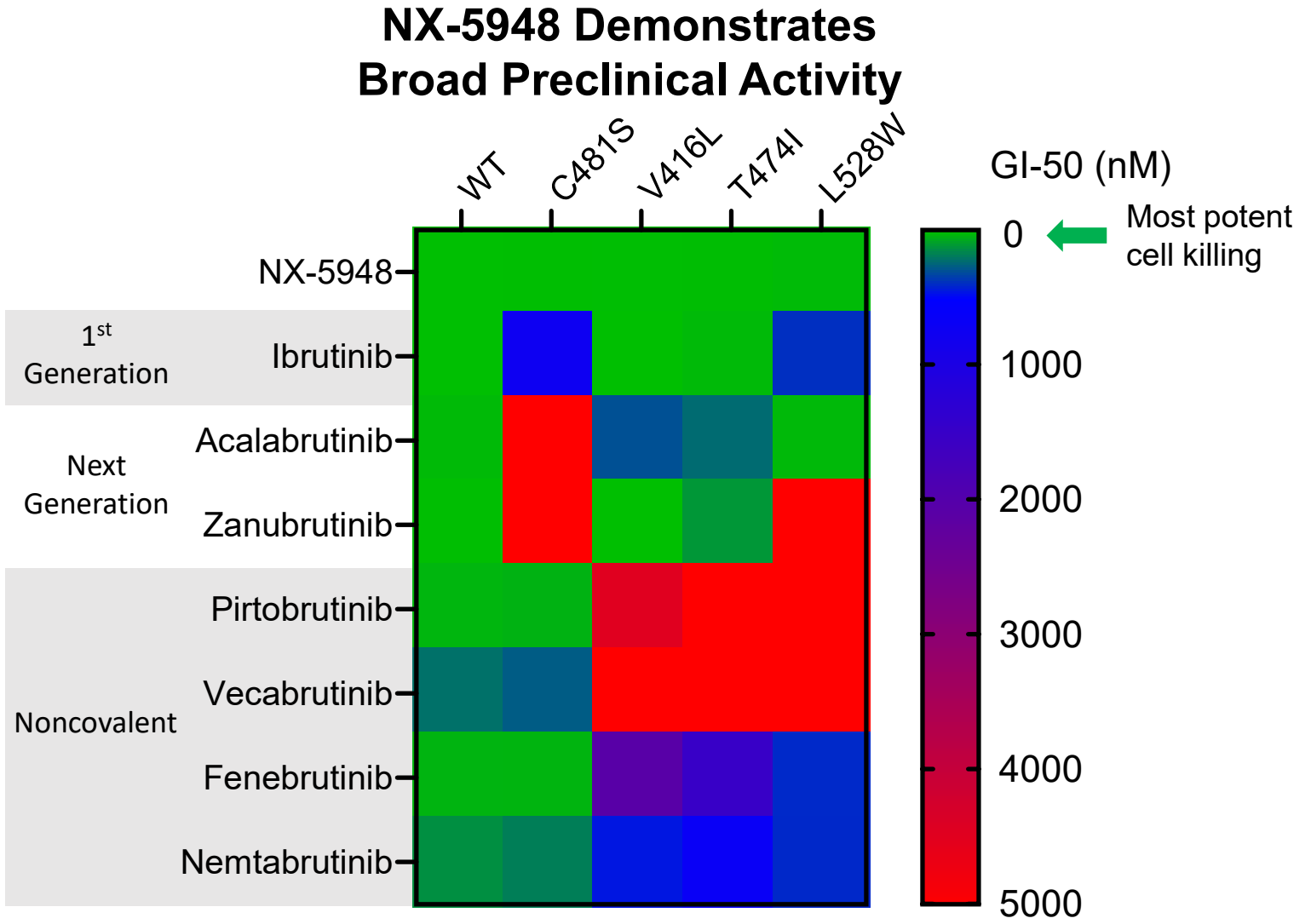


References

1. Montoya et al. Kinase-impaired BTK mutations are susceptible to clinical-stage BTK and IKZF1/3 degrader NX-2127. Science. 2024; 383
2. Eisen et al. Conditional Requirement for Dimerization of the Membrane-Binding Module of BTK. BioRxiv. January 17, 2024
3. Yuan et al. BTK kinase activity is dispensable for the survival of diffuse large B-cell lymphoma. J Biol Chem. 2022; 298 (11):102555

NX-5948 Is More Potent and Broadly Active Than All BTK Inhibitors Tested

- All inhibitors have resistance mutation liabilities
- NX-5948 displays potent cell killing in the context of key resistance mutations
- We have shown that BTK degradation translates into clinical responses across key mutation classes



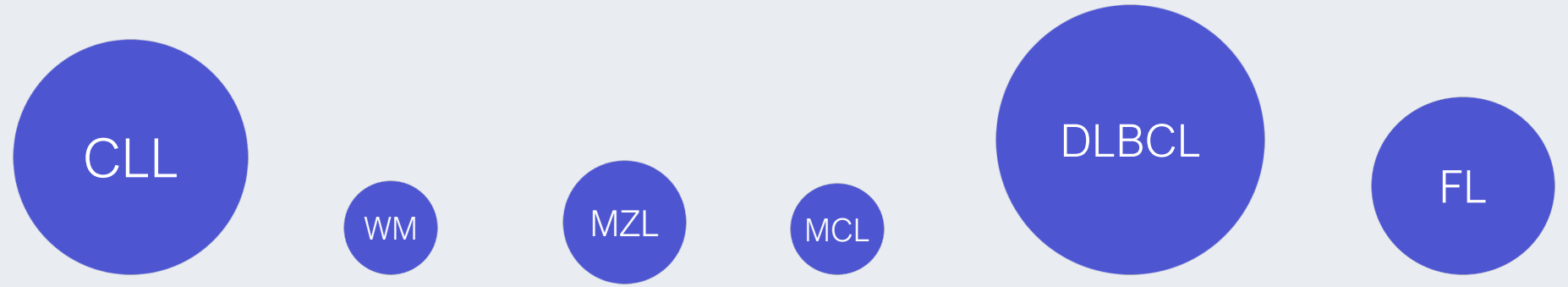
Nurix BTK Degrader Franchise: Two BTK Degraders to Cover the Landscape of B-Cell Malignancies

NX-5948
for all lines of therapy in CLL and potentially NHL and WM as monotherapy and in combination

NX-2127
for aggressive NHL as monotherapy and in combination and potentially for late-line CLL

B-Cell Malignancies Annual Incidence (U.S. & EU5)

NX-5948	NX-5948 potential in combination
Therapeutic goal: Displace BTKi in indications where single-agent BTKi is standard of care and address BTKi resistance mutations	Therapeutic goal: Expand role for BTK target therapy



NX-2127 late line

NX-2127

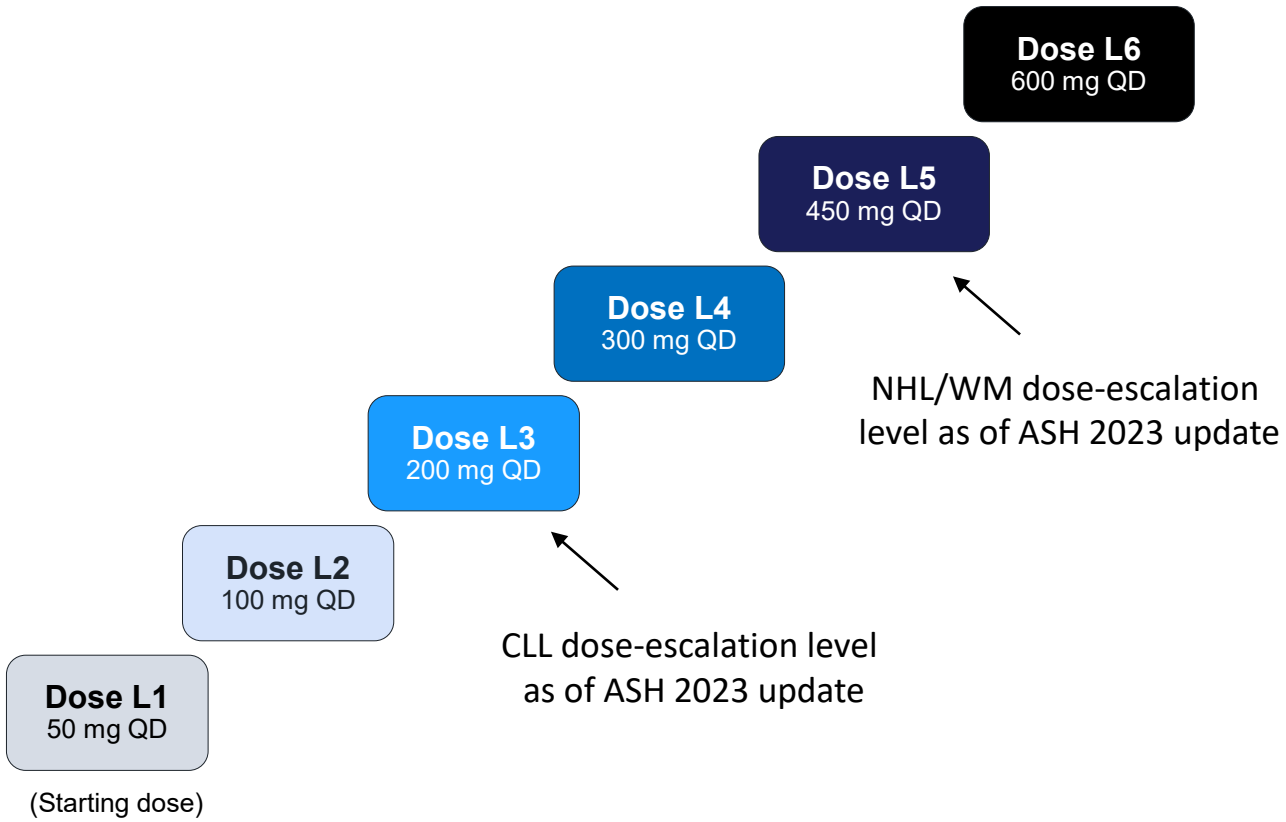
BTK, Bruton tyrosine kinase; DLBCL, Diffuse large B cell lymphoma; CLL, Chronic lymphocytic leukemia; MCL, Mantle cell lymphoma; WM, Waldenstrom's macroglobulinemia; MZL, Marginal zone lymphoma; FL, Follicular lymphoma; NHL, non-Hodgkin lymphoma

Incidence estimates for CLL, MCL, DLBCL, and FL based on Clarivate 2023; WM based on Global/Data Pharmaceutical Intelligence 2022; MZL based Front Oncol. 2023; 12:1059914.

NX-5948-301: Trial Design

Phase 1a/b trial in adults with relapsed/refractory B-cell malignancies

Phase 1a dose escalation
B-cell malignancies (N = up to 66 CLL and up to 66 NHL/WM)



Potential Phase 1b dose expansion
(N = up to 160 patients)

- **CLL/SLL dose level A** — Prior BTKi and BCL-2i
- **CLL/SLL dose level B** — Prior BTKi and BCL-2i
- **MCL**[a] — Prior BTKi and anti-CD20 CIT
- **MZL**[a] — Prior anti-CD20 CIT and ≥2 prior LoT
- **WM**[a] — Prior BTKi and ≥2 prior LoT
- **DLBCL**[a,b] — Prior anthracycline, anti-CD20 CIT + 1 LoT[c]
- **FL** — Prior anti-CD20 CIT + 1 LoT[c]
- **PCNSL/SCNSL** — Who have progressed or had no response to ≥1 prior LoT

[a]Includes patients with secondary CNS involvement; [b]Subtypes include: transformed indolent lymphoma (e.g., grade 3b/transformed FL), Richter-transformed DLBCL, high-grade B-cell lymphoma with MYC and BCL-2 and/or BCL-6 rearrangements, high-grade B-cell lymphomas NOS; [c]Additional lines of therapy include anthracycline for non-GCB DLBCL and BTKi for MCL

Baseline Demographics and Disease Characteristics

Heavily pretreated population

Characteristics	Patients with CLL (n=7)	Patients with NHL/WM (n=19)	Overall population (N=26)
Median age, years (range)	64.0 (53–75)	63.0 (42–79)	63.5 (42–79)
Male, n (%)	5 (71.4)	13 (68.4)	18 (69.2)
Female, n (%)	2 (28.6)	6 (31.6)	8 (30.8)
ECOG PS, n (%)			
0	1 (14.3)	5 (26.3)	6 (23.1)
1	6 (85.7)	14 (73.7)	20 (76.9)
Previous targeted treatments[a], n (%)			
BTKi	7 (100.0)	10 (52.6)	17 (65.4)
Pirtobrutinib	1 (14.3)	2 (10.5)	3 (11.5)
BCL2i	6 (85.7)	3 (15.8)	9 (34.6)
BTKi and BCL2i	6 (85.7)	3 (15.8)	9 (34.6)
CAR-T therapy	0 (0.0)	7 (36.8)	7 (26.9)
Bispecific antibody	0 (0.0)	5 (26.3)	5 (19.2)
PI3Ki	2 (28.6)	2 (10.5)	4 (15.4)
Median prior lines of therapy (range)	3.0 (2–5)	5.0 (2–10)	4.0 (2–10)
Mutation status[b], n (%)	n=6	n=15	n=21
BTK (T474)	1 (16.7)	0 (0.0)	1 (4.8)
PLCG1/2[c]	2 (33.3)	2 (13.3)	4 (19.0)
TP53	2 (33.3)	3 (20.0)	5 (23.8)
BCL2 (G101V and R107-R110dup)	2 (33.3)	0 (0.0)	2 (9.5)

[a]Patients could have received multiple prior treatments; [b]Patients could have multiple mutations, which were tested at baseline by central NGS (≥5% allelic frequency is reported); [c]*PLCG1 (A902V); PLCG2 (K35R, V886A, V105I)*

Data cutoff: 17 Oct 2023

NX-5948 Was Well Tolerated

Frequency of TEAEs in ≥15% of patients or grade ≥3 or SAEs in >1 patient, (n=26)

TEAEs, n (%)	Any grade	Grade ≥3	SAEs
Purpura/contusion[a]	12 (46.2)	–	–
Thrombocytopenia[b]	10 (38.5)	2 (7.7)	–
Neutropenia[c]	8 (30.8)	5 (19.2)	–
Anemia	6 (23.1)	1 (3.8)	–
Cough	5 (19.2)	–	–
Headache	5 (19.2)	–	–
Nausea	5 (19.2)	–	–
Rash	4 (15.4)	–	–
COVID-19	3 (11.5)	2 (7.7)	2 (7.7)
Pneumonia	2 (7.7)	2 (7.7)	2 (7.7)

[a]Purpura/contusion includes episodes of contusion or purpura; [b]Aggregate of 'thrombocytopenia' and 'platelet count decreased'; [c]Aggregate of neutrophil count decreased or neutropenia

- **No atrial fibrillation/flutter or hypertension**
- **No DLTs and no TEAEs resulting in drug discontinuation**
- **Four NX-5948-related grade ≥3 TEAEs (3 neutropenia, 1 thrombocytopenia); no related serious adverse events**

NX-5948 Was Well Tolerated Across Doses Tested

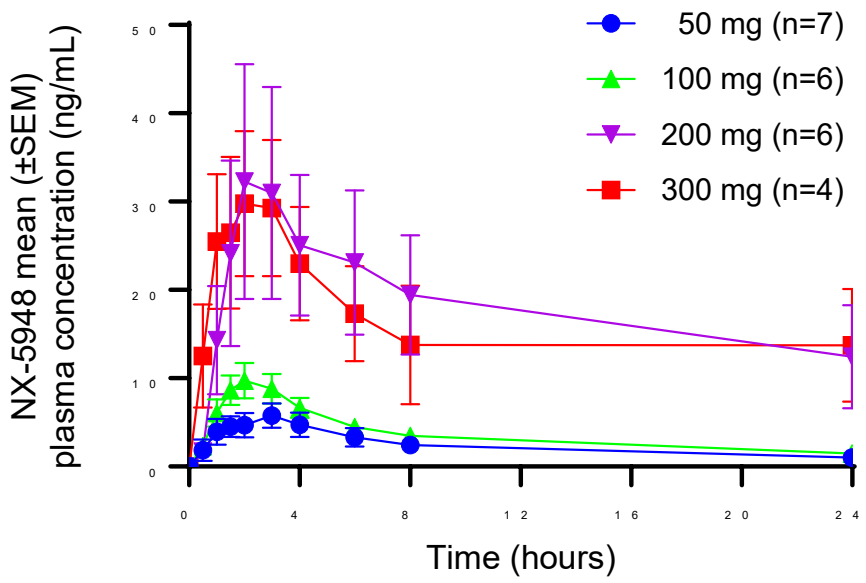
Frequency of any grade TEAEs in ≥15% of patients

TEAEs, n (%)	50 mg (n=7)	100 mg (n=6)	200 mg (n=6)	300 mg (n=4)	450 mg (n=3)	All doses (N=26)
Purpura/contusion[a]	5 (71.4)	2 (33.3)	1 (16.7)	2 (50.0)	2 (66.7)	12 (46.2)
Thrombocytopenia[b]	2 (28.6)	3 (33.3)	2 (33.3)	3 (75.0)	1 (33.3)	10 (38.5)
Neutropenia[c]	1 (14.3)	3 (50.0)	0 (0.0)	4 (100.0)	0 (0.0)	8 (30.8)
Anemia	2 (28.6)	2 (33.3)	0 (0.0)	1 (25.0)	1 (33.3)	6 (23.1)
Cough	0 (0.0)	2 (33.3)	1 (16.7)	2 (50.0)	0 (0.0)	5 (19.2)
Headache	2 (28.6)	0 (0.0)	2 (33.0)	1 (25.0)	0 (0.0)	5 (19.2)
Nausea	3 (42.9)	0 (0.0)	2 (33.3)	0 (0.0)	0 (0.0)	5 (19.2)
Rash	2 (28.6)	2 (33.3)	0 (0.0)	0 (0.0)	0 (0.0)	4 (15.4)

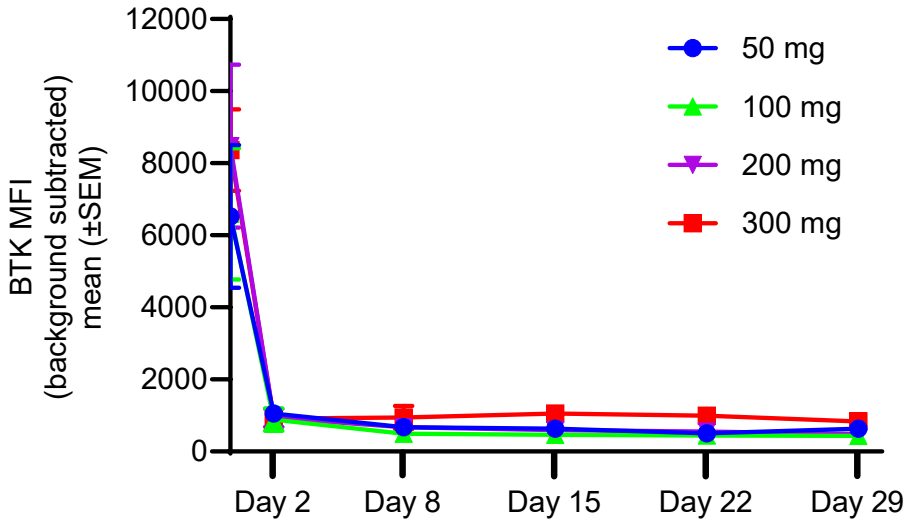
[a]Purpura/contusion includes episodes of contusion or purpura; [b]Aggregate of 'thrombocytopenia' and 'platelet count decreased'; [c]Aggregate of neutrophil count decreased or neutropenia

NX-5948 Treatment Results in Rapid, Robust and Sustained BTK Degradation

A) NX-5948 C1D1 pharmacokinetics



B) BTK[a] degradation in patients receiving NX-5948



Dose (mg)	Number of patients per day					
	Day 1	Day 2	Day 8	Day 15	Day 22	Day 29
50	7	7	7	6	5	6
100	6	6	5	6	6	5
200	6	6	6	6	4	3
300	4	4	4	4	4	2

[a]BTK measured in patient B-cells whole blood using flow cytometry assay

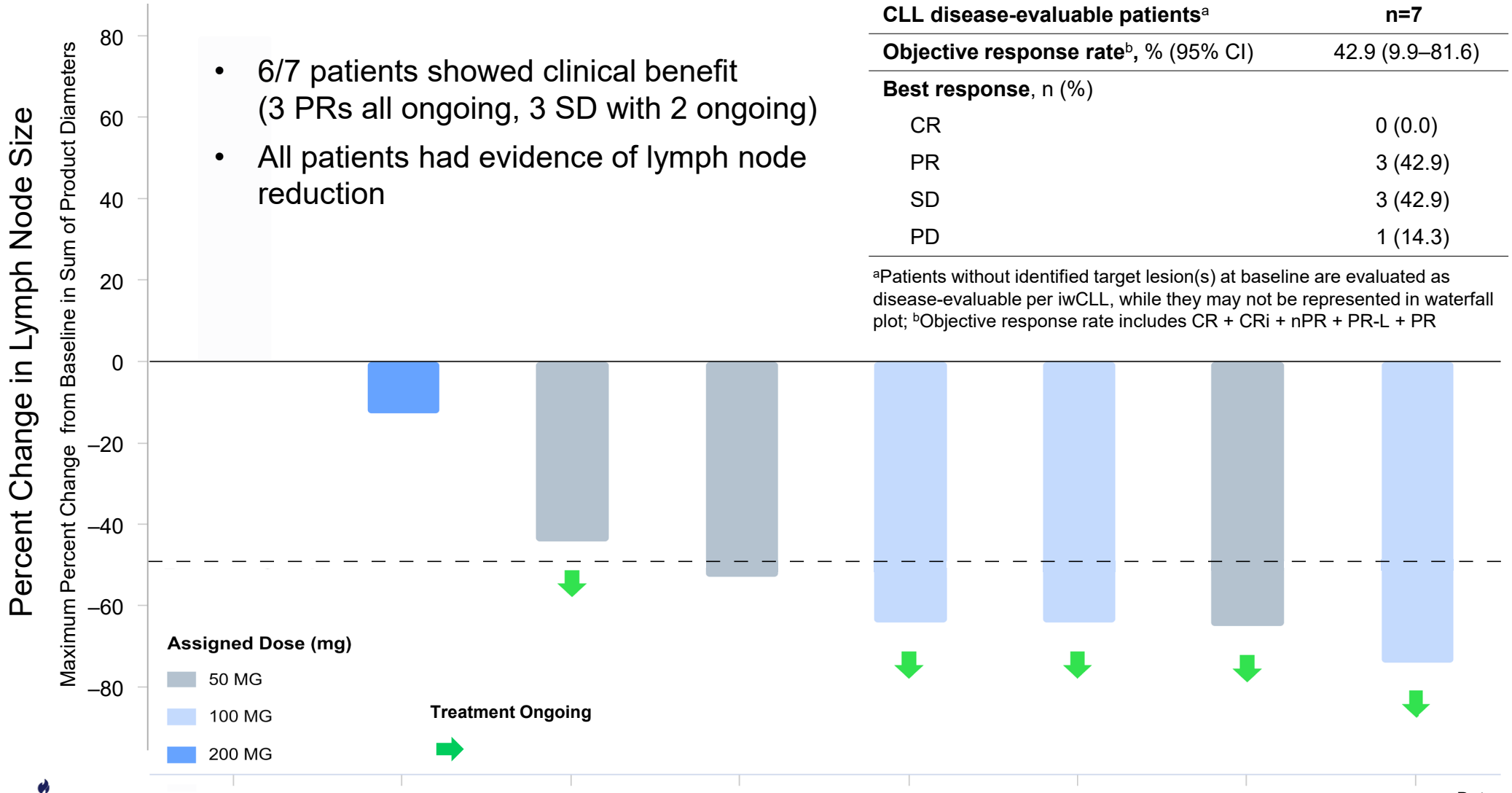
BTK, Bruton's tyrosine kinase; **MFI,** mean fluorescence intensity; **SEM**, standard error of the mean

NX-5948 Shows Broad Antitumor Activity in CLL as Demonstrated by Significant Lymph Node Reduction and Objective Response Rate

- 6/7 patients showed clinical benefit (3 PRs all ongoing, 3 SD with 2 ongoing)
- All patients had evidence of lymph node reduction

CLL disease-evaluable patients[a]	n=7
Objective response rate[b], % (95% CI)	42.9 (9.9–81.6)
Best response, n (%)	
CR	0 (0.0)
PR	3 (42.9)
SD	3 (42.9)
PD	1 (14.3)

[a]Patients without identified target lesion(s) at baseline are evaluated as disease-evaluable per iwCLL, while they may not be represented in waterfall plot; [b]Objective response rate includes CR + CRi + nPR + PR-L + PR

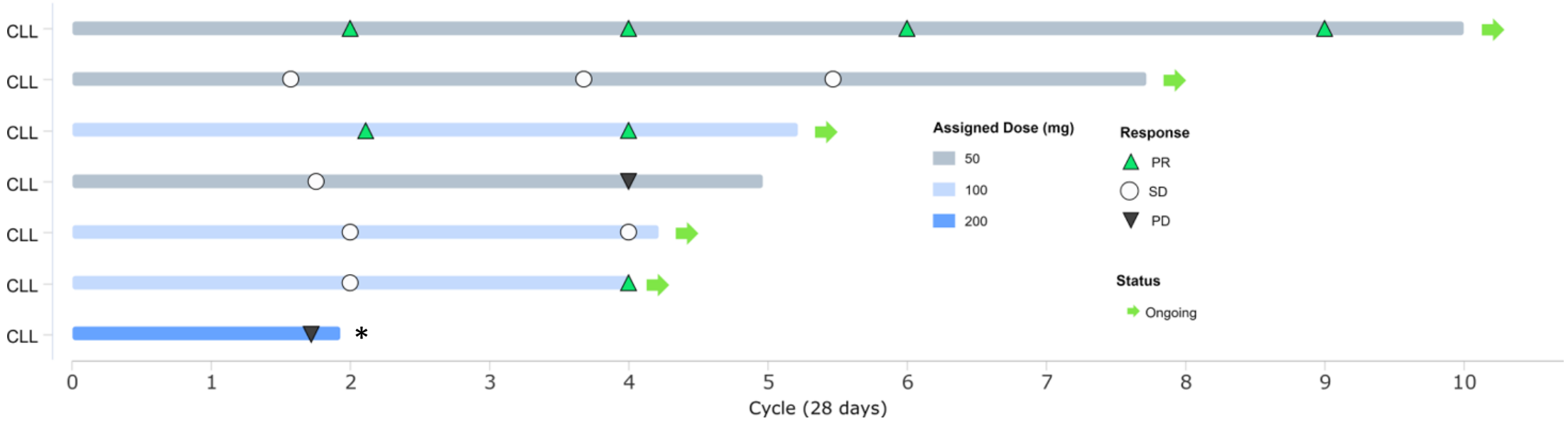


CI, confidence interval; **CLL**, chronic lymphocytic leukemia; **CR**, complete response; **PD**, progressive disease; **PR**, partial response; **SD**, stable disease

Data cutoff: 17 Oct 2023

Responses Are Durable and Treatment Ongoing in Patients with CLL

NX-5948: Time on study for patients with CLL



CLL, chronic lymphocytic leukemia

* Patient enrolled with CLL subsequently confirmed to have Richter's transformation to Hodgkin's disease

NX-5948 Mid-Year Update at EHA 2024

Improved ORR with more patients and longer follow up

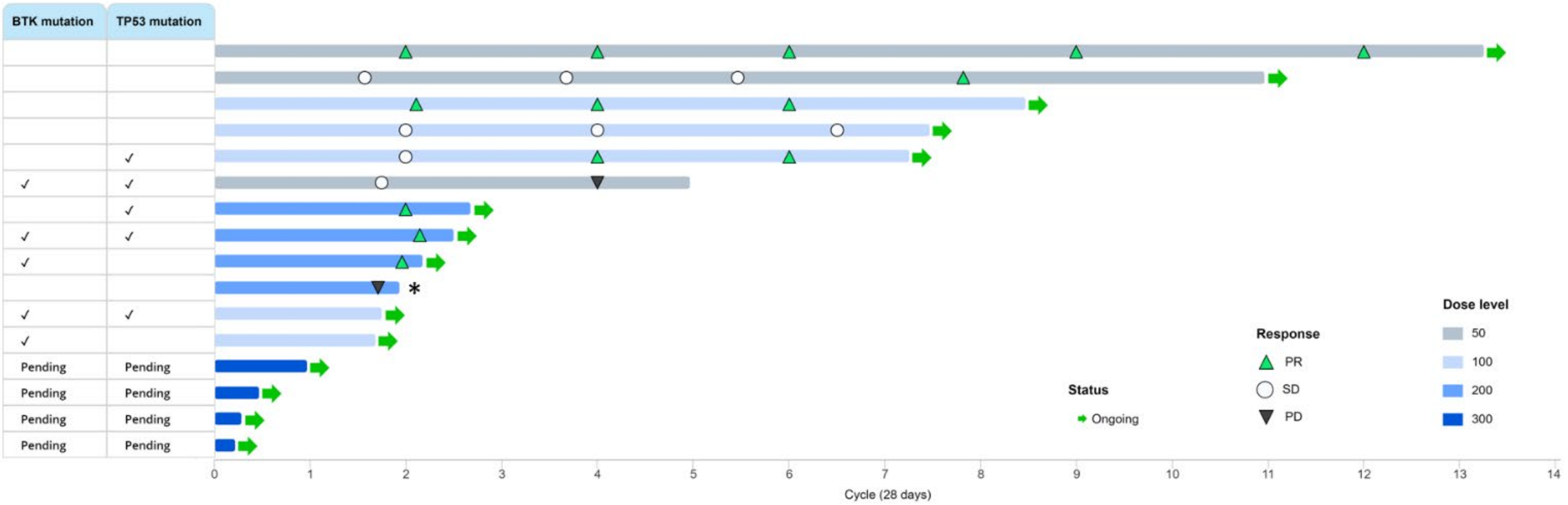
NX-5948 Abstract for 2024 European Hematology Association (EHA) Congress

Oral presentation scheduled for June 16

Results: As of 16 Jan 2024, 46 pts (16 CLL, 30 NHL of which 6 had CNS involvement) were enrolled at 6 daily oral dose levels: 50 mg (n=7), 100 mg (n=8), 200 mg (n=9), 300 mg (n=12), 450 mg (n=6), 600 mg (n=4). Median age was 64 (range 42–88) years and 67.4% were male; median prior lines of therapy: 4 (range 2–14), including for CLL: BCL2i + covalent/non-covalent BTKi (n=14/16), PI3Ki (n=5/16); for NHL: covalent/non-covalent BTKi (n=19/30), bispecific antibody (n=6/30), CAR-T (n=9/30). Baseline mutations were present in a sizeable number of pts with CLL: BTK (n=5/12), TP53 (n=5/12), PLCg2 (n=2/12). In the overall population (n=46), median duration of follow-up was 3.4 (range 0.2–20.1) months. NX-5948 was well tolerated across all doses with no treatment-related SAEs and no discontinuations due to TEAEs. The most common TEAEs were purpura/contusion (39.1%, no Grade ≥3), thrombocytopenia (37.0%, 10.9% Grade ≥3), neutropenia (26.1%, 19.6% Grade ≥3). No atrial fibrillation/flutter was reported. A single DLT was observed in the 450 mg (DLBCL) backfill cohort (non-protocol-mandated dose hold due to rash; did not recur with rechallenge). NX-5948 PK supported once-daily dosing. Rapid, robust, and sustained BTK degradation was observed in all pts regardless of absolute BTK starting level, tumor type, or dose. In CLL, out of 10 disease-evaluable pts, 7 PRs were observed at doses of 50–200 mg (ORR 70%; see figure). In NHL, out of 24 disease-evaluable pts treated with 50–600 mg NX-5948, 8 pts responded. All 4pts treated at the 450 mg dose achieved response: 3 CRs (MCL, MZL, primary CNS lymphoma); 1 PR (secondary CNS lymphoma).

Additional data at higher dose levels and longer treatment durations will be presented.

Out of 10 Disease-Evaluable Patients, 7 PRs Were Observed at Doses of 50–200 mg (ORR 70%)



Data from EHA abstract – Data cut January 16, 2024

NX-5948 Update From AACR 2024

Evidence of CNS penetration and activity in the brain

CLL and NHL with CNS Involvement Remain an Area of High Unmet Need

- CNS involvement of B cell malignancies span various conditions including:

Primary CNS Lymphoma (PCNSL)
Comprises ~4% of all primary CNS tumors and 4-6% of all extranodal lymphomas[1]

Secondary CNS Lymphoma (SCNSL)
Affects ~5% of patients with DLBCL[2]

CNS involvement with CLL
Rare complication of CLL with dismal prognosis in patients with clinically significant disease[3]

- First-line standard of care typically involves high-dose methotrexate-based chemotherapy regimens with limited option in the relapse / refractory setting

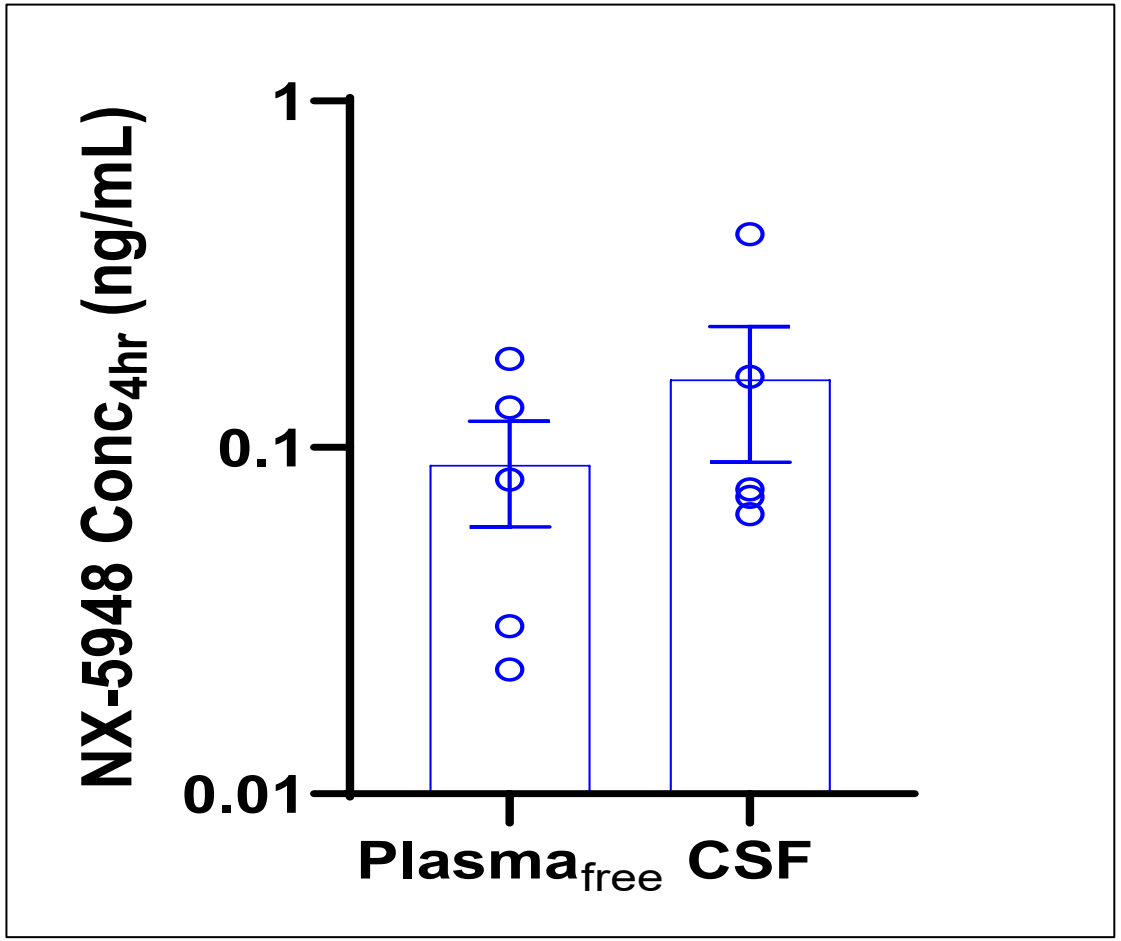
- Investigational drugs (BTKi, CAR-T, immune check point inhibitors) have been used in the relapse/refractory setting with some limitation including short duration of response and challenging safety profile

[1] *Ferreri et al. Nat Rev Dis Primers. 2023 Jun 15;9(1):29.*
[2] *Bobillo et al. Haematologica. 2023 Mar 1;108(3)*
[3] *Strati P. et al. Haematologica. 2016 Apr; 101(4)*

Detectable Levels of NX-5948 in CSF of Patients With CNS Involvement

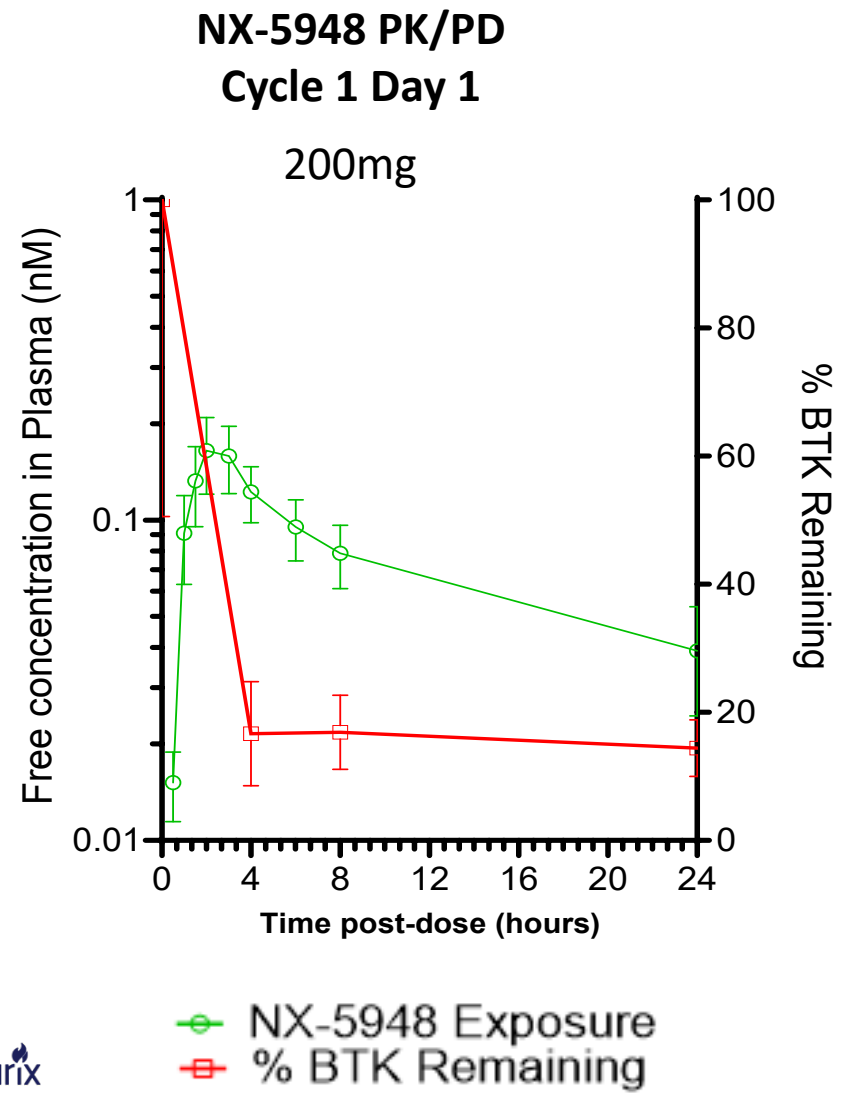
As of Jan 16, 2024:

- Six patients with CNS involvement (1 CLL, 5 NHL) were enrolled
- 5 patients with available PK data



LLOQ: 0.01ng/mL(CSF); 0.1ng/mL(total plasma)

Clinically Active Doses of NX-5948 Show Lower Unbound Drug Exposure Than Covalent and Noncovalent BTK inhibitors



NX-5948 requires lower exposure than BTK inhibitors for clinical responses

	Ibrutinib (560mg QD)[1]	Zanubrutinib (160mg BID)[1]	Pirtobrutinib (200mg QD)[1]	NX-5948 (200mg QD)
$Cmax_{free}$ (nM)	8.0	40	540	0.09
$Cmin_{free}$ (nM)	0.2	3.5	250	0.03

[1]clinically approved doses

Case Study: CLL With CNS Involvement

Multiple lines of prior therapies including BTK inhibitor

Patient demographics and disease characteristics

- 58-year-old male with CLL
- Initial CLL diagnosis: 2015
- CNS disease diagnosis: May 2023

Prior treatments

1. Idelalisib: 2015 – 2018
2. Venetoclax-Rituximab: 2018 – 2022
3. Acalabrutinib: 2022 – June 2023

Relevant medical history

- Facial numbness
- Shingles

Molecular and cytogenetic features (from history)

- Del (17p)

Safety	
Exposure	Dose interruptions (infections)
DLT's	None
SAE's	None

Grade 3 or > AE	• Baseline Gr4 Neutropenia
	  • Managed with intermittent GCSF which required increased frequency during cycle 1
	  • ANC normalized beginning C6D1 *
	• Two unrelated Gr 3 infections : PICC line infection and RSV
	• All other related AEs Gr 1 or 2

*Cycle 10 as of data extract March 4, 2024

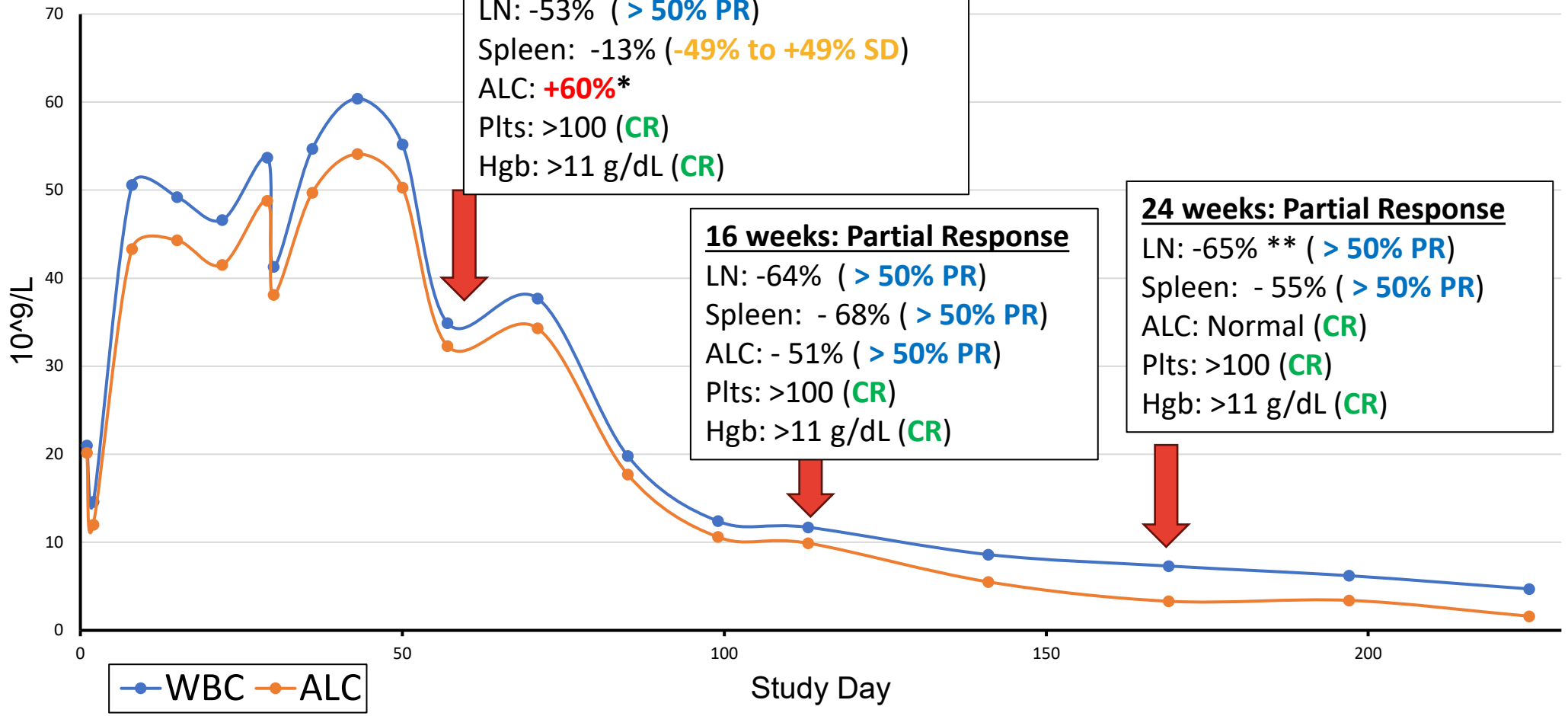
Second Case Study: CLL With CNS Involvement

Early clinical activity deepening over time

8 weeks: Stable Disease
LN: -53% (> 50% PR)
Spleen: -13% (-49% to +49% SD)
ALC: +60%*
Plts: >100 (CR)
Hgb: >11 g/dL (CR)

16 weeks: Partial Response
LN: -64% (> 50% PR)
Spleen: - 68% (> 50% PR)
ALC: - 51% (> 50% PR)
Plts: >100 (CR)
Hgb: >11 g/dL (CR)

24 weeks: Partial Response
LN: -65% ** (> 50% PR)
Spleen: - 55% (> 50% PR)
ALC: Normal (CR)
Plts: >100 (CR)
Hgb: >11 g/dL (CR)



*Initial lymphocytosis consistent with BTK targeted MOA.**Only 1 LN > 1.5cm
The overall response assessments are from the investigators while the individual parameter response assessment criteria are calculated per iwCLL from the data entered.

Data extract Date: March 4, 2024

Second Case Study: CLL with CNS Involvement

Timing of CSF clearance correlates with overall clinical response

	Screening	Week 8	Week 16	Week 24
Extra-CNS response	-	Stable Disease	Partial Response	Partial Response
CSF RBC (cells/mm^3)	63	522	65	82
CSF WBC (cells/mm^3)	173	63	28	18
Presence of malignant cells in the CSF	Yes	Yes	Yes	No

Data Cut Date: March 4, 2024

Vision: Prioritizing NX-5948 in CLL and Enabling Broad Strategy in NHL

- Accelerating enrollment in dose escalation to identify Phase 1b expansion dose levels for CLL and NHL with expansion planned for 2024

B-cell malignancies Phase 1 & 2	CLL Phase 3	MCL, MZL, WM Phase 3	DLBCL, PCNSL Phase 3
Enable potential accelerated approval(s) in r/r CLL, MCL, MZL, WM, PCNSL Enable combinations for earlier line trials	2L+ CLL Superiority post BTKi +/- BCL-2i failure 1L CLL Displace BTKi	r/r MCL, MZL, WM Superiority to BTKi 1L MCL, MZL, WM Displace or improve standard of care	1L DLBCL, PCNSL Improve standard of care with combination regimens

BCL-2i, B-cell lymphoma-2 inhibitor; **BTKi,** Bruton's tyrosine kinase inhibitor **CLL,** chronic lymphocytic leukemia; **DLBCL**, diffuse large B cell lymphoma; **MCL**, mantle cell lymphoma; **NHL**, non-Hodgkin's lymphoma; **WM**, Waldenstrom's macroglobulinemia

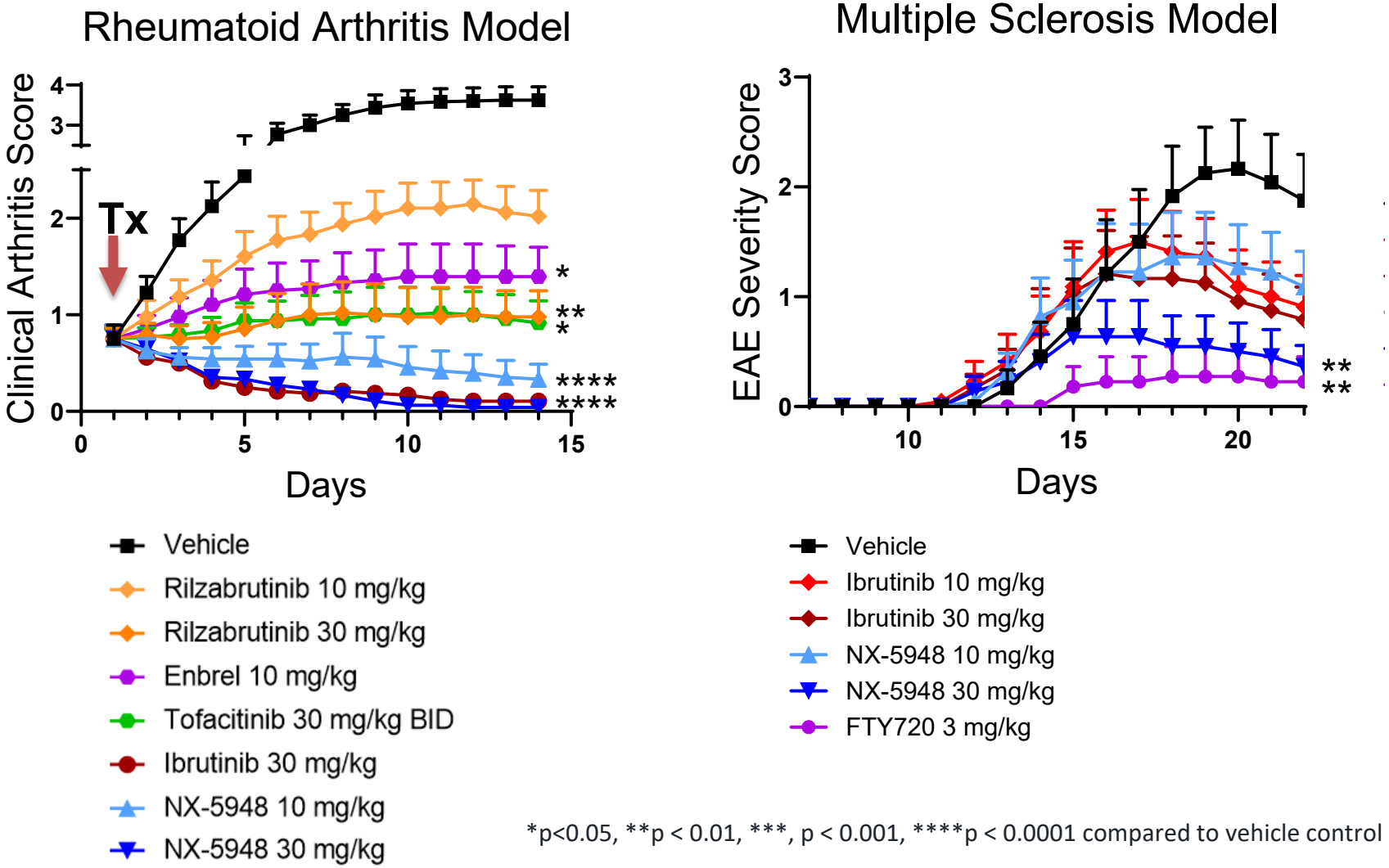
Beyond Hem/Onc: NX-5948 Is Highly Effective in Models of Major Inflammation & Immunology Indications

NX-5948 in Inflammation & Immunology

Plans to enable initiation of I&I development

Extended preclinical toxicology

Healthy volunteer study



*p<0.05, **p < 0.01, ***, p < 0.001, ****p < 0.0001 compared to vehicle control

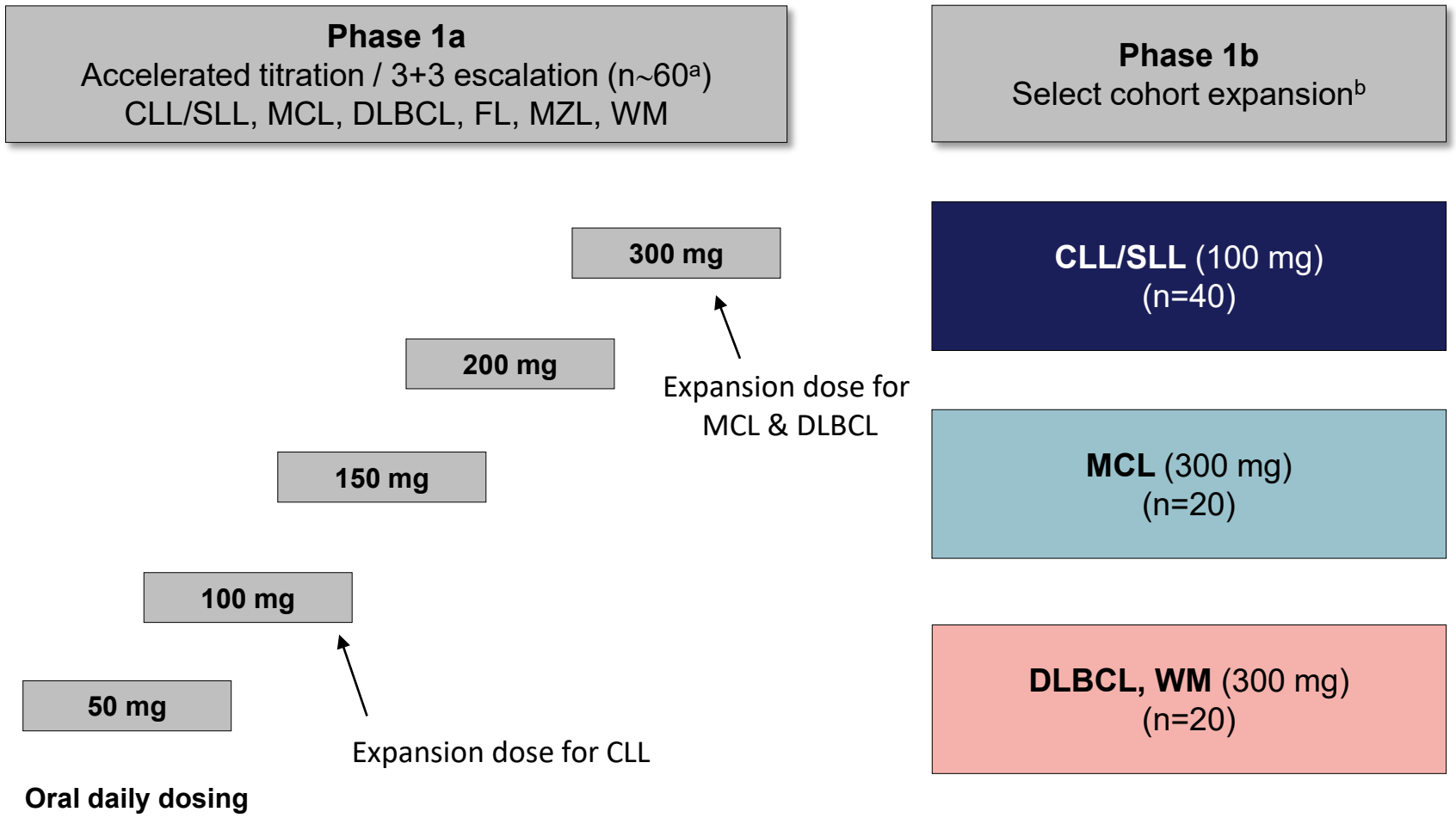
Source: Rountree et al., 3rd B&T-cell Summit 2022

NX-2127

Dual acting BTK degrader with immunomodulatory activity

NX-2127-001: Trial Design

Phase 1a/b trial in adults with relapsed/refractory B-cell malignancies



- First-in-human, multicenter, open-label, Phase 1a/1b trial in adults with relapsed / refractory B-cell malignancies
- Plan to reinitiate enrollment with new chirally controlled drug substance in separate dose-escalation (previous data generated utilizing prior, chirally mixed drug substance)
- Other potential expansion cohorts include patients with FL, MZL and PCNSL

[a]Planned number of evaluable patients (i.e., meeting DLT evaluability criteria); [b]Planned number of evaluable patients (i.e., meeting efficacy evaluability criteria)

CLL, chronic lymphocytic leukemia; **DLBCL**, diffuse large B-cell lymphoma; **DLT**, dose-limiting toxicity; **FL**, follicular lymphoma; **MCL**, mantle cell lymphoma; **MTD**, maximum tolerated dose; **MZL**, marginal zone lymphoma; **PD,** pharmacodynamics; **PK,** pharmacokinetics; **PCNSL,** primary central nervous system lymphoma; **SLL,** small lymphocytic lymphoma; **WM**, Waldenstrom's macroglobulinemia

Baseline Demographics and Disease Characteristics

Heavily pretreated population with significant acquired resistance mutations

Characteristic	CLL/SLL (n=33)	NHL/WM (n=21)	Overall population (N=54)
Median age, years (range)	74.0 (58.0–90.0)	70.0 (50.0–92.0)	72.5 (50.0–92.0)
Female, n (%)	11 (33.3)	6 (28.6)	17 (31.5)
Male, n (%)	22 (66.7)	15 (71.4)	37 (68.5)
ECOG PS, n (%)			
0	18 (54.5)	10 (47.6)	28 (51.9)
1	15 (45.5)	11 (52.4)	26 (48.1)
No. of lines of prior therapy[a], median (range)	5 (2–11)	4 (2–10)	4 (2–11)
BTKi, n (%)	33 (100.0)	15 (71.4)	48 (88.9)
Pirtobrutinib, n (%)	9 (27.3)	5 (23.8)	14 (25.9)
BTKi and BCL2i, n (%)	26 (78.8)	1 (4.8)	27 (50.0)
cBTKi, ncBTKi, and BCL2i, n (%)	8 (24.2)	0 (0.0)	8 (14.8)
CAR-T/-NK therapy, n (%)	1 (3.0)	3 (14.3)	4 (7.4)
Bispecific antibody, n (%)	0 (0.0)	2 (9.5)	2 (3.7)
Immunomodulatory therapy (lenalidomide), n (%)	4 (12.1)	4 (19.0)	8 (14.8)

[a]Patients could have multiple prior treatments and multiple BTK mutations; mutations were tested centrally at baseline by next-generation sequencing (allelic frequency ≥5% is reported)

Data cutoff: 15 Sept 2023

Baseline Demographics and Disease Characteristics (Cont'd)

Heavily pretreated population with significant acquired resistance mutations

Mutation[a]	CLL/SLL (n=33)	NHL/WM (n=21)	Overall population (N=54)
BTK, n (%)	12 (36.4)	3 (14.3)	15 (27.8)
C481S or C481R	7 (21.2)	1 (4.8)	8 (14.8)
L528W	4 (12.1)	1 (4.8)	5 (9.3)
T474F or T474I	4 (12.1)	1 (4.8)	5 (9.3)
V416L	1 (3.0)	0 (0.0)	1 (1.9)
L512V	0 (0.0)	1 (4.8)	1 (1.9)
PLCG2[b]	1 (3.0)	2 (9.5)	3 (5.6)
BCL2 *(G101V)*	4 (12.1)	0 (0.0)	4 (7.4)

[a]Patients could have multiple prior treatments and multiple BTK mutations; mutations were tested centrally at baseline by next-generation sequencing (allelic frequency ≥5% is reported)
[b]*L845F, D334H, D1140N, T961M, S707F*

Safety Profile Manageable With Decreasing Incidence of Atrial Fibrillation

Frequency of TEAEs in ≥20% of patients or grade ≥3 or SAEs in >1 patient (n=54)

- No new cases of atrial fibrillation since 9/21/22 data cutoff used for ASH 2022 presentation
- Incidence decreased from previously reported 17% to 11%

Treatment emergent adverse events (TEAEs), n (%)	Any grade	Grade ≥3	SAEs
Fatigue	25 (46.3)	–	–
Neutropenia[a]	25 (46.3)	23 (42.6)	–
Hypertension	18 (33.3)	8 (14.8)	–
Bruising/contusion[b]	16 (29.6)	–	1 (1.9)
Diarrhea	16 (29.6)	–	–
Anemia	13 (24.1)	8 (14.8)	1 (1.9)
Dizziness	13 (24.1)	–	–
Dyspnea	13 (24.1)	1 (1.9)	–
Thrombocytopenia[c]	13 (24.1)	4 (7.4)	–
Constipation	12 (22.2)	–	–
Headache	11 (20.4)	–	–
Upper GI hemorrhage[d]	2 (3.7)	2 (3.7)	2 (3.7)
Pruritus	11 (20.4)	1 (1.9)	–
COVID-19	7 (13.0)	4 (7.4)	3 (5.6)
Atrial fibrillation[e]	6 (11.1)	3 (5.6)	3 (5.6)
Pneumonia	6 (11.1)	3 (5.6)	3 (5.6)
Pain in extremity	5 (9.3)	2 (3.7)	1 (1.9)
Leukocytosis	3 (5.6)	3 (5.6)	–
Lymphocyte count increased	2 (3.7)	2 (3.7)	–
Sepsis[f]	2 (3.7)	2 (3.7)	2 (3.7)

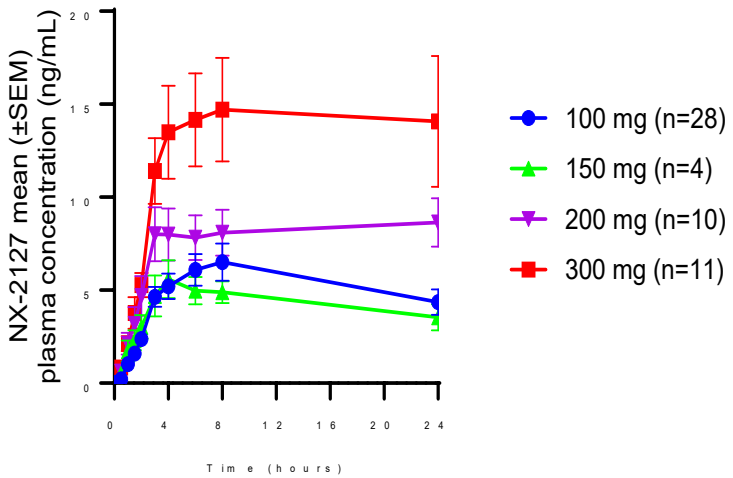
[a]Aggregate of 'neutropenia' and 'neutrophil count decreased'; [b]Bruising/contusion includes episodes coded as contusion; [c]Aggregate of 'thrombocytopenia' and 'platelet count decreased'; [d]Includes one Grade 5 event; [e]Aggregate of 'atrial fibrillation' and 'atrial flutter'; [f]Includes two Grade 5 events

2 DLTs have been reported: cognitive disturbance (300 mg DL) and neutropenia (300 mg DL)

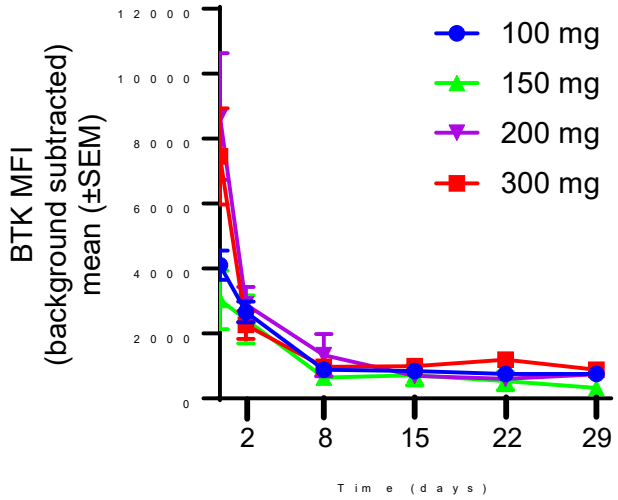
Data cutoff: 15 Sept 2023

NX-2127 Treatment Results in Rapid, Robust and Sustained BTK Degradation With Clinically Relevant Ikaros Degradation

A) NX-2127 C1D1 plasma pharmacokinetics

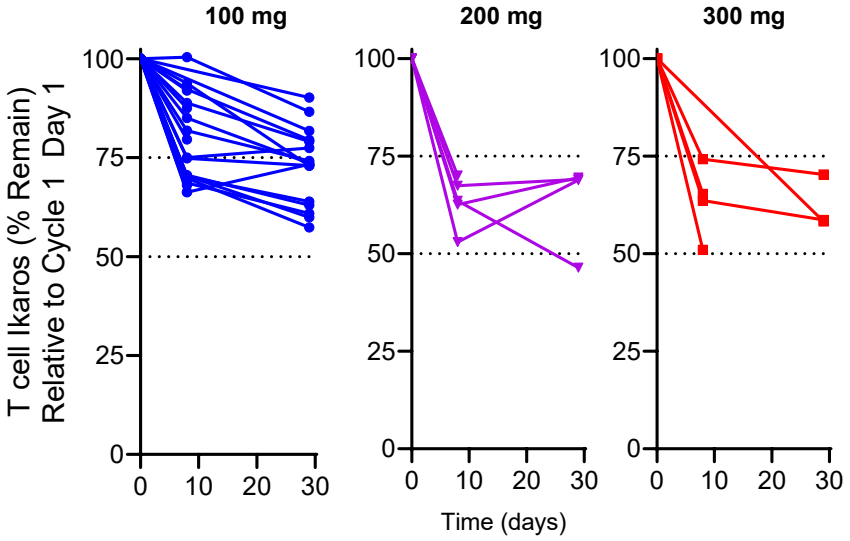


B) BTK[a] degradation in patients receiving NX-2127



Dose (mg)	Number of patients per day					
	Day 0	Day 2	Day 8	Day 15	Day 22	Day 29
100	28	27	24	23	22	20
150	4	4	4	3	2	2
200	9	9	8	9	7	6
300	10	10	8	9	6	4

C) Ikaros[b] degradation in patients receiving NX-2127



Dose (mg)	Number of patients per day		
	Day 0	Day 8	Day 29
100	23	19	16
200	5	5	4
300	5	4	3[c]

[a]BTK measured in patient B-cells whole blood using flow cytometry assay; [b]Ikaros measured in patient T-cells in PBMC using flow cytometry assay;
[c]1 patient had dose modification from Day 19 onwards

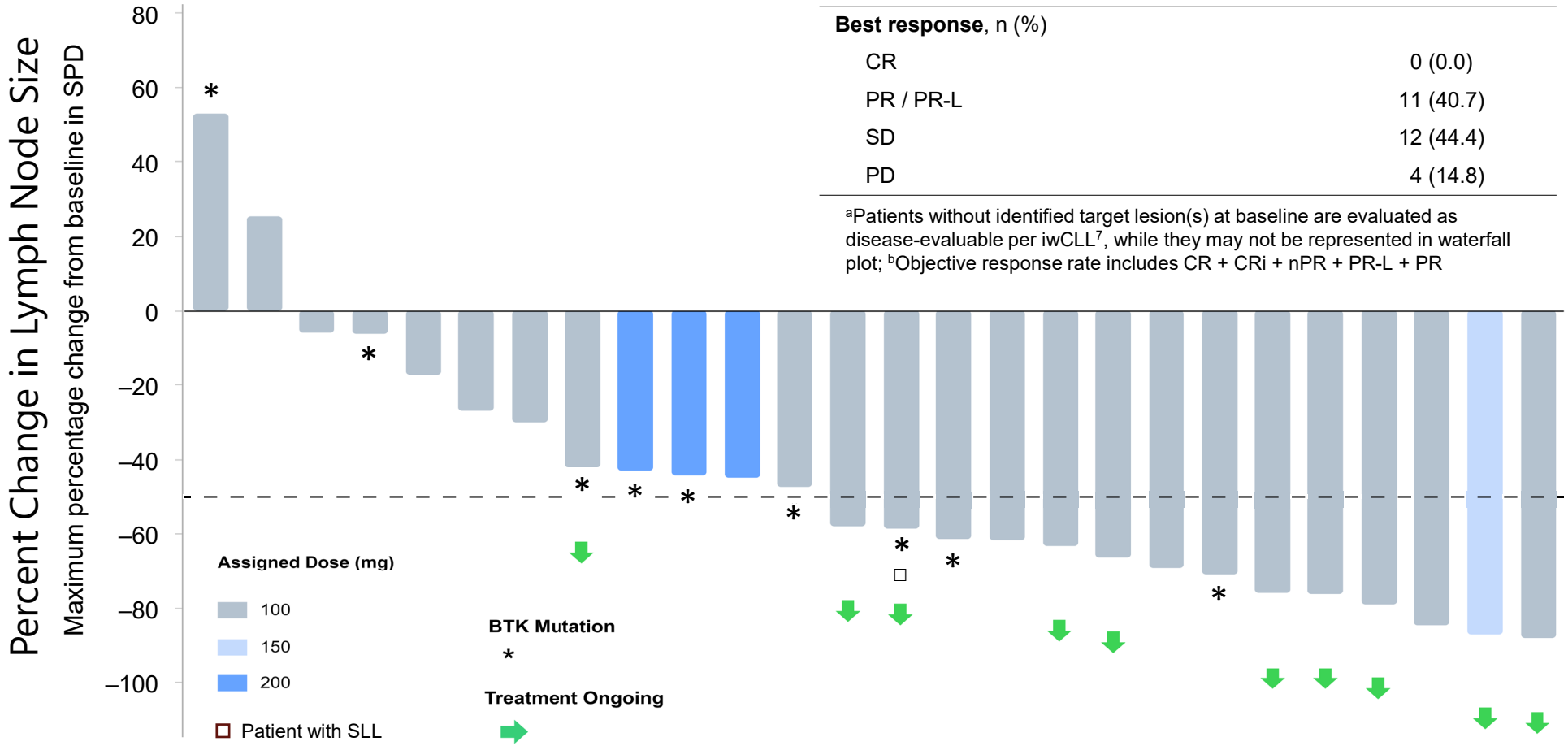
Data cutoff: 15 Sept 2023

Broad Antitumor Activity in CLL/SLL as Demonstrated by Significant Lymph Node Reduction and Objective Response Rate

Objective response rate in heavily pretreated population was 41% with treatment ongoing in 13 patients, up from 33% reported at ASH 2022

CLL/SLL disease-evaluable patients[a]	n=27
Objective response rate[b], % (95% CI)	40.7 (22.4–61.2)
Best response, n (%)	
CR	0 (0.0)
PR / PR-L	11 (40.7)
SD	12 (44.4)
PD	4 (14.8)

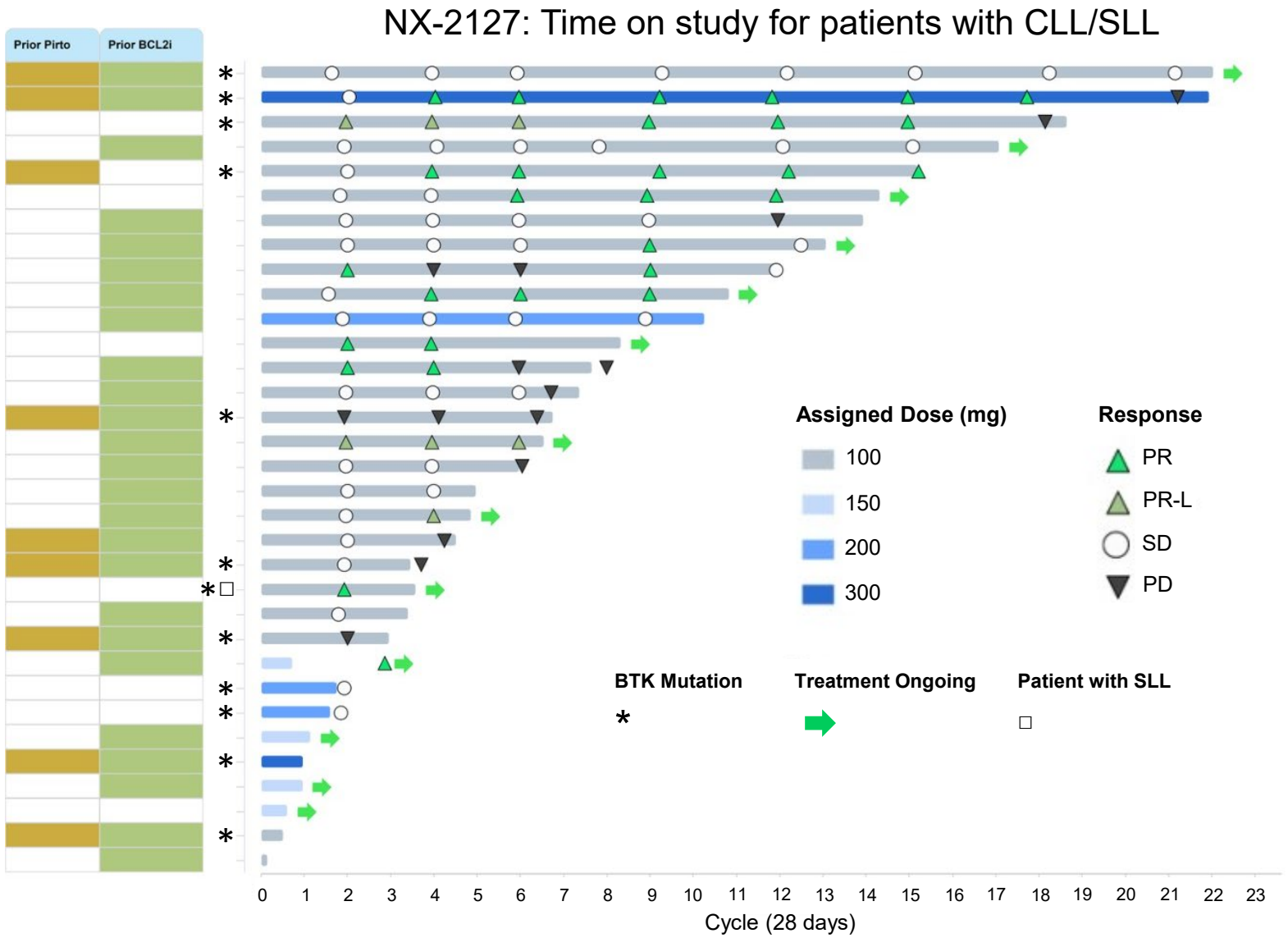
[a]Patients without identified target lesion(s) at baseline are evaluated as disease-evaluable per iwCLL[7], while they may not be represented in waterfall plot; [b]Objective response rate includes CR + CRi + nPR + PR-L + PR



CI, confidence interval; **CLL**, chronic lymphocytic leukemia; **CR**, complete response; **PD**, progressive disease; **PR**, partial response; **SD**, stable disease; **SLL**, small lymphocytic leukemia; **SPD**, sum of product diameters

Data cutoff: 15 Sept 2023

Durable Responses Seen in Heavily Pretreated CLL/SLL Patients



All patients had prior cBTKi

Double exposed:
Prior cBTKi and BCL2i

Triple exposed:
Prior cBTKi, ncBTKi, and BCL2i

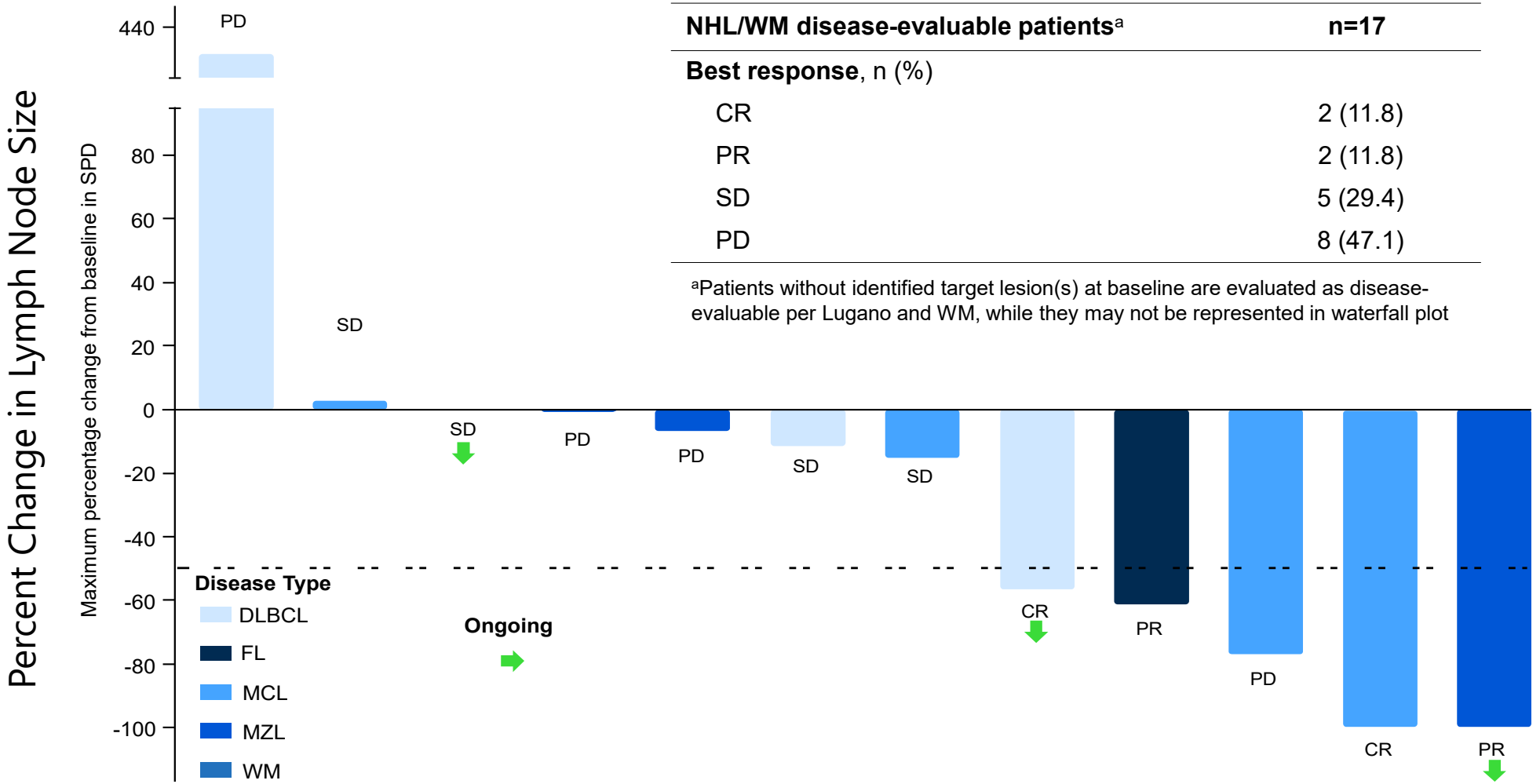
BCL2i, B-cell lymphoma-2 inhibitor; **BTK,** Bruton's tyrosine kinase; **cBTKi**, covalent BTK inhibitor; **ncBTKi**, non-covalent BTK inhibitor; **PD**, progressive disease; **Pirto**, pirtobrunib; **PR**, partial response; **PR-L**, partial response with lymphocytosis; **SD**, stable disease

Mutations were tested at baseline by NGS centrally

Data cutoff: 15 Sept 2023

Responses Observed Across NHL Subtypes Including Rapid and Sustained Complete Responses

- Rapid CR at 8 weeks observed in 2 patients (DLBCL, MCL) with 15+ months durability
- Rapid PRs at 8 weeks were observed in 2 patients (FL, MZL)



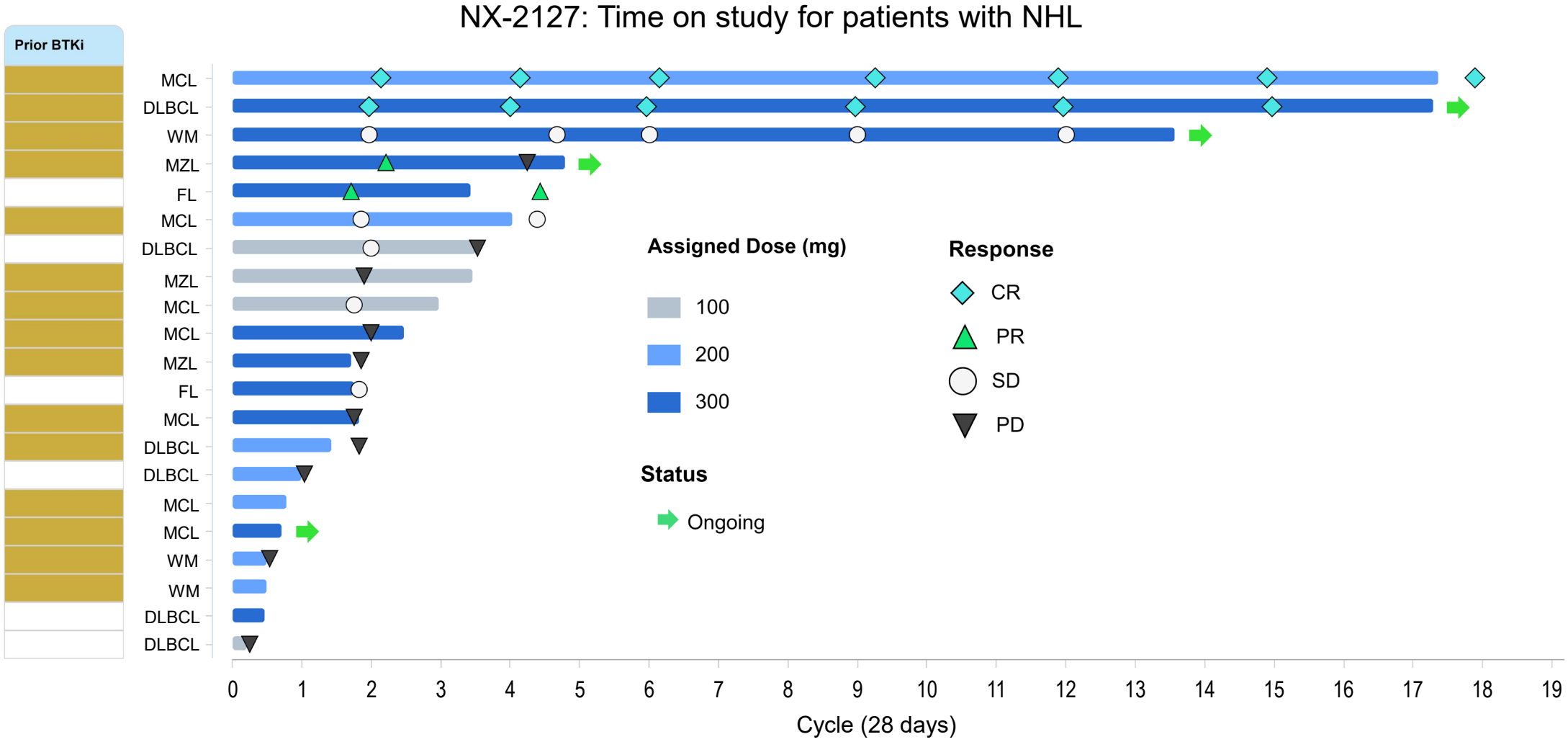
NHL/WM disease-evaluable patients[a]	n=17
Best response, n (%)	
CR	2 (11.8)
PR	2 (11.8)
SD	5 (29.4)
PD	8 (47.1)

[a]Patients without identified target lesion(s) at baseline are evaluated as disease-evaluable per Lugano and WM, while they may not be represented in waterfall plot

CR, complete response; **DLBCL,** diffuse large B-cell lymphoma; **FL**, follicular lymphoma; **MCL,** mantle cell lymphoma; **MZL,** marginal zone lymphoma; **NHL**, non-Hodgkin's lymphoma; **PD**, progressive disease; **PR**, partial response; **SD**, stable disease; **WM,** Waldenstrom's macroglobulinemia

Data cutoff: 15 Sept 2023

Ongoing Durable Complete Responses With Over One Year of Follow Up Seen in DLBCL and MCL



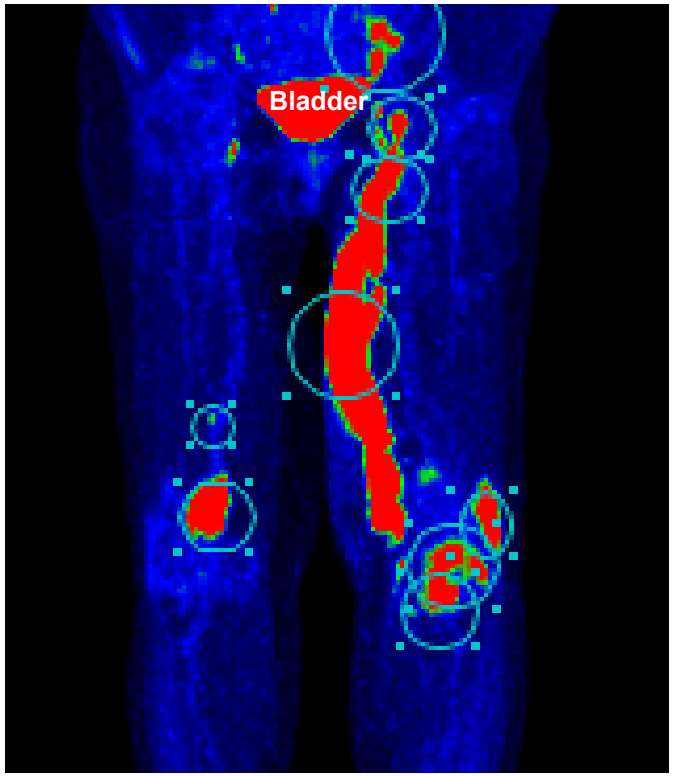
BTKi, Bruton's tyrosine kinase inhibitor**; CR**, complete response; **DLBCL,** diffuse large B-cell lymphoma; **FL**, follicular lymphoma; **MCL,** mantle cell lymphoma; **MZL,** marginal zone lymphoma; **PD**, progressive disease; **PR**, partial response; **SD**, stable disease; **WM,** Waldenstrom's macroglobulinemia

Data cutoff: 15 Sept 2023

Rapid and Sustained Complete Response in Relapsed/Refractory DLBCL With NX-2127

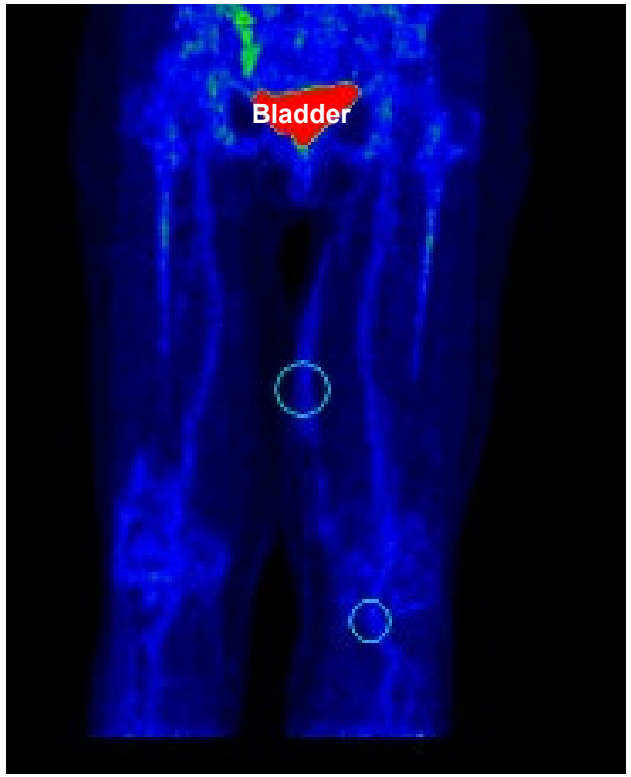
FDG-PET CT Scan Disease Assessment

Baseline



Deauville score: 5

Confirmatory Week 16 Scan



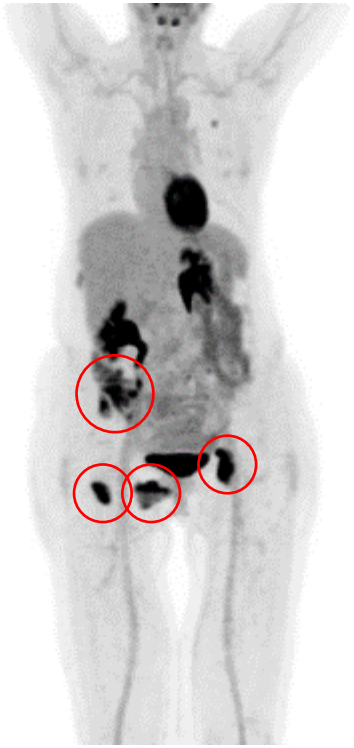
Deauville score: 2

- 84-year-old woman with multiply relapsed ABC-DLBCL following 4 lines of aggressive therapy (including combination of rituximab, ibrutinib, and lenalidomide)
- Complete response on first assessment at week 8, confirmed at week 16
- As of September 15, 2023, this patient remains in complete response and on treatment with over 15 months of follow up

Rapid and Sustained Complete Response in Relapsed/Refractory MCL With NX-2127

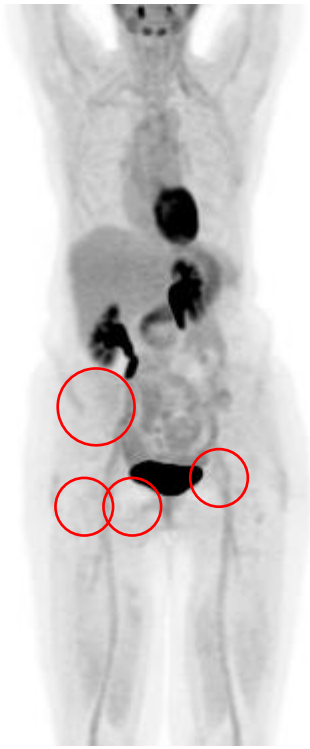
FDG-PET CT Scan Disease Assessment

Baseline



Deauville score: 5

Week 8 Scan



Deauville score: 2

- 64-year-old woman with multiply relapsed MCL, following stem cell transplant, chemo-immunotherapy, and ibrutinib
- Complete response on first assessment at week 8, confirmed at week 16
- As of September 15, 2023, this patient remains in complete response having come off therapy by choice after 17 cycles of treatment

Vision: Focused Strategy With NX-2127 in NHL

B-cell malignancies Phase 1 & 2	DLBCL Phase 3	MCL Phase 3
Establish single-agent response rate in DLBCL and MCL	r/r DLBCL Potential monotherapy	r/r MCL Potential monotherapy
Enable combinations for earlier line trials	1L DLBCL Improve standard of care	

Initiation of advanced development activities are dependent on threshold activity in Phase 1b and emerging data for NX-5948

DLBCL, diffuse large B cell lymphoma; **MCL**, mantle cell lymphoma; **NHL**, non-Hodgkin's lymphoma

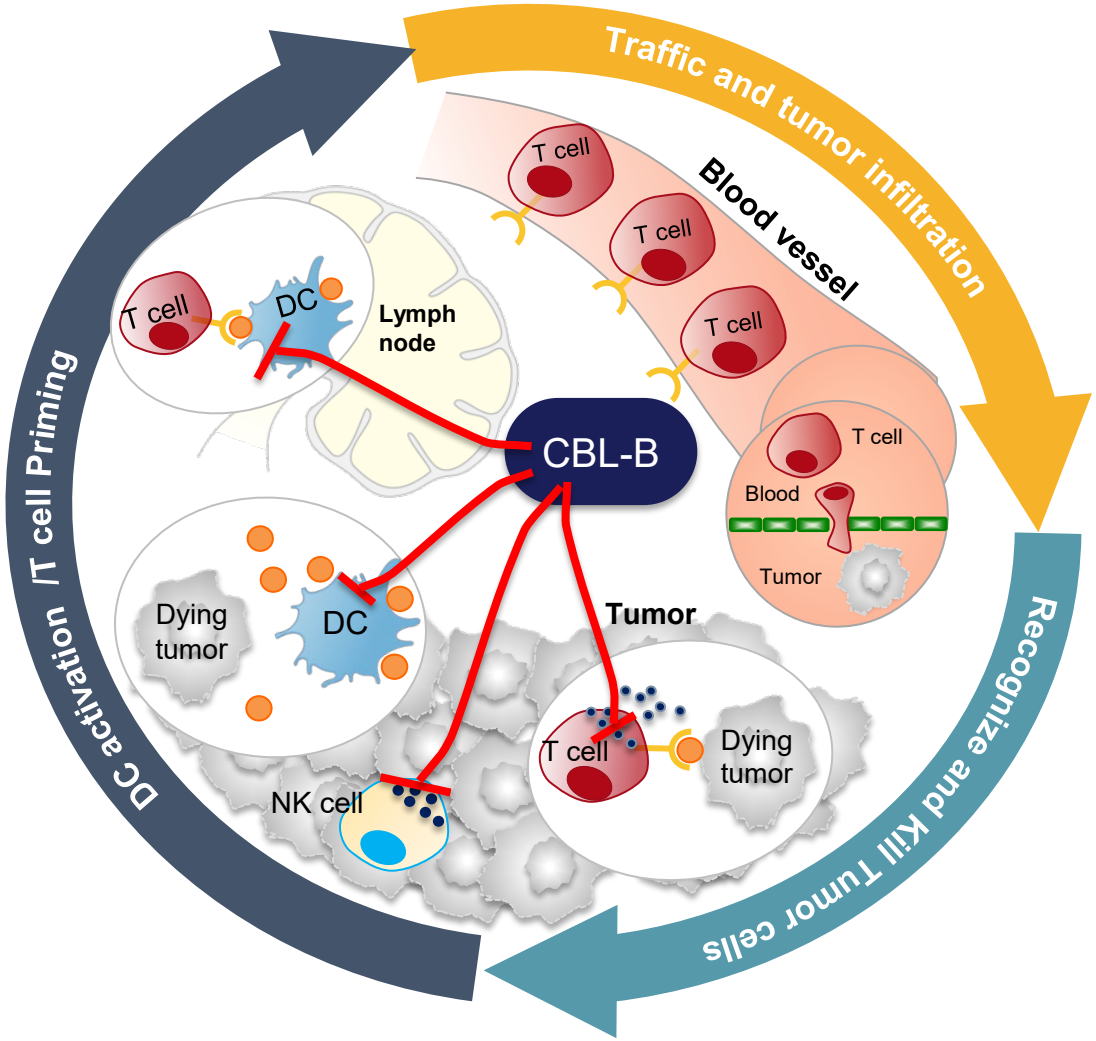
Targeting CBL-B Enhances Antitumor Response

A Master Orchestrator of the Immune System

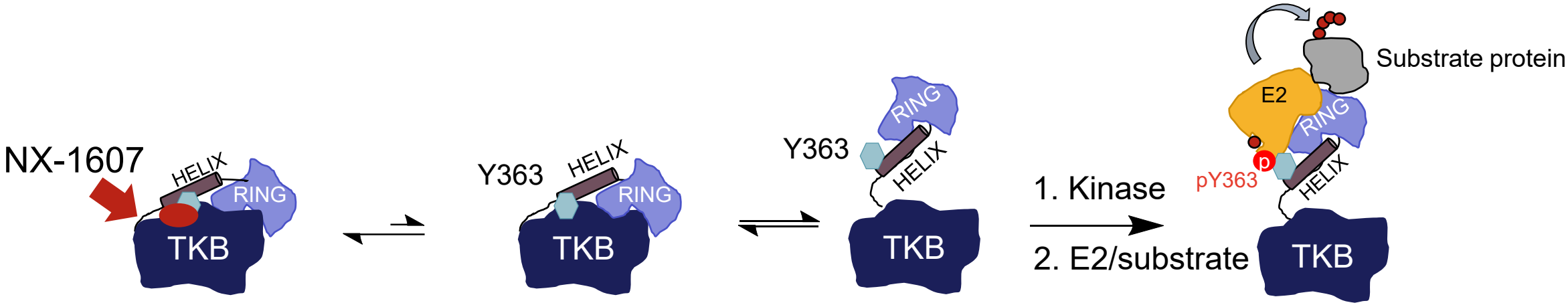
CBL-B mediated mechanisms strongly restrain a productive anti-tumor response

CBL-B inhibition increases:

- DC and NK infiltration and function
- T cell priming
- Cytotoxic T cells function
- Ability of T cells to resist tumor immunosuppressive mechanisms: Treg, MDSC, and TGF-β



NX-1607 Mechanism of Action: Intramolecular Glue



NX-1607 acts as an intramolecular glue forcing CBL-B in its folded **INACTIVE** state

Closed State
INACTIVE

Opened State

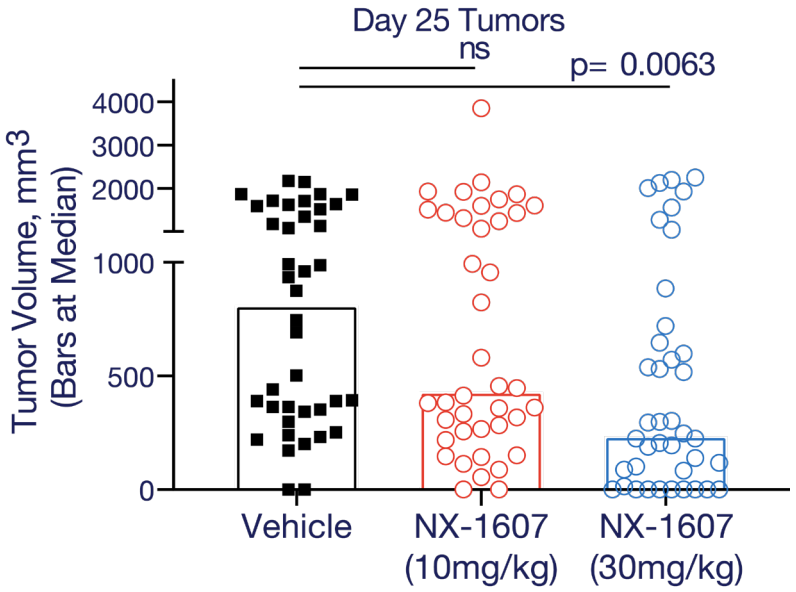
Phosphorylation locks CBL-B in the **ACTIVE** Conformation

Immune Response

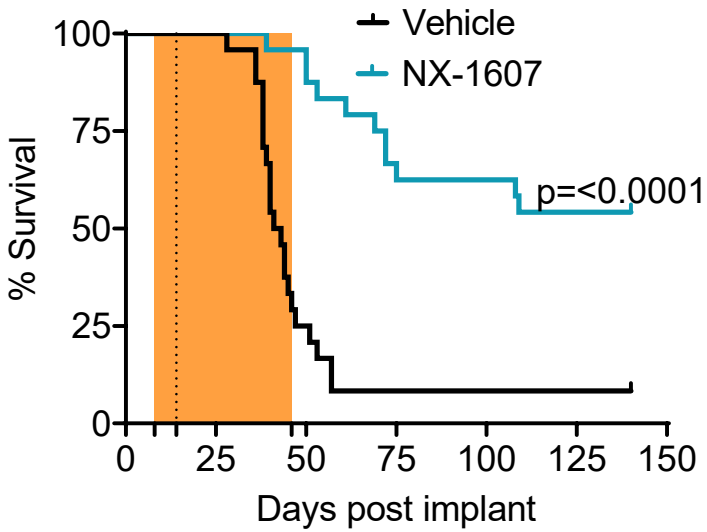
Immune Response

Single-Agent NX-1607 Induces Antitumor Response in Multiple Models

NX-1607 Reduced Tumor Volume
Colorectal

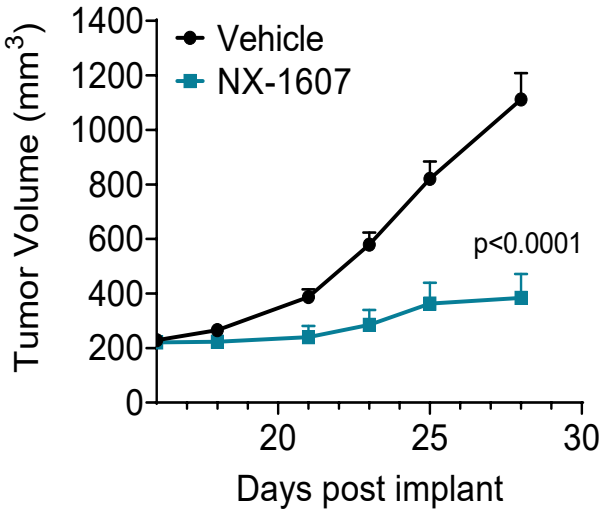


NX-1607 Prolonged Survival
Triple-Negative Breast



NX-1607 30 mg/kg day 7 to 46

NX-1607 Reduced Tumor Volume
B Cell Lymphoma

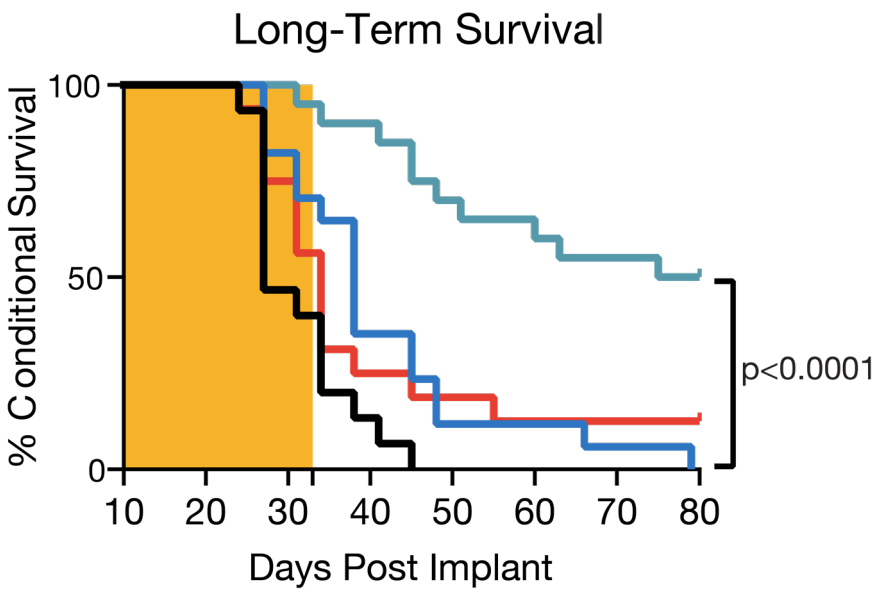


NX-1607 30 mg/kg day 16 to 28

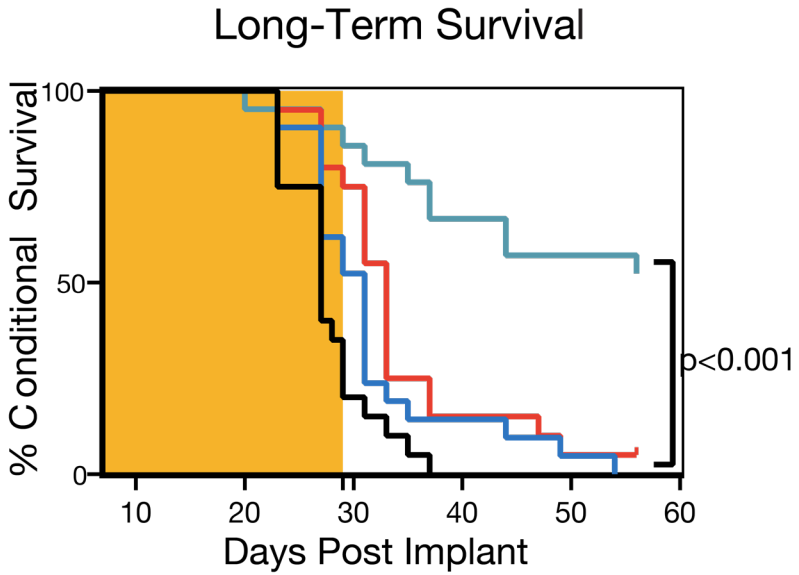
Shaded area indicates dosing period

NX-1607 and Anti-PD-1 Synergize to Enhance Anti-Tumor Effects and Survival of Mice in Multiple Tumor Models

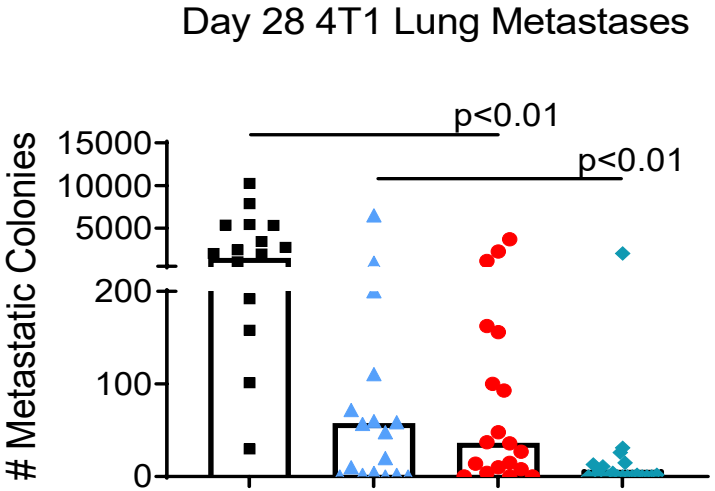
Colorectal (CT26)



Colorectal (MC38)

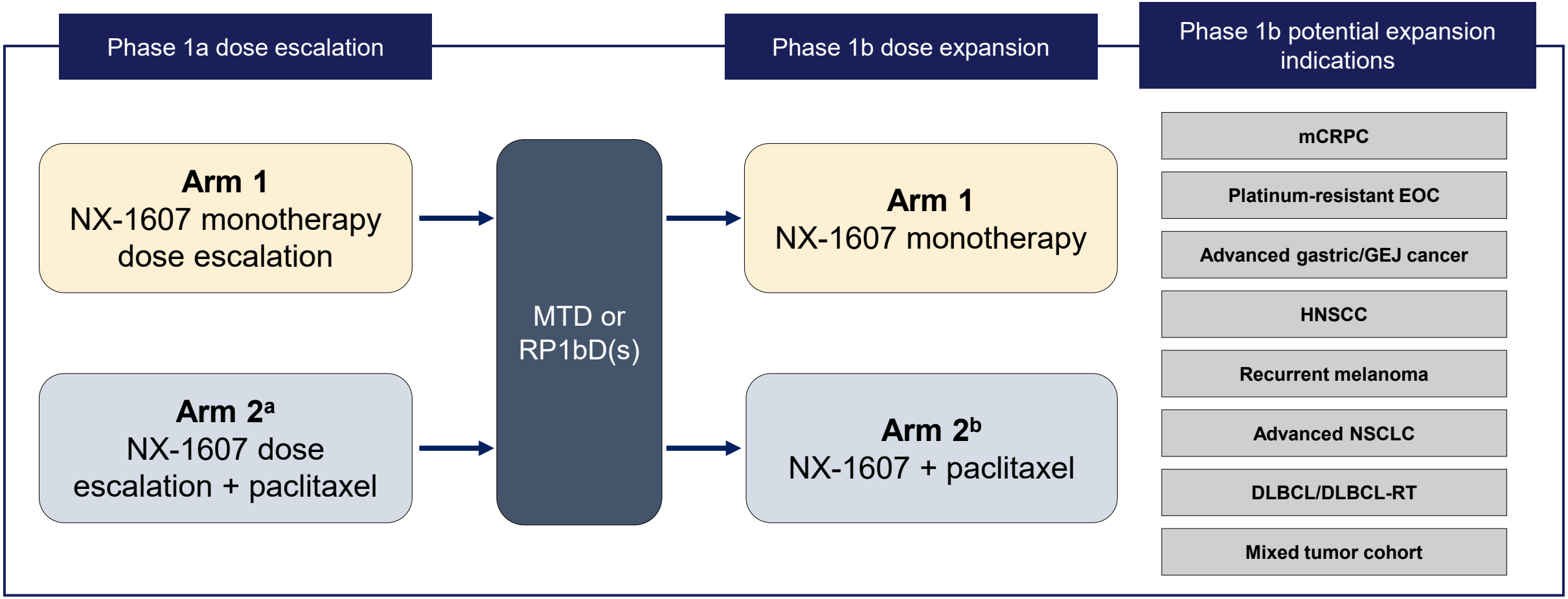


Triple-Negative Breast (4T1)



Shaded area indicates dosing period: NX-1607 (30 mg/kg, PO daily) and anti-PD-1 twice a week at 10 mg/kg dosing period

NX-1607-101: Phase 1 First-in-Human Clinical Trial Design



[a]Starting dose for NX-1607 in Arm 2 will be ≥1 dose level below the highest previously cleared monotherapy dose level and dosing regimen.
[b]Combination indications for Arm 2 may include platinum-resistant EOC, gastric cancer, HNSCC, NSCLC, TNBC, urothelial cancer, cervical cancer

Defining Success in 2024

B-cell malignancies

NX-5948

- Present updated Phase 1a clinical data supporting Phase 1b dose expansion
- Accelerate Phase 1 enrollment to enable pivotal trials
- Complete IND-enabling studies for autoimmune indications

NX-2127

- ✓ Resolve partial clinical hold to enable the introduction of new drug product into the ongoing Phase 1 clinical trial

Immune oncology

NX-1607

- Present Phase 1a monotherapy and paclitaxel combination data
- Define Phase 1b dose(s) for cohort expansion

Platform & pipeline

Research pipeline

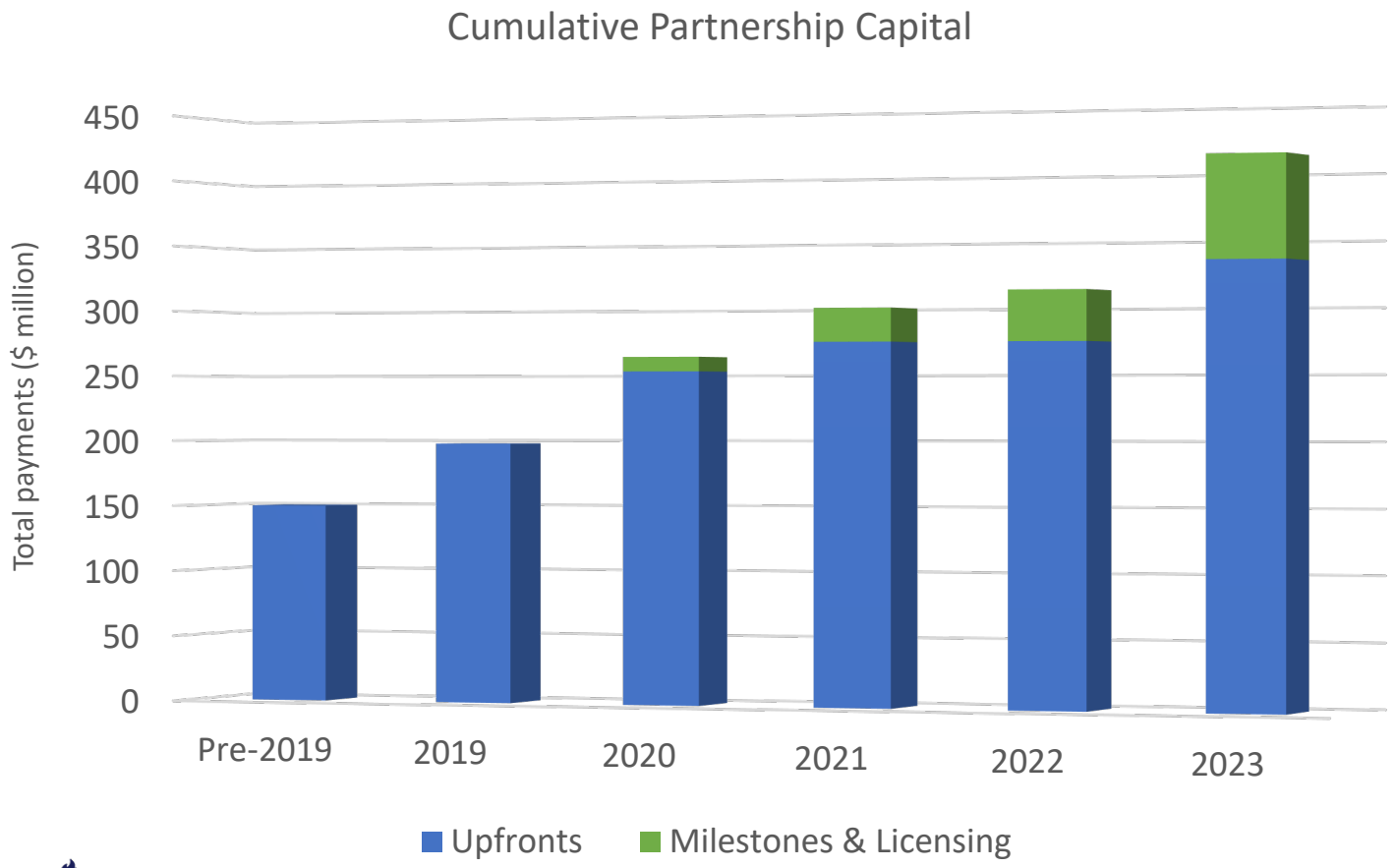
- Nominate new targeted protein degrader development candidate
- Achieve substantial research collaboration milestones throughout 2024

Note: All anticipated timing is based on calendar-year periods

Strong Financial Position

$442.9M in proforma cash and investments

- Includes $254.3M as of February 29, 2024, plus approximately $188.6M in net proceeds from recent follow-on offering
- Cash runway to fund operations into H2 2026



R&D collaboration cashflow:

- Gilead: $45M upfront and $67M in licensing fee and milestone payments earned to date
- Sanofi: $55M upfront, $22M in expansion option exercise, and $11M in milestone payments earned to date
- Seagen (now part of Pfizer): $60M upfront payment
- $413 million generated through discovery partnership payments

Nurix retains option for U.S. profit share and co-promotion for six drug candidates across three partnerships

Thank you

nurix