UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 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): October 26, 2022

NURIX THERAPEUTICS, INC.
(Exact Name of Registrant as Specified in its Charter)

Delaware	**001-39398**	**27-0838048**
(State or Other Jurisdiction of Incorporation or Organization)	**(Commission File Number)**	**(IRS Employer Identification No.)**

1700 Owens Street, Suite 205 **San Francisco, California** **(Address of Principal Executive Offices)**	**94158** **(Zip Code)**

(415) 660-5320
(Registrant's Telephone Number, Including Area Code)

N/A
(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:

☐ 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))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading symbol(s)	Name of each exchange on which registered
Common Stock, $0.001 par value per share	**NRIX**	**Nasdaq Global Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 8.01 Other Events.

As previously announced, on October 26, 2022, Arthur T. Sands, M.D., Ph.D., president and chief executive officer of Nurix Therapeutics, Inc. (the "Company"), will make a Keynote Plenary presentation at the 5th Annual Targeted Protein Degradation Summit (the "TPD Summit"). During the Keynote Plenary session, Dr. Sands will present new preliminary clinical data comprised of a case study of a patient with aggressive non-germinal center B-cell diffuse large B cell lymphoma from the Company's ongoing Phase 1 clinical trial of NX-2127. A copy of Dr. Sands' presentation material for the TPD Summit is attached as Exhibit 99.1 hereto and is incorporated herein by reference. Also on October 26, 2022, the Company issued the press release attached as Exhibit 99.2 hereto, which is incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

The following exhibits are filed herewith and this list is intended to constitute the exhibit index:

99.1	Nurix Therapeutics, Inc. presentation dated October 26, 2022.
99.2	Nurix Therapeutics, Inc. press release dated October 26, 2022.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

SIGNATURES

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

NURIX THERAPEUTICS, INC.

Date: October 26, 2022

By: /s/ Christine Ring
Christine Ring, Ph.D., J.D.
General Counsel and Secretary

Exhibit 99.1

nurix

Leader in Targeted Protein Modulation

The First BTK Degraders in Hematologic Malignancies: The Latest from the Clinic

Arthur T. Sands, M.D., Ph.D.
President & CEO

5th Annual TPD Summit
Boston, MA
October 26th, 2022

Important Notice and Disclaimers

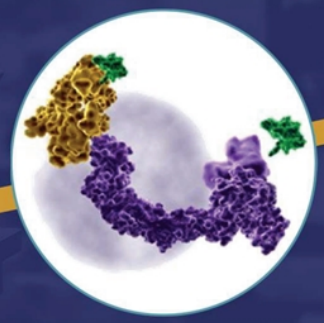
This presentation contains statements that relate to future events and expectations and as such constitute forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. When or if used in this presentation, the words “anticipate,” “believe,” “could,” “estimate,” “expect,” “intend,” “may,” “outlook,” “plan,” “predict,” “should,” “will,” and similar expressions and their variants, as they relate to Nurix Therapeutics, Inc. (“Nurix,” the “Company,” “we,” “us” or “our”), may identify forward-looking statements. All statements that reflect Nurix’s expectations, assumptions or projections about the future, other than statements of historical fact, are forward-looking statements, including, without limitation, statements regarding our future financial or business plans; our future performance, prospects and strategies; future conditions, trends, and other financial and business matters; our current and prospective drug candidates; the planned timing and conduct of the clinical trial programs for our drug candidates; the planned timing for the provision of clinical updates and initial findings from our clinical studies; the potential advantages of our DELigase™ platform and drug candidates; the extent to which our scientific approach and DELigase™ platform may potentially address a broad range of diseases; the extent animal model data predicts human efficacy; and the timing and success of the development and commercialization of our current and anticipated drug candidates. Forward-looking statements reflect Nurix’s current beliefs, expectations, and assumptions. Although Nurix believes the expectations and assumptions reflected in such forward-looking statements are reasonable, Nurix can give no assurance that they will prove to be correct. Forward-looking statements are not guarantees of future performance and are subject to risks, uncertainties and changes in circumstances that are difficult to predict, which could cause Nurix’s actual activities and results to differ materially from those expressed in any forward-looking statement. Such risks and uncertainties include, but are not limited to: (i) risks and uncertainties related to Nurix’s ability to advance its drug candidates, obtain regulatory approval of and ultimately commercialize its drug candidates; (ii) the timing and results of clinical trials; (iii) Nurix’s ability to fund development activities and achieve development goals; (iv) the impact of the COVID-19 pandemic on Nurix’s business, clinical trials, financial condition, liquidity and results of operations; (v) Nurix’s ability to protect intellectual property and (vi) other risks and uncertainties described under the heading “Risk Factors” in Nurix’s Quarterly Report on Form 10-Q for the fiscal quarter ended August 31, 2022, and other SEC filings. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements. The statements in this presentation speak only as of the date of this presentation, even if subsequently made available by Nurix on its website or otherwise. Nurix disclaims any intention or obligation to update publicly any forward-looking statements, whether in response to new information, future events, or otherwise, except as required by applicable law.

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and the Company’s own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while we believe our own internal estimates and research are reliable, such estimates and research have not been verified by any independent source.

Nurix Drugs Engage Ligases for the Treatment of Cancer

Targeted Protein Modulation: TPM = TPD + TPE

A Powerful Cellular System



Harness ligases to decrease specific protein levels

Targeted protein degradation (TPD)

Ubiquitin is ligated to target proteins to tag them for degradation by the proteasome

Targeted protein elevation (TPE)

Inhibit ligases to increase specific protein levels

Nurix Is Advancing Four Wholly Owned Clinical Programs with a Deep Pipeline of Proprietary and Partnered Novel Targets

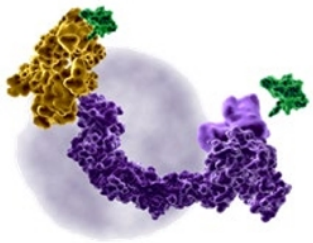
MOA	Drug program	Target/delivery	Therapeutic area	Preclinical	Phase 1	Phase 2	Phase 3
TPD	**NX-2127** Degrader	BTK-IKZF *Oral*	B-cell malignancies				
TPD	**NX-5948** Degrader	BTK *Oral*	B-cell malignancies				
TPE	**NX-1607** Inhibitor	CBL-B *Oral*	Immuno-Oncology				
TPE	**DeTIL-0255** Cell therapy	*Ex vivo CBL-B inhibition*	Gynecologic malignancies				
TPM	Wholly owned	5 targets	Multiple				
TPD	Gilead Sciences	5 targets	Multiple				
TPD	Sanofi	5 targets	Multiple				

A First-in-Class Franchise of BTK Degraders:
NX-2127 & NX-5948

NX-2127

BTK DEGRADATION
& IMMUNOMODULATION

- Active against multiple BTK inhibitor-resistant mutations
- Robust BTK degradation and immunomodulatory activity observed across all dose levels to date
- Positive clinical activity in CLL patients, including responses in patients with BTK or BCL2 mutations
- Initiated cohort expansion for CLL patients
- Dose exploration is ongoing for patients with NHL



NX-5948

BTK DEGRADATION

- Active against multiple BTK inhibitor-resistant mutations
- Crosses blood brain barrier and degrades BTK in brain-resident lymphoma cells and microglia in animal models
- Activity in multiple models of autoimmune disease
- Phase 1a dose escalation trial ongoing

Value Proposition for a BTK Degrader
Meeting the Unmet Need with NX-2127

Activity against resistance mutations to both covalent and non-covalent BTK inhibitors

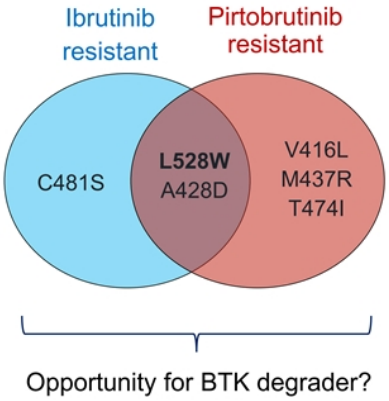
Degradation blocks all downstream signaling from BTK

Immunomodulatory activity adds second anti-tumor mechanism

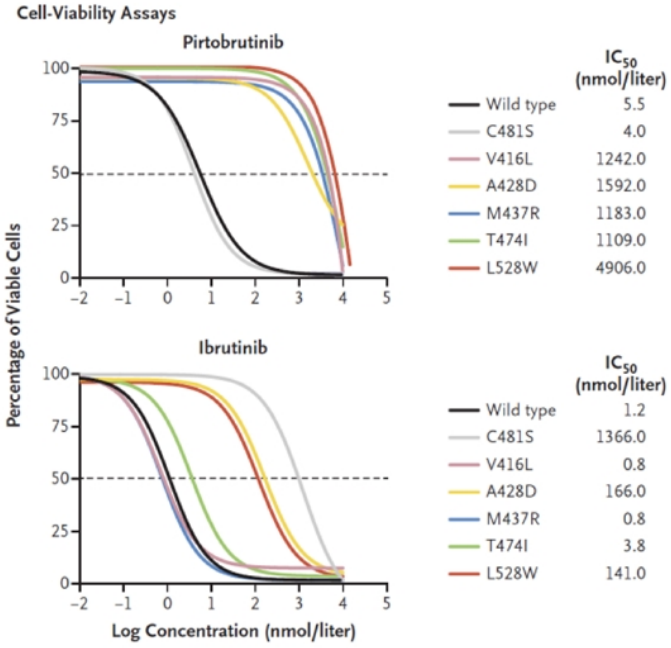
Emerging BTK Mutations Confer Resistance to Covalent and Non-Covalent BTK Inhibitors

The NEW ENGLAND JOURNAL of MEDICINE

"Our data suggest potential new therapeutic approaches to overcome the newly described BTK inhibitor resistance mechanisms. For example, these data provide a rationale for therapies aimed at addressing the potential scaffold function of BTK rather than inhibiting BTK kinase activity."



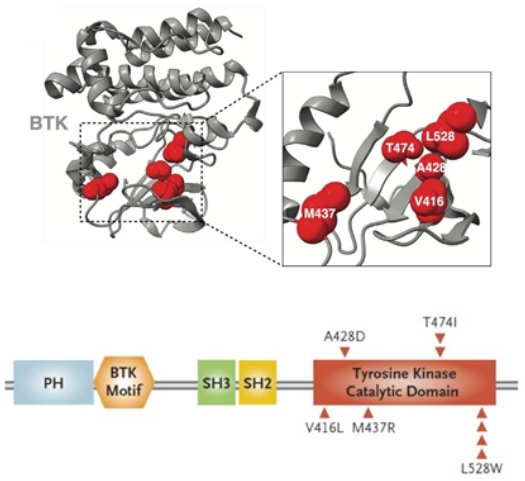
Opportunity for BTK degrader?



Wang E, et al. NEJM 2022

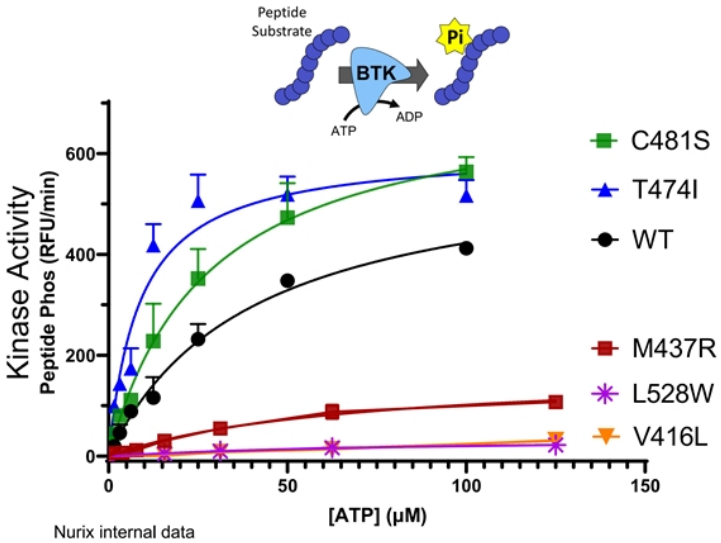
Nurix Degraders Directly Address Emerging Resistance Mutations and BTK Scaffolding Activity

Treatment with BTK inhibitors is changing the resistance landscape



Wang E, et al. NEJM 2022

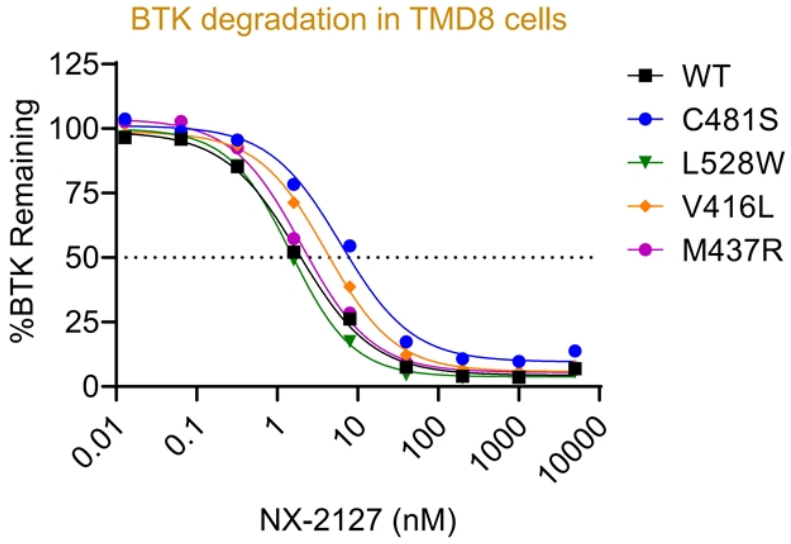
Many of the mutations that confer resistance to BTK inhibitors lack kinase activity



Nurix internal data

NX-2127 is Active Against Both Wildtype and Mutant BTK

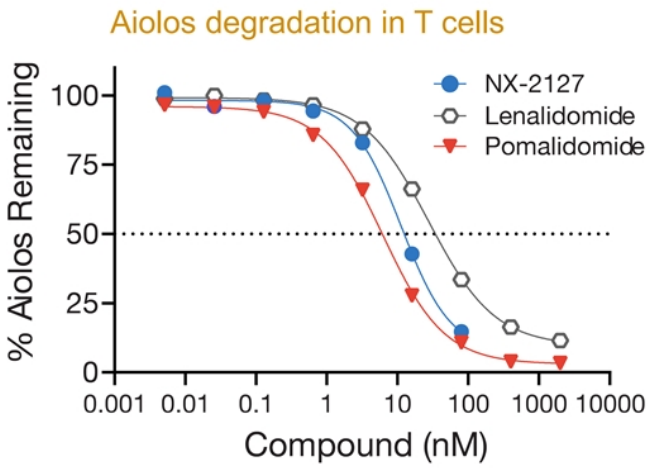
Potential to treat patients who failed both covalent and non-covalent BTK inhibitors



NX-2127 is capable of degrading not only C481S, but also the novel BTK mutations observed post treatment with pirtobrutinib

TMD8: Human diffuse large B cell lymphoma cell line

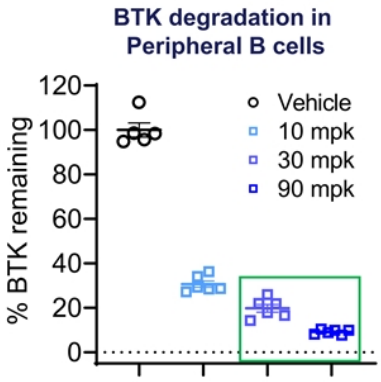
NX-2127 is a Dual Acting Agent That Also Degrades Immunomodulatory Cereblon Neosubstrate Aiolos

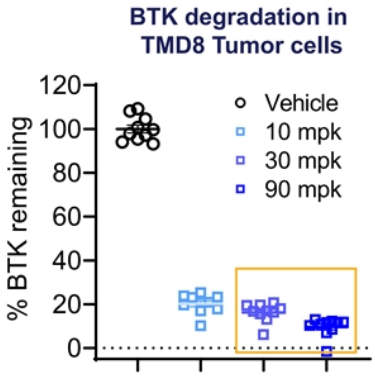


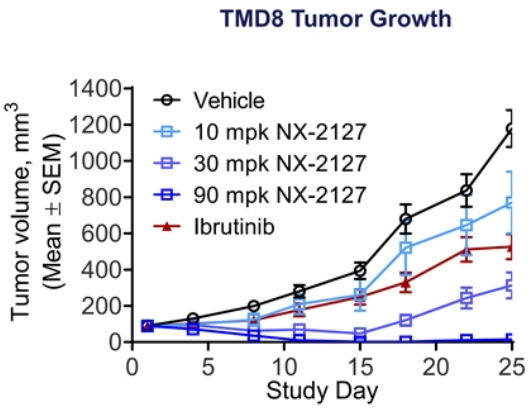
NX-2127 degradation of Aiolos in human T cells occurs at a similar potency to lenalidomide and pomalidomide

- Activity of NX-2127 is pegged to approved agents with well-established efficacy and safety
- Dual activity potentially addresses alternative resistance mechanism in CLL
- Emerging clinical data supports pathway combination approach in non-GCB-subtype DLBCL
- Dual mechanism shows strong benefit in MCL where both classes of agents are approved single agents

BTK Degradation of 80%+ Drives Potent Anti-Tumor Activity in Preclinical Models



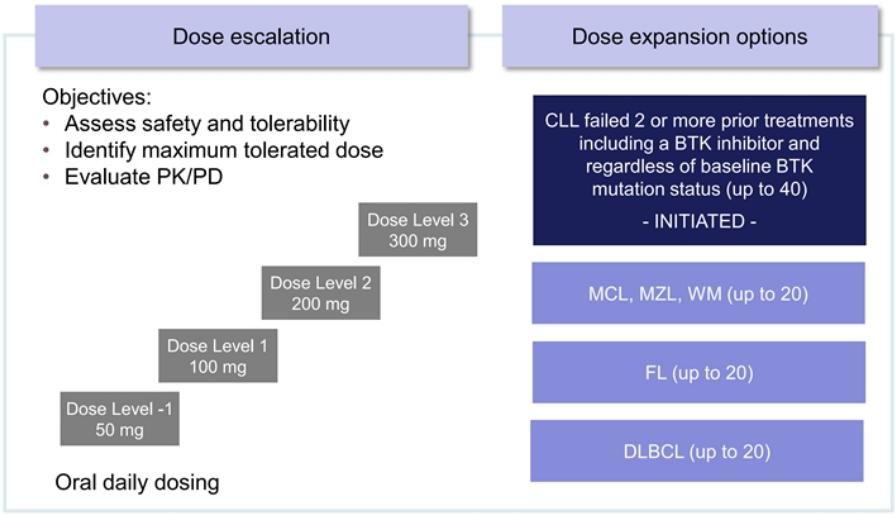




Oral dose of NX-2127 (mg/kg)	10	30	90
% BTK degradation in peripheral B cells	69%	80%	91%
% BTK degradation in tumor tissue	79.8%	83.7%	90.4%
% Tumor growth inhibition vs Vehicle (Day 24)	58%	74%	100%

TMD8: Human diffuse large B cell lymphoma cell line

NX-2127-001
Phase 1a/1b Trial Design



CLL, chronic lymphocytic leukemia; DLBCL, diffuse large B cell lymphoma; FL, follicular lymphoma; MCL, mantle cell lymphoma; MZL, marginal zone lymphoma; WM, Waldenstrom's macroglobulinemia.

- CLL Phase 1b cohort expansion at 100 mg dose
- 50 mg CLL cohort opened to evaluate multiple doses for Project Optimus
- Phase 1a dose escalation is ongoing at 200 mg and 300 mg doses for patients with NHL

NX-2127-001: Heavily Pre-Treated Patient Population, Including Double-Refractory CLL Patients

Characteristics	Overall population (n=21)**	CLL (n=13)	Non-CLL (n=7)
Median age, years (range)	76.0 (61–92)	76 (65–86)	77 (67–92)
Female, n (%) Male, n (%)	7 (33.3) 14 (66.7)	7 (53.8) 6 (46.2)	0 7 (100)
Prior therapy*, median (range) BTK inhibitor, n(%) BCL2 inhibitor, n(%)	4.5 (1–8) 16 (76.2) 7 (33.3)	6.0 (2–8) 12 (92.3) 7 (53.8)	2.0 (1–5) 4 (57.1) 0

Type of Disease	Cohort 1 (100 mg) (n=12)	Cohort 2 (200 mg) (n=6)	Cohort 3 (300 mg) (n=3)	Total (n=21)
Chronic lymphocytic leukemia (CLL)	8 (66.7%)	3 (50%)	2 (66.7%)	13 (61.9%)
Mantle cell lymphoma (MCL)	1 (8.3%)	1 (16.7%)	1 (33.3%)	3 (14.3%)
Diffuse large B-cell lymphoma (DLBCL)	2 (16.7%)	1 (16.7%)	0 (0%)	3 (14.3%)
Waldenstrom's Macroglobulinemia (WM)	0 (0%)	1 (16.7%)	0 (0%)	1 (4.8%)
TBD***	1 (8.3%)	0 (0%)	0 (0%)	1 (4.8%)

Data cut April 8, 2022

*Prior therapies were not entered into the database for all enrolled patients at the time of datacut. Some data pending/ongoing
**One patient's disease type wasn't identified in the EDC at the time of extract, but disease type was coded based on source data
***One subject was screened into the study, but the indication and cohort weren't entered in the EDC at the time of data extract

NX-2127-001:
Safety Observations By Dose (All Patients, Grade ≥3)

Adverse Event Preferred Term, Grade ≥3	100 mg (n=10) n (%)	200 mg (n=6) n (%)	300 mg (n=3) n (%)
Neutropenia	1 (10%)	3 (50%)	2 (66.7%)
Hypertension	0 (0%)	1 (16.7%)	0 (0%)
Dyspnea	0 (0%)	1 (16.7%)	0 (0%)
Anemia	1 (10%)	1 (16.7%)	0 (0%)
Pain in extremity	0 (0%)	0 (0%)	1 (33.3%)
Clostridium difficile colitis	0 (0%)	1 (16.7%)	0 (0%)
Clostridium difficile infection	0 (0%)	1 (16.7%)	0 (0%)
Cognitive disorder	0 (0%)	0 (0%)	1 (33.3%)
Upper respiratory tract infection	0 (0%)	1 (16.7%)	0 (0%)

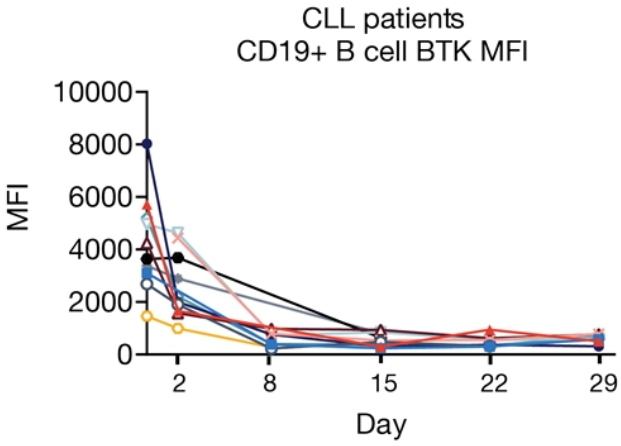
Safety population included 19 subjects. Two patients were assigned to the 100 mg cohort, but treatment was not entered in the EDC at time of extract

Data cut April 8, 2022

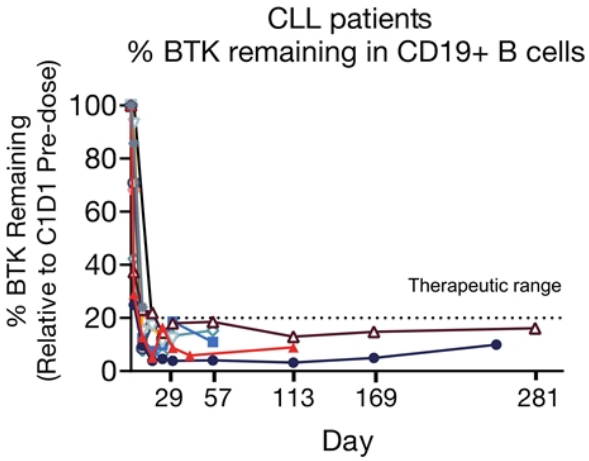
Additional safety observations:

- Dose-limiting toxicity observed at 300 mg in a patient with CLL; cognitive AE believed to be related to immunomodulatory activity
- Two AEs of lower grade atrial fibrillation were observed at 100 mg in a patient with MCL, and at 200 mg in a patient with CLL

NX-2127-001: Rapid and Sustained Degradation of BTK in Patients with CLL



Target BTK degradation achieved by Day 15 (steady state) for all starting BTK levels



BTK degradation is sustained

Data cut April 8, 2022

Case Study: Patient #1 (Presented at TPD 2021)

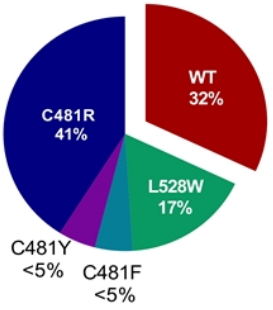
Patient history
78-year-old male
with stage IV CLL

Prior treatments
1. Rituximab, 2015
2. Ibrutinib, 2015-2021

Disease at study entry
Bone marrow involvement: 85.4%
Spleen: enlarged (15.7 cm)
Nodal lesions: several, largest 4.2 cm
Multiple resistance mutations

Safety	
Exposure	No dose interruptions or modifications
DLT's	None
SAE's	None
Grade 3 or > AE	Neutropenia (ANC = 860), resolved without intervention

Up to 68% of Leukemia Cells with BTK Mutations



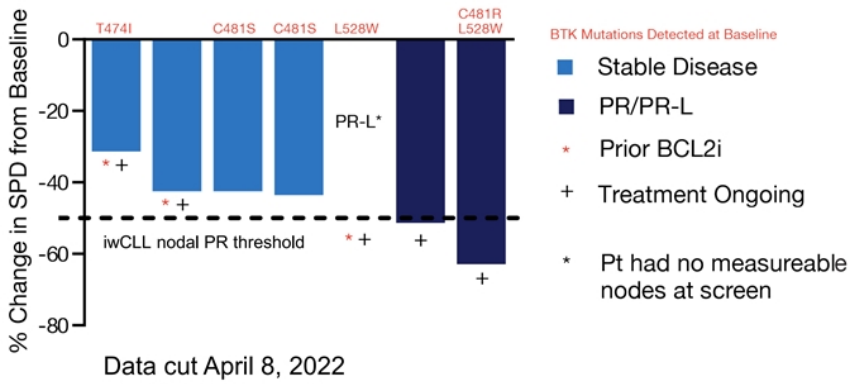
Disease assessment

Time Point	Hgb (g/dL)	Plt (K/uL)	ALC (K/uL)	Spleen (cm)	Spleen % change[a]	Lymph Node SPD (cm^2)	Nodal SPD % Change	Response[b]
Baseline	14.3	112	16.4	15.7	–	27.1	–	–
Week 8	13.2	133	36.9	14.8	–33%	13.4	–51%	Stable disease
Week 16	14.1	114	22.5	14.2	–56%	10.8	–60%	Partial remission with lymphocytosis

[a]Spleen % change is the percent change to a reference "normal" of 13 cm
[b]Response for this patient as per International working group on chronic lymphocytic leukemia (iwCLL)
[c]Listed as partial remission in database
DLT: dose limiting toxicity; SAE: serious adverse event; AE: adverse event; ANC: absolute neutrophil count; Hgb: hemoglobin, Plt: platelet count, ALC: absolute lymphocyte count, SPD: sum of product diameters

NX-2127-001 Phase 1a: Positive Initial Findings in Heavily Pretreated CLL Patients

Best Nodal Response On Study (CLL)



Data cut April 8, 2022

Next clinical update on CLL patients at ASH 2022

- Meaningful clinical benefit in CLL patients with a median of 6 prior lines of therapy
- Biologic activity including nodal reductions and/or lymphocytosis observed in all patients treated
- Responses in patients with resistance mutations to covalent and non-covalent BTK inhibitors
- Responses include a double-refractory patient who had prior BCL2 inhibitor therapy

SPD, sum of the product of diameters; iwCLL, international Workshop on CLL

Clinical Update

Initial experience in non-GCB DLBCL patients

CASE STUDY

First Report of Targeted Protein Degrader NX-2127 in Diffuse Large B cell Lymphoma (DLBCL)

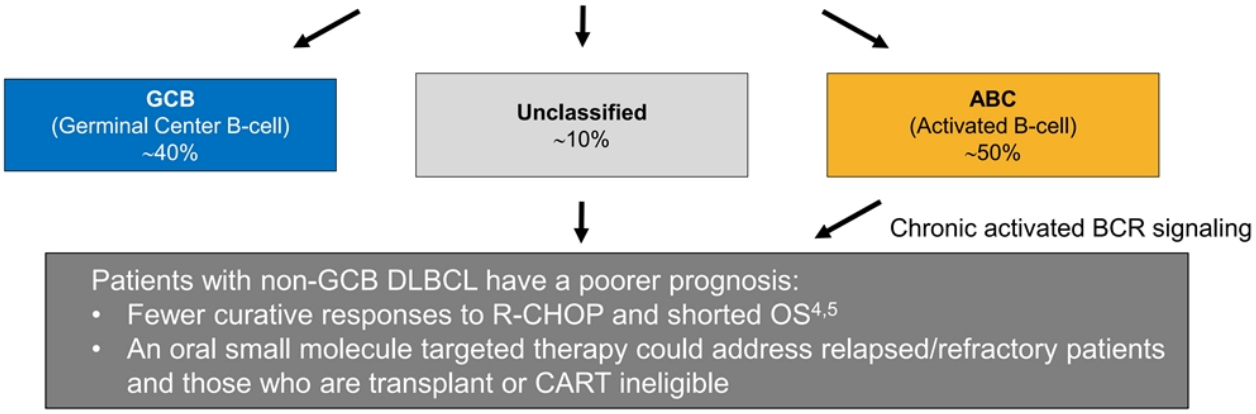
Robert Brown, M.D.
Executive Vice President
Clinical Development
Nurix Therapeutics

October 26, 2022

Non-GCB DLBCL Represents an Important Unmet Medical Need

- DLBCL is the most common form of lymphoma, representing ~30% of all NHL diagnoses[1,2]
- ~24,000 people diagnosed in the United States each year, with ~60% 5-year survival[1,2,3]

DLBCL treatments are the same for all patients, even though it is a biologically heterogeneous disease[4]



Patients with non-GCB DLBCL have a poorer prognosis:
- Fewer curative responses to R-CHOP and shorted OS[4,5]
- An oral small molecule targeted therapy could address relapsed/refractory patients and those who are transplant or CART ineligible

[1]American Cancer Society. Cancer Facts & Figures 2022. Atlanta, Ga: American Cancer Society; 2022. https://www.cancer.org/cancer/non-hodgkin-lymphoma/about/key-statistics.html#references
[2]NCCN, B-Cell Lymphomas; April 2021 https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf; [3]https://seer.cancer.gov/statfacts/html/dlbcl.html
[4]Mareschal et al. Hematologica 2011;96:1888–90; [5]Schmitz et al. N Engl J Med 2018;378:1396–407

Mechanistic Rationale for Dual Degrader in DLBCL

CLINICAL TRIALS AND OBSERVATIONS

Comment on Goy et al, page 1024

Ibrutinib and lenalidomide: when 1+1 = >2

Jason Westin | MD Anderson Cancer Center

Hyper-activated BCR (CD79b-mut) and TLR (MyD88-mut) signaling are hallmarks of non-GCB DLBCL:

- NX-2127 targets both BCR and TLR signaling through BTK degradation
- NX-2127 targets non-BTK dependent TLR signaling through its immunomodulatory activity

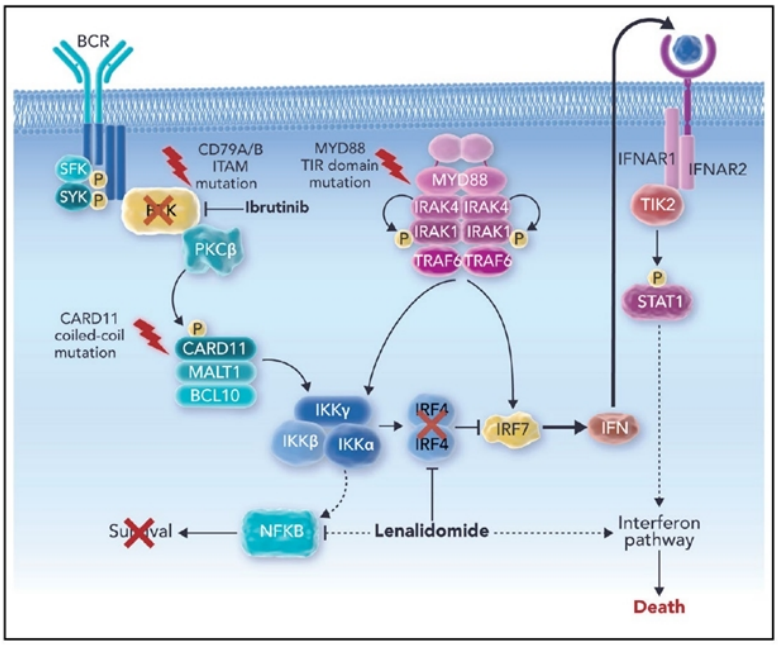


Figure from Westin J. Blood 2019;134:996–8

Dual Targeting of BTK and Immunomodulatory Activity Has Demonstrated Clinical Activity in Both Relapsed and First-Line Non-GCB DLBCL

CLINICAL TRIALS AND OBSERVATIONS

Ibrutinib plus lenalidomide and rituximab has promising activity in relapsed/refractory non–germinal center B-cell–like DLBCL

Andre Goy,[1] Radhakrishnan Ramchandren,[2] Nilanjan Ghosh,[3] Javier Munoz,[4] David S. Morgan,[5] Nam H. Dang,[6] Mark Knapp,[7] Maria Delioukina,[8] Edwin Kingsley,[9] Jerry Ping,[10] Darrin M. Beaupre,[10] Jutta K. Neuenburg,[10] and Jia Ruan[11]

ORIGINAL REPORTS | Hematologic Malignancy

Smart Start: Rituximab, Lenalidomide, and Ibrutinib in Patients With Newly Diagnosed Large B-Cell Lymphoma

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Goy A, et al. Blood 2019;134:1024–36
Westin J, et al. J Clin Oncol 2022;Aug 11 (epub ahead of print)

Two Heavily Pre-Treated Patients with Non-GCB DLBCL Enrolled in NX-2127 Phase 1 Dose-Escalation

	Patient #1	Patient #2
Subtype	Non-GCB (ABC subtype) Double-hit, BCL2/BCL6	Non-GCB (ABC subtype)
Dose	100 mg	300 mg
Time on Study	3.5 months	5 months and ongoing
Priors	4	4
Response(s)	Stable Disease (SD) at 8w → Progressive Disease (PD)	Complete Response (CR)* at 8w confirmed at 16w

Patient #2	Baseline demographic and disease characteristics
Age; Relevant medical history	84; aortic regurgitation, diastolic dysfunction, aspergillosis sinus infection
Cancer Diagnosis	1988: Waldenstrom's macroglobulinemia (WM) 2015: Diffuse large B-cell lymphoma (DLBCL) ABC subtype
Prior treatments for DLBCL	2015: Rituximab + CHOP followed by focal axillary irradiation 2017: Rituximab + ICE 2018: Rituximab, mogamulizumab (anti-CCR4), and magrolimab (anti-CD47) 2019: Rituximab, ibrutinib, and lenalidomide (RIL)
Disease features at study entry	Stage IV, MYD88 mutated and CXCR4 mutated
Time on study	Ongoing, Cycle #6 (5 months)

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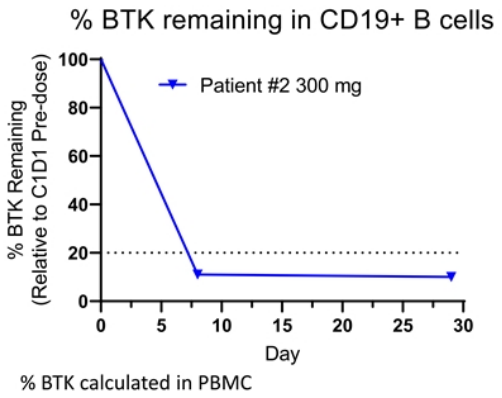
*CR per Lugano criteria

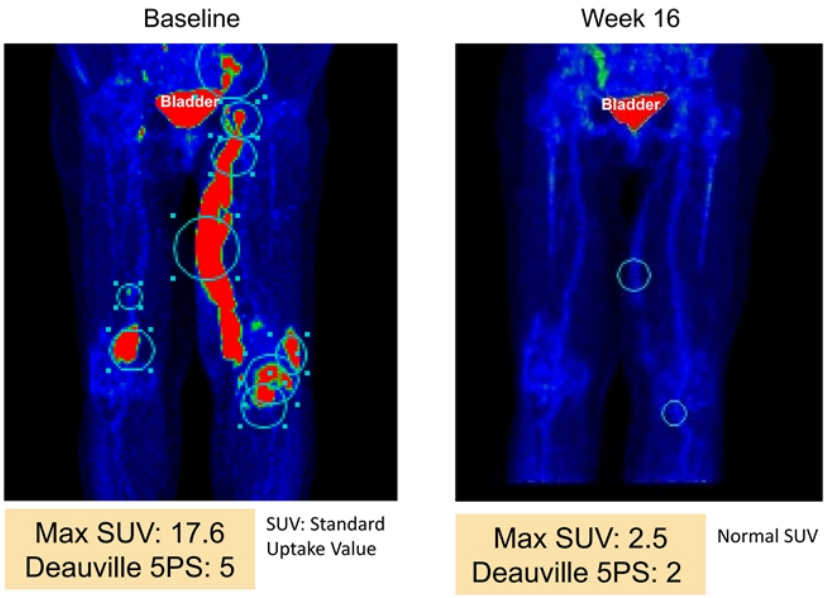
Rapid BTK Degradation and Confirmed Complete Response Following NX-2127 Therapy



% BTK calculated in PBMC

Significant Ikaros and Aiolos degradation also confirmed by day 8

FDG-PET CT Scan Disease Assessment



Max SUV: 17.6
Deauville 5PS: 5

SUV: Standard Uptake Value

Max SUV: 2.5
Deauville 5PS: 2

Normal SUV

- Complete response at first assessment (Week 8) and confirmed at subsequent assessment (Week 16)
- Safety: No DLT or SAE. Grade 3 neutropenia without infection, resolved with G-CSF. No Rx interruptions.

NX-2127: First-in-Class BTK Degrader Demonstrates Early Signs of Meaningful Clinical Activity in Both CLL and NHL

Chronic lymphocytic leukemia (CLL)

- Objective responses observed in CLL patients who failed a median of 6 prior lines of therapy including patients who failed BTK inhibitors and BCL2 inhibitors
- Objective responses observed in patients whose tumors harbor BTK mutations known to cause resistance to both covalent and non-covalent BTK inhibitors

Next steps: Enrollment in Phase 1b is ongoing with clinical update planned for the American Society of Hematology (ASH) Annual Meeting in December 2022

Non-Hodgkin lymphoma (NHL)

- Rapid and complete response in patient with advanced relapsed/refractory non-GCB DLBCL
- Complete response ongoing following four prior lines of therapy

Next steps: Enrollment in Phase 1a is ongoing at the 200 mg and 300 mg doses in patients with NHL with clinical update planned for 2023

Thank you

Nurix Therapeutics Reports Case Study of Patient with Aggressive Non-Hodgkin's Lymphoma (NHL) Showing a Complete Clinical Response to NX-2127 at the 5th Annual Targeted Protein Degradation (TPD) Summit

Complete response observed and ongoing in a patient with multiply relapsed/refractory diffuse large B cell lymphoma (DLBCL)

Dual BTK degradation and immunomodulatory activity achieved by day 8 and associated with confirmed complete response at first clinical assessment

Clinical activity is consistent with potential synergy of NX-2127 dual mechanism of action

Clinical update on chronic lymphocytic leukemia (CLL) patients in the NX-2127 Phase 1 trial scheduled for presentation at the American Society of Hematology Annual Meeting (ASH) in December

SAN FRANCISCO, October 26, 2022 — Nurix Therapeutics, Inc. (Nasdaq: NRIX), a clinical-stage biopharmaceutical company developing targeted protein modulation drugs designed to treat patients with hematologic malignancies and solid tumors, today announced the presentation of new preliminary clinical data comprised of a case study of a patient with aggressive non-germinal center B-cell (non-GCB) diffuse large B cell lymphoma (DLBCL). The patient receiving 300 mg once per day of NX-2127 experienced a complete response at 8 weeks which was confirmed at 16 weeks and remains ongoing. These data were presented by Arthur T. Sands, M.D. Ph.D., Nurix's president and chief executive officer, in a Keynote Plenary session of the 5th Annual TPD Summit which is being held from October 25 – 28, 2022 in Boston, MA.

"To observe a rapid and complete response in a patient with advanced non-GCB DLBCL using a single agent is very gratifying as this subtype of DLBCL is one of the most aggressive and prevalent lymphomas," said Robert J. Brown, M.D., Nurix's executive vice president and head of clinical development. "We believe that NX-2127, an oral agent with dual activities of degrading BTK and the cereblon neosubstrates Ikaros and Aiolos, may help address the unmet medical need for these patients. We look forward to further exploring the activity of NX-2127 in the ongoing study."

The patient presented is enrolled in the Phase 1a dose escalation stage of an ongoing clinical trial to evaluate the activity of NX-2127 in non-Hodgkin's lymphomas. The patient was treated at the 300 mg dose and remains on study with a complete response first achieved at the 8-week assessment and confirmed at week 16. This patient had received four prior lines of therapy. The complete response, as measured by multiple parameters in accordance with the Lugano Classification, included dramatic reductions in lymph node size and resolution of abnormal metabolic activity to background levels. The clinical response was preceded by significant degradation of BTK, Ikaros and Aiolos, the target proteins of NX-2127 that are key drivers of tumor cell proliferation, especially in the non-GCB subtypes of DLBCL. Treatment with NX-2127 was well tolerated with an adverse event profile consistent with previous clinical disclosures.

Arthur T. Sands, M.D., Ph.D., president and chief executive officer of Nurix, added "Case studies in medicine with clear results such as those we have described from a patient early in a clinical trial can be highly instructive. These data continue to reinforce our conviction that Nurix's orally available NX-2127 is differentiated from BTK inhibitors and has the potential to be a new and effective treatment option for patients with aggressive B-cell malignancies. We will continue to evaluate NX-2127 in DLBCL and other forms of NHL at the 200 mg and 300 mg doses and look forward to providing an additional update on our ongoing clinical trial of NX-2127 in patients with chronic lymphocytic leukemia at ASH in December."

The data presentation will be available in the Posters and Presentations section of the Scientific Resources page on the Nurix Website.

About Diffuse Large B-cell Lymphoma

DLBCL, an aggressive type of non-Hodgkin lymphoma (NHL), is the most common type of NHL making up approximately 40% of new diagnoses with approximately 24,000 cases per year in the United States. DLBCL has been classified into germinal center B-cell (GCB) and non-GCB subtypes which includes the ABC subtype. The non-GCB DLBCL comprises approximately half of all DLBCL and is associated with a less favorable prognosis. Current standard of care includes multi-drug chemotherapy, antibody therapy, bone marrow transplant, and more recently, CAR T cell therapy, for those who are eligible.

About NX-2127

NX-2127 is a novel bifunctional molecule that degrades Bruton's tyrosine kinase (BTK) and cereblon neosubstrates Ikaros (IKZF1) and Aiolos (IKZF3). NX-2127 is currently being evaluated in a Phase 1 clinical trial in patients with relapsed or refractory B cell malignancies including CLL and NHL. Additional information on the ongoing clinical trial can be accessed at www.clinicaltrials.gov (NCT04830137).

About Nurix

Nurix Therapeutics is a clinical stage biopharmaceutical company focused on the discovery, development and commercialization of small molecule and cell therapies based on the modulation of cellular protein levels as a novel treatment approach for cancer and other challenging diseases. Leveraging extensive expertise in E3 ligases together with proprietary DNA-encoded libraries, Nurix has built DELigase, an integrated discovery platform to identify and advance novel drug candidates targeting E3 ligases, a broad class of enzymes that can modulate proteins within the cell. Nurix's drug discovery approach is to either harness or inhibit the natural function of E3 ligases within the ubiquitin proteasome system to selectively decrease or increase cellular protein levels. Nurix's wholly owned pipeline includes targeted protein degraders of Bruton's tyrosine kinase, a B-cell signaling protein, and inhibitors of Casitas B-lineage lymphoma proto-oncogene B, an E3 ligase that regulates T cell activation. Nurix is headquartered in San Francisco, California. For additional information visit http://www.nurixtx.com.

Forward Looking Statement

This press release contains statements that relate to future events and expectations and as such constitute forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. When or if used in this press release, the words "anticipate," "believe," "could," "estimate," "expect," "intend," "may," "outlook," "plan," "predict," "should," "will," and similar expressions and their variants, as they relate to Nurix, may identify forward-looking statements. All statements that reflect Nurix's expectations, assumptions or projections about the future, other than statements of historical fact, are forward-looking statements, including, without limitation, statements regarding the tolerability, safety profile, therapeutic potential and other advantages of Nurix's drug candidates; the planned timing and conduct of the clinical trials for Nurix's drug candidates; the planned timing for the provision of updates and findings from Nurix's clinical trials; the potential advantages of Nurix's DELigase™ platform; the size of the market for Nurix's drug candidates; and the extent to which Nurix's drug candidates, scientific approach and DELigase™ platform may potentially address a broad range of diseases. Forward-looking statements reflect Nurix's current beliefs, expectations, and assumptions. Although Nurix believes the expectations and assumptions reflected in such forward-looking statements are reasonable, Nurix can give no assurance that they will prove to be correct. Forward-looking statements are not guarantees of future performance and are subject to risks, uncertainties and changes in circumstances that are difficult to predict, which could cause Nurix's actual activities and results to differ materially from those expressed in any forward-looking statement. Such risks and uncertainties include, but are not limited to: (i) whether Nurix will be able to successfully conduct Phase 1 clinical trials for NX-2127 and its other drug candidates and receive results on its expected timelines, or, at all; (ii) whether Nurix will be able to successfully complete clinical development for NX-2127 and its other drug candidates; (iii) the risk that clinical trial data are subject to differing interpretations and assessments by regulatory authorities; (iv) whether regulatory authorities will be satisfied with

the results from Nurix's clinical studies; (v) whether Nurix will be able to obtain regulatory approval of and ultimately commercialize its drug candidates; (vi) whether Nurix will be able to fund development activities and achieve development goals; (vii) the impact of the COVID-19 pandemic on Nurix's clinical trials and operations; and (viii) other risks and uncertainties described under the heading "Risk Factors" in Nurix's Quarterly Report on Form 10-Q for the fiscal quarter ended August 31, 2022, and other SEC filings. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements. The statements in this press release speak only as of the date of this press release, even if subsequently made available by Nurix on its website or otherwise. Nurix disclaims any intention or obligation to update publicly any forward-looking statements, whether in response to new information, future events, or otherwise, except as required by applicable law.

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