FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
II									
Estimated average burden									
hours per response	: 0.5								

	Check this box in no longer subject to	ON THE MILITIAN OF THE MILITIAN AND THE TOTAL OF THE TOTA
	Section 16. Form 4 or Form 5	
\cup	Section 16. Form 4 or Form 5 obligations may continue. See	
	Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
		or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Saltzman Edward C					2. Issuer Name and Ticker or Trading Symbol Nurix Therapeutics, Inc. [NRIX]							(Che	elationship of the ck all applications	cable)	Reporting Person(s) to Issuer ole) 10% Owner			
(Last)	(Fi	irst)	(Middle)			3. Date of Earliest Transaction (Mo 05/04/2023					ay/Year)			Officer below)	er (give title w)		Other (specify below)	
C/O NURIX THERAPEUTICS, INC. 1700 OWENS STREET, SUITE 205				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person							
(Street) SAN FRANCI	ISCO CA	A	94158			Dula 10h5 1(a) Transaction Indication								Form filed by More than One Reporting Person				
(City)		tate)	(Zip)			Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								to				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Transaction Disposed (Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and			s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code V		Amount	unt (A) or Pr		Reported Transact (Instr. 3 a	ction(s)			(Instr. 4)		
		-							uired, Dis , options					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ve es d ed nstr.	Expiration Date of Secur (Month/Day/Year) Underlyi Derivativ		7. Title and of Security Underlying Derivative (Instr. 3 and	es g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code			Date Exercisable		piration te								
Director Stock Option (right to buy)	\$9.44	05/04/2023			A		25,000		(1)	05/	/03/2033	Common Stock	25,000	\$0.00	25,000		D	

Explanation of Responses:

1. The stock option vests as to 100% of the award on the earlier of (a) the date of the next annual meeting of the Issuer's stockholders and (b) May 4, 2024, in each case, subject to the Reporting Person's provision of service to the Issuer on such vesting date.

Remarks:

/s/ Daniel Burbach, as Attorney-in-Fact for Edward C. 05/04/2023 Saltzman

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.