FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| - 1 | hours por rosponso: | 0.5 | | | | | | | | |

Check this box if no longer subject to 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* Chen Leon | | | | | 2. Issuer Name and Ticker or Trading Symbol Nurix Therapeutics, Inc. [NRIX] | | | | | | | | | eck all app | licable) tor er (give title | ng Pers | son(s) to Iss 10% Ov Other (s below) | ner |
|---|---|--|--|--------|---|--|--------------|--------|--|---|------------------|-----------------|--|---|--------------------------------------|---------------------|--|--|
| (Last) (First) (Middle) C/O NURIX THERAPEUTICS, INC. 1700 OWENS STREET, SUITE 205 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2021 | | | | | | | | Delo | v) | | below) | | |
| (Street) SAN FRANCI | ssco C. | A | 94158 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. I Lin | dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | 2A. Deemed Execution Date, | | | 3. Transac Code (Ir | Transaction Disposed Of (D) (Instr. 3, 2) Code (Instr. 5) | | | ed (A) or | 5. Amo Securi Benefi Owned | unt of ies cially Following | Form (D) o | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | Code | | | | v | Amount | (A) oi (D) | Price | Report Transa (Instr. | tion(s) | | (| (Instr. 4) | |
| | | 7 | Fable II - [| | | | | | uired, Di , option: | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, T | 4. Transaction Code (Instr. 8) | | 5. Number of | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | | | 8. Price of Derivativ Security (Instr. 5) | | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | c | Code | v | (A) | A) (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Director Stock Option (right to buy) | \$27.38 | 05/06/2021 | | | A | | 17,500 | | (1) | 0 | 5/05/2031 | Common Stock | 17,500 | \$0.00 | 17,50 | 00 | D ⁽²⁾ | |

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 6, 2022, in each case, subject to the Reporting Person's provision of service to the Issuer on such vesting date.
- 2. The Reporting Person is a partner of The Column Group which invests through The Column Group II, LP ("TCG II LP"), Ponoi Capital, LP ("Ponoi LP") and Ponoi Capital II, LP ("Ponoi II LP," and together with TCG II LP and Pool LP, the "Funds"), among other entities. Under the partnership agreements of the Funds, the Reporting Person is deemed to hold the stock option for the economic benefit of the Funds. The Funds may be deemed indirect beneficial owners of the stock option. The Reporting Person disclaims beneficial ownership of the extent of his pecuniary interest therein.

Remarks:

/s/ Christine Ring, as Attorneyin-Fact for Leon Chen

05/24/2021

** Signature of Reporting Person

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.