FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549		

OMB APPROVAL								
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	Check this box if no longer subject to
1	Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(h)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*					2. Issuer Name and Ticker or Trading Symbol Nurix Therapeutics, Inc. [NRIX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Ring Christine													- IN	V		(give title		10% Ov Other (s			
(Last) (First) (Middle) C/O NURIX THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 12/02/2024								below) below) Chief Legal Officer								
1700 OWENS STREET, SUITE 205						A KANDA DALA KODINA ETIA (MANTADA XX									6. Individual or Joint/Group Filing (Check Applicable						
(Street) SAN FRANCISCO CA 94158			_ 4. 1	If Amendment, Date of Original Filed (Month/Day/Year)								ine)									
(City)	(S	itate)	ate) (Zip)																		
		Tab	le I - N	Non-Deriv	ative	e Sec	urit	ies A	cquire	d, D	isposed o	of, or B	enefici	ally	Owned	t					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						Execution		Date,			4. Securities Disposed Of			nd 5) Securi Benefi Owned Repor Transa		ies ially Following	Form:	Direct of Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)		[(Instr. 4)		
Common Stock 12/02/202						24		M ⁽¹⁾		5,760	Α	\$1.8	86 33		3,844		D				
Common Stock 12/02/202					024	24		S ⁽¹⁾		5,760	D	\$21.72	7283 ⁽²⁾ 28		28,084		D				
		٦	Table I								sposed of , converti				wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executifi any	Execution Date, if any		I. Fransaction Code (Instr. 3)		umber ivative urities uired or posed O) tr. 3, 4	Expiration Date (Month/Day/Year)		te Amount of		of es ing ve Securit	De Se (In	Price of erivative ecurity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4		11. Natur of Indire Benefici Ownersh (Instr. 4)		
						v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er							
Employee Stock Option (right to buy)	\$1.86	12/02/2024			M ⁽¹⁾			5,760	(3))	09/30/2029	Common Stock	5,760	0	\$0	59,746	5	D			

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan previously adopted by the Reporting Person.
- 2. Represents the weighted average sale price. The lowest price at which shares were sold was \$21.48 and the highest price at which shares were sold was \$22.09. The Reporting Person undertakes to provide upon request to the staff of the Securities and Exchange Commission, the Issuer or its stockholders, full information regarding the total number of shares sold at each separate price within the range set forth
- 3. The option vested as to 1/4 of the total shares on September 9, 2020, and then 1/48 of the total shares vested monthly thereafter until the option was fully vested on August 9, 2023.

Remarks:

/s/ Daniel Burbach, as

Attorney-in-Fact for Christine 12/02/2024

Ring

** 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.