SEC Form 4	
FORM	4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box to indicate that a transaction was made pursuant to a 1 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

OMB APPROVAL								
MB Number:	3235-0287							

0 Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person [*] van Houte Hans		son [*]	2. Issuer Name and Ticker or Trading Symbol Nurix Therapeutics, Inc. [NRIX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
					Director	10% Owner		
(l t)	(F iret)	(1.4: -1 -11 -)		1	Officer (give title below)	Other (specify below)		
(Last)(First)(Middle)C/O NURIX THERAPEUTICS, INC.1700 OWENS STREET, SUITE 205		INC.	3. Date of Earliest Transaction (Month/Day/Year) 08/26/2024		Chief Financial Officer			
(Street) SAN FRANCISCO	СА	94158	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	ridual or Joint/Group Fili Form filed by One Rep Form filed by More that Person	porting Person		
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Disposed Of			Securities Beneficially	Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	08/26/2024		S		20,000(1)	D	\$25.2185 ⁽²⁾	31,002	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Transaction Code (Instr. 8)		. Number f lerivative ccyuired A) or lisposed f (D) nstr. 3, 4 nd 5)		Expiration Date Amount o Month/Day/Year) Securities Underlyin Derivative Security (3 and 4)		unt of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

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 \$25.00 and the highest price at which shares were sold was \$25.58. 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 herein.

Remarks:

1

/s/ Daniel Burbach, as

Attorney-in-Fact for Hans van 08/26/2024 Houte

** 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.