FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	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)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Ring Christine  (Last) (First) (Middle)  C/O NURIX THERAPEUTICS, INC.							Issuer Name and Ticker or Trading Symbol     Nurix Therapeutics, Inc. [ NRIX ]      Jate of Earliest Transaction (Month/Day/Year)     09/07/2021										Relationship of Reporting Person(s) to Issuer neck all applicable)  Director 10% Owner  X Officer (give title below)  General Counsel				
1700 OWENS STREET, SUITE 205						70772	.021														
(Street) SAN FRANCISCO CA 94158					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si	tate)	(Zip)																		
		Tab	le I - No	n-Deriv	/ative	e Se	curit	ies Ac	quir	red, D	isp	osed c	of, or	Bene	eficial	ly Owne	t				
			2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)			ransacti ode (Ins		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Benefic	es ally Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									C	ode	,	Amount	(A (D	) or )	Price	Transac (Instr. 3	tion(s)				
Common Stock 09/0					<b>7/202</b> 1	1				<b>M</b> <sup>(1)</sup>		3,200	)	A	\$1.86	5 4,4	186 <sup>(2)</sup>		D		
Common	Stock			09/07	<b>7/202</b> 1	1			9	S <sup>(1)</sup>		3,200	)	D	\$35.2	5 1,2	.86 <sup>(2)</sup>	D			
		Т	Table II -									sed of onverti				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 if any (Month/Da	Date,	4. Transactior Code (Instr 8)		of Deri Sec Acq (A) Disp of (I	oosed D) tr. 3, 4	Expir	ate Exer ration D nth/Day/	ate	ble and	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable		xpiration ate	Title	0 N 0	lumber						
Employee Stock Option (right to	\$1.86	09/07/2021			M <sup>(1)</sup>			3,200		(3)	09	9/30/2029	Comm Stocl		3,200	\$0.00	107,66	6	D		

## **Explanation of Responses:**

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan previously adopted by the Reporting Person.
- $2. Includes \ 481 \ shares \ of \ Common \ Stock \ acquired \ by \ the \ Reporting \ Person \ on \ August \ 13, 2021 \ pursuant \ to \ the \ Issuer's \ employee \ stock \ purchase \ plan.$
- 3. The option vests as to 1/4 of the total shares on September 9, 2020, and then 1/48 of the total shares will vest monthly thereafter until the option is fully vested on August 9, 2023, subject to the Reporting Person's provision of service to the Issuer on each vesting date. The option contains an early-exercise provision and is exercisable as to unvested shares, subject to the Issuer's right of repurchase.

## Remarks:

/s/ Christine Ring

09/08/2021

\*\* 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.