SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL

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

L. Name and Address of Reporting Person* <u>SIEGALL CLAY B</u> 05/28/2021		3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Nurix Therapeutics, Inc.</u> [ NRIX ]						
(Last) (First) (Middle) C/O NURIX THERAPEUTICS, INC.			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
1700 OWENS STREET, SUITE 205			X Director Officer (give title below)	10% C Other below)	(specify (	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting		
(Street) SAN FRANCISCO CA 94158						Person	by More than One Person	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
			2. Amount of Securities Beneficially Owned (Instr. I)	Form: I (D) or I	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)	

**Explanation of Responses:** 

**Remarks:** 

No securities are beneficially owned.

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<u>/s/ Christine Ring, as</u> <u>Attorney-in-Fact for Clay</u>	<u>06/01/2021</u>
<u>B. Siegall</u>	
** 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 5 (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.