FORM 4

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

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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STATEMENT	OF	CHANGES	IN BE	NEFICIAL	OWNERS	HIP

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

Name and Address of Reporting Person*  Wolff Stefani  ———————————————————————————————————					2. Issuer Name and Ticker or Trading Symbol  Nurix Therapeutics, Inc. [ NRIX ]  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Total Other (specify below)										wner			
(Last) (First) (Middle) C/O NURIX THERAPEUTICS, INC. 1700 OWENS STREET, SUITE 205						3. Date of Earliest Transaction (Month/Day/Year) 04/30/2022									EVP and COO			
(Street) SAN FRANCI			94158		4. 1	If Amendment, Date of Original Filed (Month/Day/Year)						ne) X Fo	lividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(Si	tate)	(Zip)															
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	es Ac	quired,	Dis	posed	of, or Be	eneficia	lly Ow	ned			
Da			2. Trans Date (Month/I	/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					d Secu Bene	nount of rities ficially ed Following	Forr (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o	Price	Tran	saction(s) : 3 and 4)			(111501.4)
Common Stock			04/30	)/2022	2022		М		962	A	\$0.0	0	962		D			
Common Stock 05/02/				2/2022	2022		S <sup>(1)</sup>		330 D \$		\$11.	75	5 632		D			
		Т										, or Ber ible sec		y Owne	d			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year)			n Date,	4. Transaction Code (Instr. 8)		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securitie	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	\$0.00 <sup>(2)</sup>	04/30/2022			M			962	(3)		(4)	Common Stock	962	\$0.00	14,43	30	D	

## **Explanation of Responses:**

- 1. The sales reported on this Form 4 represent shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock units ("RSUs"). These sales are mandated by the Issuer's election under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and do not represent discretionary trades by the Reporting Person.
- 2. Each RSU represents a contingent right to receive one share of the Issuer's common stock.
- 3. The RSUs will vest in substantially equal increments quarterly over four years, with the first quarterly increment vesting on April 30, 2022, subject to the Reporting Person's provision of services to the Issuer on each vesting date. Shares of the Issuer's Common Stock will be delivered to the Reporting Person following vesting.
- 4. RSUs do not expire; they either vest or are canceled prior to the vest date.

## Remarks:

/s/ Christine Ring, as Attorney-05/03/2022 in-Fact for Stefani Wolff

\*\* 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.