FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington, D	.C. 20549
---------------	-----------

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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*     Ring Christine						2. Issuer Name <b>and</b> Ticker or Trading Symbol Nurix Therapeutics, Inc. [ NRIX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					vner		
	(First) (Middle) IURIX THERAPEUTICS, INC. OWENS STREET, SUITE 205						3. Date of Earliest Transaction (Month/Day/Year) 12/10/2021									X Officer (give title Officer (specify below)  General Counsel					
(Street) SAN FRANCI	ISCO C.	Α !	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)	(S	tate)	(Zip)																		
		Tab	le I - Nor	n-Deriv	ative	Se	curit	ies Ac	quired,	Dis	posed o	of, or Be	enefici	ally	Owned	ŀ					
'''' '''				2. Transaction Date (Month/Day/Year)		ar)   E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		red (A) oi str. 3, 4 a	4 and Securit Benefic Owned		ies Fo cially (D Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	Price	•	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 12/10/					0/2021	/2021		M <sup>(1)</sup>		1,200	0 A \$1		.86	2,486			D				
Common Stock 12/10/2					0/2021	/2021		S <sup>(1)</sup>		1,200	) D	\$29	0.04	1,286			D				
		Т	able II -								osed of converti				wned						
1. Title of Derivative Security (Instr. 3)	e of 2. 3. Transaction 3A. Deemed Execution Date ity or Exercise (Month/Day/Year) if any		Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity nstr. 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) Exercisable Date Expiration Of Shares																	
Employee Stock Option (right to	\$1.86	12/10/2021			M <sup>(1)</sup>			1,200	(2)	(	09/30/2029	Common Stock	1,200	)	\$0.00	101,26	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. 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

12/13/2021

\*\* 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.