UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of Earliest Event Reported): September 5, 2024

NURIX THERAPEUTICS, INC.

(Exact Name of Registrant as Specified in its Charter)

Delaware	**001-39398**	**27-0838048**
(State or Other Jurisdiction of Incorporation or Organization)	**(Commission File Number)**	**(IRS Employer Identification No.)**

1700 Owens Street, Suite 205 **San Francisco, California** **(Address of Principal Executive Offices)**	**94158** **(Zip Code)**

(415) 660-5320
(Registrant's Telephone Number, Including Area Code)

N/A
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading symbol(s)	Name of each exchange on which registered
Common Stock, $0.001 par value per share	NRIX	Nasdaq Global Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

Nurix Therapeutics, Inc. (the "Company") intends to conduct meetings with securities analysts, investors and others beginning on September 5, 2024. As part of these meetings, the Company intends to utilize an investor presentation (the "Investor Presentation") which includes updates about the Company's Phase 1 clinical trial evaluating NX-5948 for the treatment of various B-cell malignancies. A copy of the Investor Presentation is attached hereto as Exhibit 99.1 and is incorporated herein by reference.

In accordance with General Instruction B.2 of Form 8-K, the information in Item 7.01 of this Current Report on Form 8-K shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liability of that section, and shall not be incorporated by reference into any registration statement or other document filed under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such filing. In addition, the information set forth under this Item 7.01, including Exhibit 99.1, shall not be deemed an admission as to the materiality of any information in this Current Report on Form 8-K.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

The following exhibits are filed herewith and this list is intended to constitute the exhibit index:

Exhibit No.	Exhibit Title or Description
99.1	Nurix Therapeutics, Inc. Investor Presentation dated September 5, 2024
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

NURIX THERAPEUTICS, INC.

Date: September 5, 2024

By: /s/ Christine Ring

Christine Ring, Ph.D., J.D.
Chief Legal Officer

Exhibit 99.1

Leader in Targeted Protein Modulation

Nurix Therapeutics

Blazing a New Path in Medicine

Investor Presentation

September 2024

Important notice and disclaimers

This presentation contains statements that relate to future events and expectations and as such constitute forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. When or if used in this presentation, the words “anticipate,” “believe,” “could,” “estimate,” “expect,” “intend,” “may,” “outlook,” “plan,” “predict,” “should,” “will,” and similar expressions and their variants, as they relate to Nurix Therapeutics, Inc. (“Nurix”, the “Company,” “we,” “us” or “our”), may identify forward-looking statements. All statements that reflect Nurix’s expectations, assumptions or projections about the future, other than statements of historical fact, are forward-looking statements, including, without limitation, statements regarding our future financial or business plans; our future performance, prospects and strategies; future conditions, trends, and other financial and business matters; our current and prospective drug candidates; the planned timing and conduct of the clinical trial programs for our drug candidates; the planned timing for the provision of clinical updates and initial findings from our clinical studies; the potential benefits of our collaborations, including potential milestone and sales-related payments; the potential advantages of our DELigase™ platform and drug candidates; the extent to which our scientific approach, our DELigase™ platform, targeted protein modulation, and Degrader-Antibody Conjugates may potentially address a broad range of diseases; the extent animal model data predicts human efficacy; the timing and success of the development and commercialization of our current and anticipated drug candidates; and our ability to fund our operations into the second half of 2026. Forward-looking statements reflect Nurix’s current beliefs, expectations, and assumptions. Although Nurix believes the expectations and assumptions reflected in such forward-looking statements are reasonable, Nurix can give no assurance that they will prove to be correct. Forward-looking statements are not guarantees of future performance and are subject to risks, uncertainties and changes in circumstances that are difficult to predict, which could cause Nurix’s actual activities and results to differ materially from those expressed in any forward-looking statement. Such risks and uncertainties include, but are not limited to: (i) risks and uncertainties related to Nurix’s ability to advance its drug candidates, obtain regulatory approval of and ultimately commercialize its drug candidates; (ii) the timing and results of clinical trials; (iii) Nurix’s ability to fund development activities and achieve development goals; (iv) risks and uncertainties relating to the timing and receipt of payments from Nurix's collaboration partners, including milestone payments and royalties on future potential product sales; (v) the impact of macroeconomic events and conditions, including increasing financial market volatility and uncertainty, inflation, increasing interest rates, instability in the global banking system, uncertainty with respect to the federal budget and debt ceiling, the impact of war, military or regional conflicts, and global health pandemics, on Nurix’s clinical trials and operations; (vi) Nurix’s ability to protect intellectual property and (vii) other risks and uncertainties described under the heading “Risk Factors” in Nurix’s Quarterly Report on Form 10-Q for the fiscal quarter ended May 31, 2024, and other SEC filings. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements. The statements in this presentation speak only as of the date of this presentation, even if subsequently made available by Nurix on its website or otherwise. Nurix disclaims any intention or obligation to update publicly any forward-looking statements, whether in response to new information, future events, or otherwise, except as required by applicable law.

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and the Company’s own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while we believe our own internal estimates and research are reliable, such estimates and research have not been verified by any independent source.

Nurix Is Advancing a Pipeline of Propriety and Partnered Programs in Oncology and Inflammation & Immunology

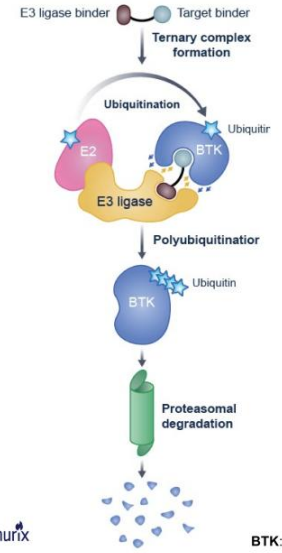
MOA	Oncology program	Target	Therapeutic area	Discovery – Lead Op	IND enabling	Phase 1a	Phase 1b
TPD	NX-5948	BTK	B-cell malignancies				
	NX-2127	BTK-IKZF	B-cell malignancies				
TPE	NX-1607	CBL-B	Immuno-Oncology				
TPD	Multiple	Undisclosed	Undisclosed				
	Multiple	Undisclosed	Undisclosed				GILEAD
	Multiple	Undisclosed	Undisclosed				sanofi
DAC	Multiple	Undisclosed	Oncology				Pfizer

MOA	I&I program	Target	Therapeutic area	Discovery – Lead Op	IND enabling	Phase 1a	Phase 1b
TPD	NX-5948	BTK	Inflammation / autoimmune				
	NX-0479 / GS-6791	IRAK4	Rheumatoid arthritis and other inflammatory diseases				GILEAD
	STAT6 degrader	STAT6	Type 2 inflammatory diseases				sanofi
	Undisclosed	Undisclosed	Inflammation / autoimmune				sanofi

nurix

TPD: Targeted Protein Degradation; **TPE**: Targeted Protein Elevation; **DAC**: Degrader Antibody Conjugate

Why Do We Need BTK Degraders?

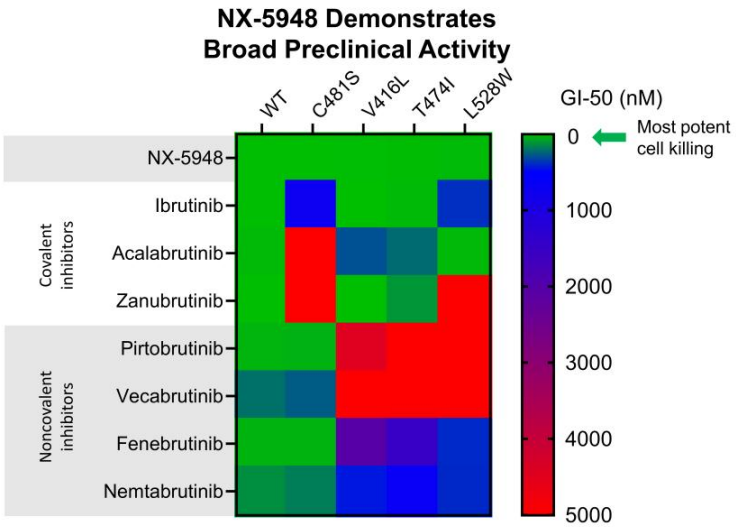


- BTK degraders can overcome treatment-emergent resistance mutations
- BTK degraders address BTK scaffolding function
- BTK degraders show emerging activity in various B-cell malignancies
- BTK degraders have the potential to replace BTK inhibitors in the clinic

BTK: Bruton's tyrosine kinase

NX-5948 Is More Potent and Broadly Active Than All BTK Inhibitors Tested

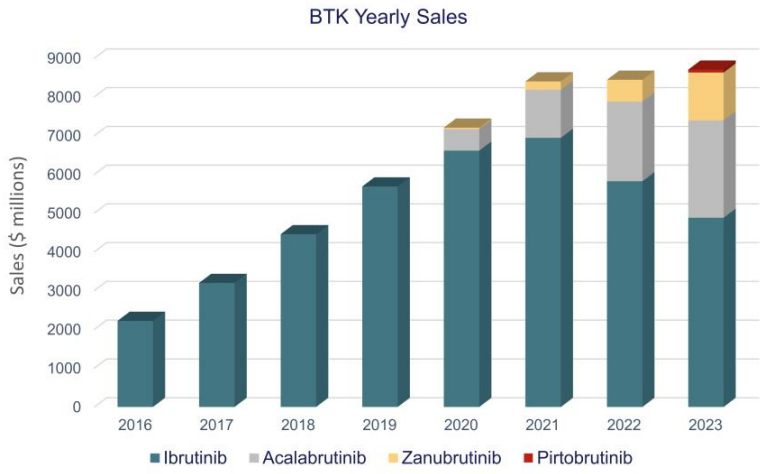
- All inhibitors have resistance mutation liabilities
- NX-5948 displays potent cell killing in the context of key resistance mutations
- We have shown that BTK degradation translates into clinical responses across key mutation classes



Blockbuster Opportunity in BTK Market

$8.7 billion in annual sales of approved BTK inhibitors

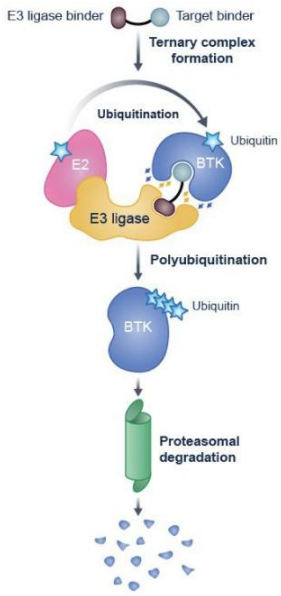
- Next generation BTK inhibitors are currently taking market share from Imbruvica
- All BTK inhibitors share resistance mutation vulnerabilities
- Opportunity for Nurix BTK degraders to displace both covalent and non-covalent inhibitors and expand the market



NX-5948

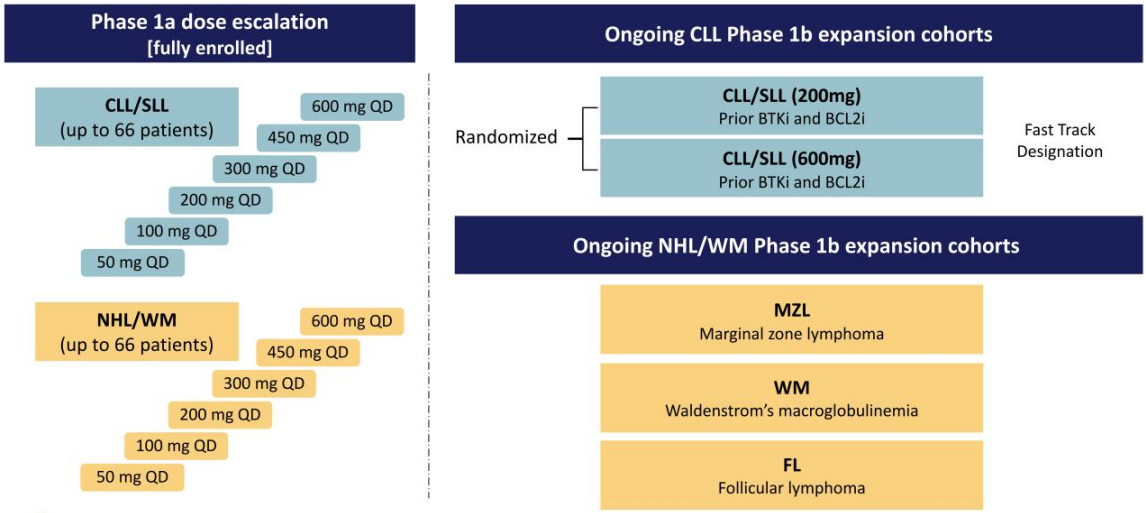
Highly selective BTK degrader

nurix



NX-5948-301: Trial Design

Phase 1a/b trial in adults with relapsed/refractory B-cell malignancies



nurix **CLL**, chronic lymphocytic leukemia; **SLL**, small lymphocytic lymphoma; **NHL**, non-Hodgkin's lymphoma; **WM**, Waldenstrom's macroglobulinemia; **BTKi**, BTK inhibitor; **BCL2i**, Bcl-2 inhibitor; **QD**, once daily

Baseline Demographics/Disease Characteristics

Elderly population with multiple prior lines of targeted therapies

Characteristics	Patients with CLL (n=31)	Patients with NHL/WM (n=48)	Overall population (N=79)
Median age, years (range)	69.0 (35–88)	66.5 (42–87)	67.0 (35–88)
Male, n (%)	19 (61.3)	33 (68.8)	52 (65.8)
ECOG PS, n (%)			
0	13 (41.9)	13 (27.1)	26 (32.9)
1	18 (58.1)	33 (68.8)	51 (64.6)
CNS involvement, n (%)	2 (6.5)	10 (20.8)	12 (15.2)
Median prior lines of therapy (range)	4.0 (2–14)	4.0 (2–13)	4.0 (2–14)
Previous treatments[a], n (%)			
BTKi	30 (96.8)	29 (60.4)	59 (74.7)
≥2 BTKi	11 (35.5)	NA	NA
Pirtobrutinib	7 (22.6)	7 (14.6)	14 (17.7)
BCL2i	28 (90.3)	7 (14.6)	35 (44.3)
BTKi and BCL2i	27 (87.1)	7 (14.6)	34 (43.0)
CAR-T therapy	2 (6.5)	11 (22.9)	13 (16.5)
Bispecific antibody	1 (3.2)	7 (14.6)	8 (10.1)
PI3Ki	9 (29.0)	4 (8.3)	13 (16.5)
Chemo/chemo-immunotherapies	24 (77.4)	48 (100.0)	72 (91.1)
Mutation status, n (%)			
TP53	14/30 (46.7)	4/42 (9.5)	18/72 (25.0)
BTK	13/30 (43.3)	0/42 (0.0)	13/72 (18.1)
PLCG2	6/30 (20.0)	2/42 (4.8)	8/72 (11.1)

[a]Patients could have received multiple prior treatments; **NA**, not applicable; **PI3Ki**, PI3 kinase inhibitor; **CAR-T**, chimeric antigen receptor T-cell

Data cutoff: 17 April 2024

NX-5948 Is Well Tolerated

TEAEs in ≥10% of overall population or grade ≥3 TEAEs or SAEs in >1 patient

	Patients with CLL (n=31)			Overall population (N=79)		
TEAEs, n (%)	**Any grade**	**Grade ≥3**	**SAEs**	**Any grade**	**Grade ≥3**	**SAEs**
Purpura/contusion[a]	13 (41.9)	–	–	28 (35.4)	–	–
Thrombocytopenia[b]	7 (22.6)	1 (3.2)	–	21 (26.6)	7 (8.9)	–
Neutropenia[c]	7 (22.6)	6 (19.4)	–	16 (20.3)	12 (15.2)	–
Fatigue	7 (22.6)	–	–	14 (17.7)	2 (2.5)	–
Anemia	6 (19.4)	1 (3.2)	–	13 (16.5)	3 (3.8)	–
Petechiae	7 (22.6)	–	–	13 (16.5)	–	–
Rash[d]	8 (25.8)	–	1 (3.2)	13 (16.5)	1 (1.3)	1 (1.3)
Headache	6 (19.4)	–	–	12 (15.2)	–	–
Cough	4 (12.9)	–	–	11 (13.9)	1 (1.3)	–
Diarrhea	5 (16.1)	1 (3.2)	–	9 (11.4)	1 (1.3)	–
COVID-19[e]	2 (6.5)	–	–	8 (10.1)	2 (2.5)	2 (2.5)
Hypertension	1 (3.2)	1 (3.2)	–	6 (7.6)	4 (5.1)	–
Pneumonia[f]	2 (6.5)	1 (3.2)	1 (3.2)	5 (6.3)	4 (5.1)	4 (5.1)

- 1 DLT (non-protocol mandated drug hold; NHL)
- 2 TEAEs resulting in drug discontinuation (both NHL)
- 1 related SAE (TLS based on labs, no clinical sequelae)
- Grade 5 AE (pulmonary embolism, not deemed NX-5948 related)
- No additional safety signal with higher doses

[a]Purpura/contusion includes episodes of contusion or purpura; [b]Aggregate of 'thrombocytopenia' and 'platelet count decreased'; [c]Aggregate of 'neutrophil count decreased' or 'neutropenia'; [d]Aggregate of 'rash' and 'rash maculopapular' and 'rash pustular'; [e]Aggregate of 'COVID-19' and 'COVID-19 pneumonia'; [f]Aggregate of 'pneumonia' and 'pneumonia klebsiella'

AE, adverse event; **TEAE**, treatment emergent adverse event; **DLT**, dose-limiting toxicity; **SAE**, serious adverse event; **TLS**, tumor lysis syndrome

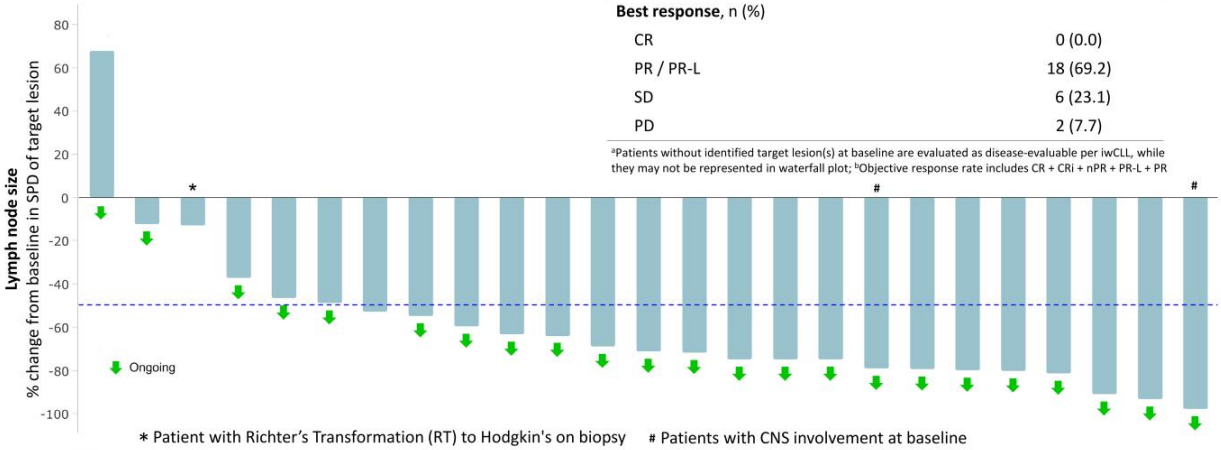
Data cutoff: 17 April 2024

NX-5948 Efficacy: Clinical Response

Broad antitumor activity in CLL as demonstrated by significant lymph node reduction and ORR

CLL disease-evaluable patients[a]	n=26
Objective response rate (ORR)[b], % (95% CI)	69.2 (48.2–85.7)
Best response, n (%)	
CR	0 (0.0)
PR / PR-L	18 (69.2)
SD	6 (23.1)
PD	2 (7.7)

[a]Patients without identified target lesion(s) at baseline are evaluated as disease-evaluable per iwCLL, while they may not be represented in waterfall plot; [b]Objective response rate includes CR + CRi + nPR + PR-L + PR



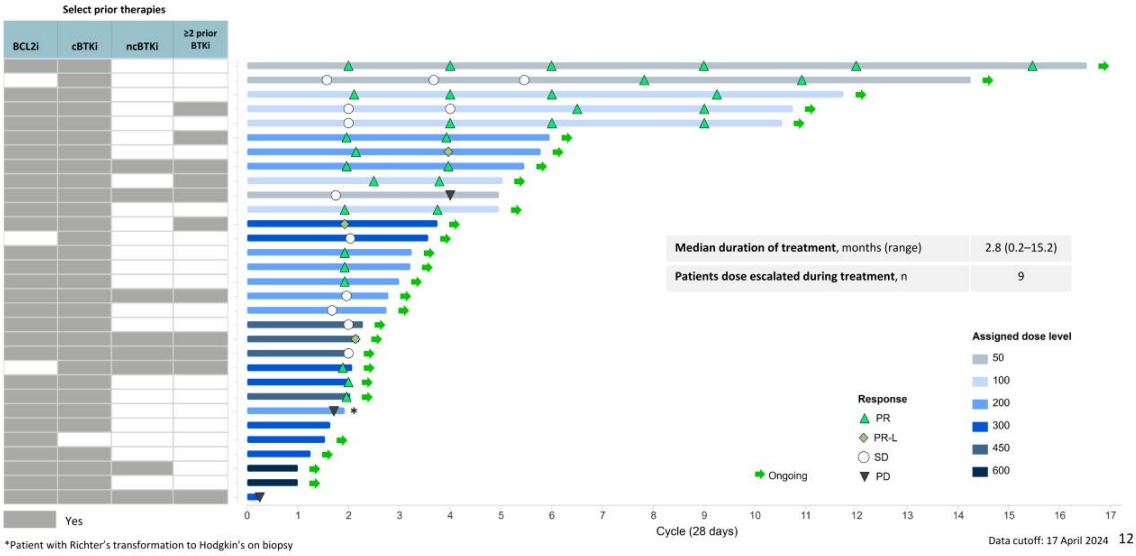
∗ Patient with Richter's Transformation (RT) to Hodgkin's on biopsy # Patients with CNS involvement at baseline

SPD, sum of products diameters; **CR**, complete response; **CRi**, complete response with incomplete marrow recovery; **PR**, partial response; **nPR**, nodular partial response; **PR-L**, partial response with rebound lymphocytosis; **SD**, stable disease; **PD**, progressive disease

Data cutoff: 17 April 2024

NX-5948 Efficacy: Duration of Treatment

Durable responses seen in heavily pretreated patients with CLL

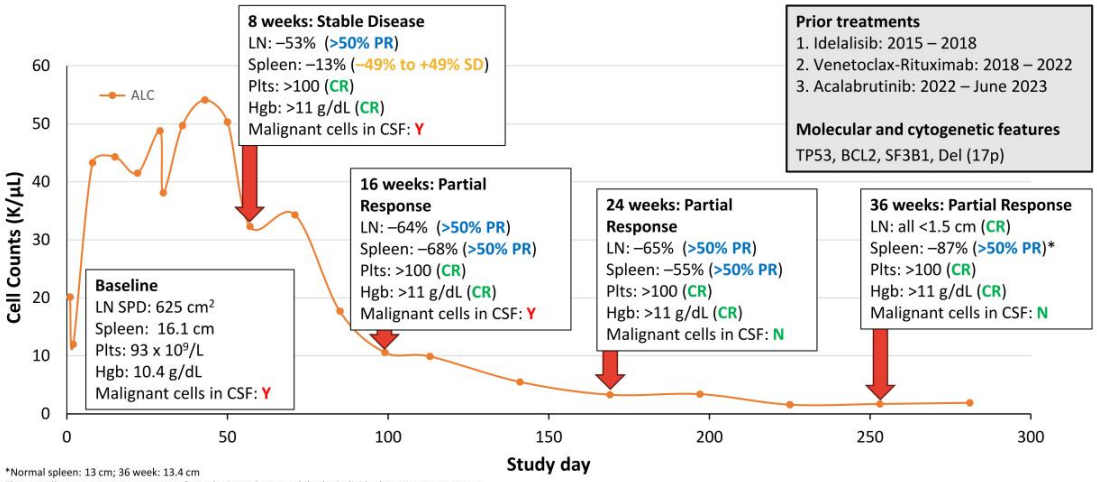


*Patient with Richter's transformation to Hodgkin's on biopsy

Data cutoff: 17 April 2024

Case Study 1: Patient with CLL and CNS Involvement

Deepening response over time approaching complete response criteria



*Normal spleen: 13 cm; 36 week: 13.4 cm
The overall response assessments are from the investigators while the individual parameter response assessment criteria are calculated per iwCLL from the data entered

nurix **LN**, lymph nodes; **Plts**, platelets; **Hgb**, hemoglobin; **CSF**, cerebrospinal fluid

References
Hansen GM. Oral presentation at AACR Annual Meeting 2024, San Diego, CA. April 9, 2024

Data cutoff: 17 April 2024

Case Study 2: CLL Patient with Extensive Prior Treatment

Site	City of Hope
Age, M/F	61, male
Diagnosis	CLL
Initial diagnosis	2008
Prior progression	12 Sep 2023
Dose	200 mg daily
IwCLL response	PR
Status	On treatment
Current cycle	Cycle 8

Relevant Medical History

- Atrial fibrillation: Dx Jul 2022
- Hypothyroidism: Dx May 2022
- Hypertension: Dx Jul 2022
- Fatigue: Dx Oct 2023
- Disease related cytopenias: Dx 2022-23

Molecular, Cytogenetics and other baseline features

- Del(11q, 13q)*, IGHV unmutated*
- BTK T474I mutation**
- Bulky disease (5 of 6 target lymph nodes >5 cm in longest diameter)
- Splenomegaly

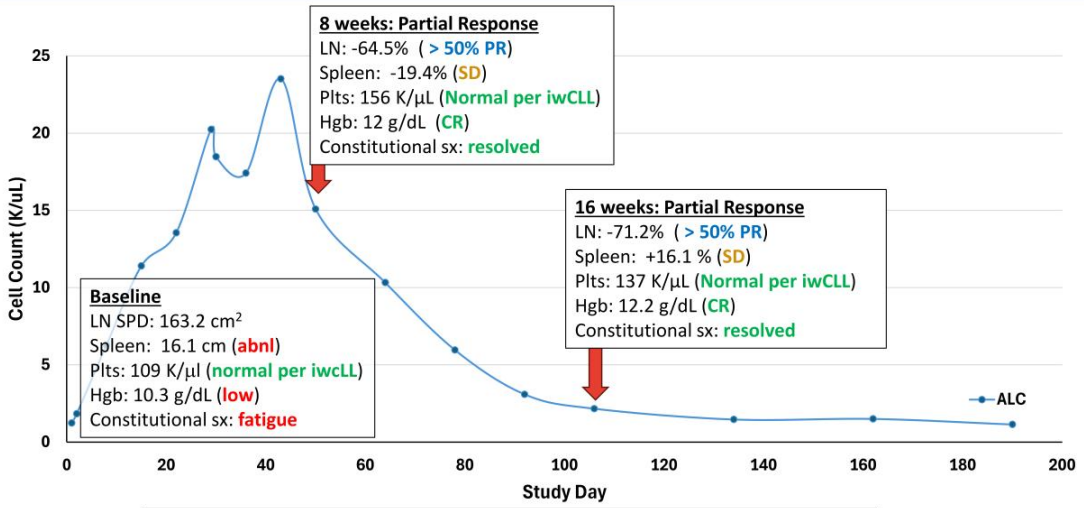
Prior Systemic Therapies

- FCR: 2009-2010
- **Ibrutinib** + rituximab: 2012
- Venetoclax: 2018
- **Acalabrutinib**: 2021
- Chlorambucil + obinutuzumab: 2021
- **Zanubrutinib**: 2022
- Lisocabtagene maraleucel: 2022
- Duvelisib: 2022-23
- **Pirtobrutinib** + obinutuzumab: 2023
- R-CHOP: 2023
- **Pirtobrutinib** + bendamustine + obinutuzumab: 2023

Reason for pirtobrutinib + bendamustine + obinutuzumab discontinuation: Progressive disease

Case Study 2: CLL Patient with Extensive Prior Treatment

Rapid and sustained lymph node reduction with improving hematologic features



The overall response assessments are from the investigators, while the individual parameter response assessment criteria are calculated per iwCLL from the data entered.

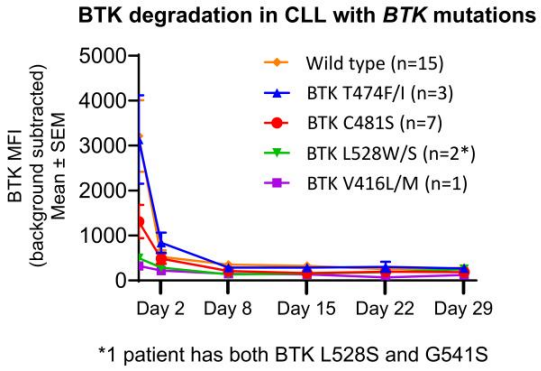
Data cutoff: 31 May 2024

Mutation Status and BTK Degradation

NX-5948 induces rapid and robust degradation of wild-type and mutant BTK

	Patients with CLL (n=30)
Mutation status, n (%)	
BTK[a]	13 (43.3)
C481S	7 (23.3)
L528[b]	2 (6.7)
T474[c]	3 (10.0)
V416[d]	1 (3.3)
G541V	1 (3.3)

[a]Patients could have multiple BTK mutations; BTK mutations were tested at baseline by NGS centrally. ≥5% allelic frequency is reported.
[b]L528W, L528S; [c]T474F,T474I; [d]V416L, V416M.



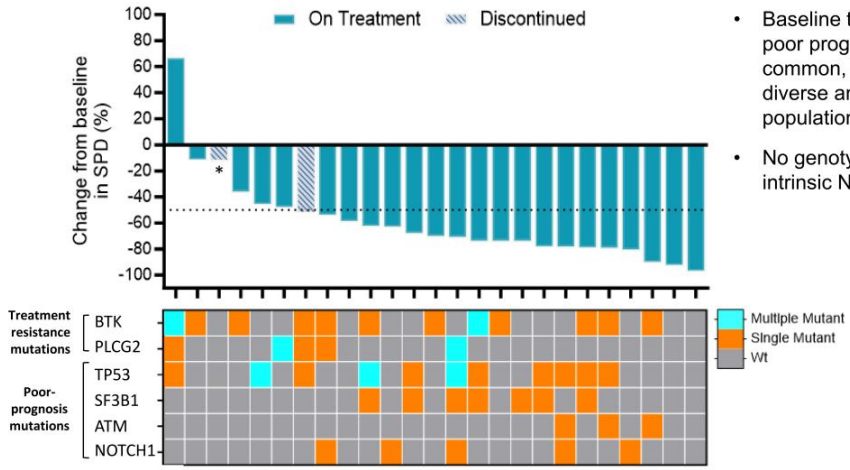
*1 patient has both BTK L528S and G541S

MFI, mean fluorescence intensity

Data cutoff: 17 April 2024

Clinical Activity in Patients with Baseline Mutations

Treatment resistance and poor-prognosis genetic mutations

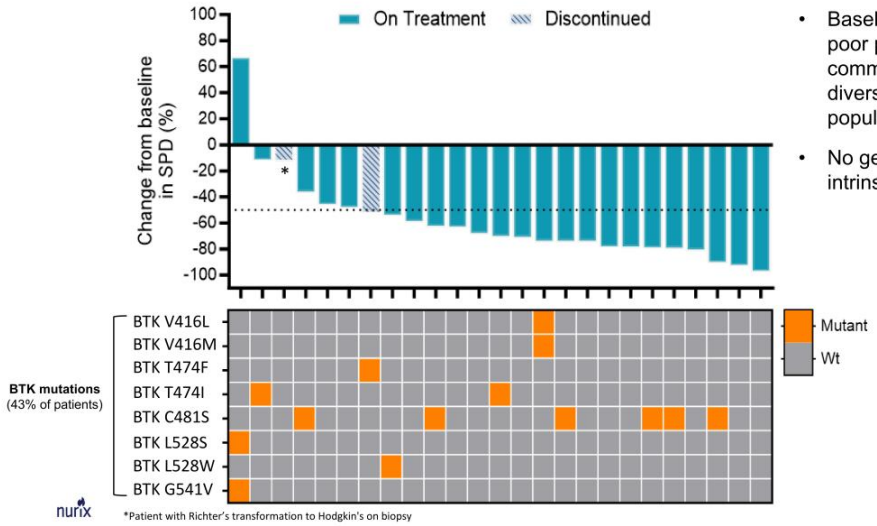


- Baseline treatment-resistance and poor prognosis mutations were common, indicating a genetically diverse and hard-to-treat CLL patient population
- No genotypic profile was linked to intrinsic NX-5948 resistance

*Patient with Richter's transformation to Hodgkin's on biopsy

Clinical Activity in Patients with Baseline Mutations

Treatment resistance and poor-prognosis genetic mutations



- Baseline treatment-resistance and poor prognosis mutations were common, indicating a genetically diverse and hard-to-treat CLL patient population
- No genotypic profile was linked to intrinsic NX-5948 resistance

*Patient with Richter's transformation to Hodgkin's on biopsy

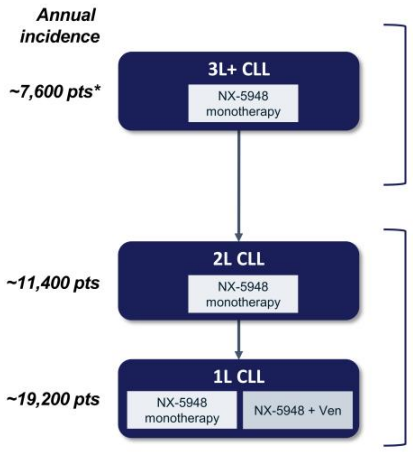
Data cutoff: 17 April 2024

Nurix Is Accelerating Development of NX-5948 with First Pivotal Study To Be Initiated in 2025

- CLL: Clear demonstration of clinical activity in difficult to treat populations
  - Phase 1a enrollment complete with ~70% ORR as of April 17, 2024 data cutoff (announced at EHA 2024)
  - Enrolling Phase 1b in relapsed/refractory CLL patients post-BTKi/post-BCL2i
  - Preparing for initiation of pivotal trial(s) in 2025 in CLL patients post-BTKi/post-BCL2i where we have Fast Track Designation
  - Planning for a broad and parallel Phase 3 program across lines of therapy as monotherapy and in combination with other approved agents

- NHL: Broad activity with deep responses seen across NHL subtypes
  - Phase 1b expansion underway in selected NHL subtypes with initial focus on monotherapy in indolent indications
  - Additional data in NHL patients will be presented in 2H 2024

Significant Opportunity in CLL Across Lines of Treatment



Post-BTKi / post-BCL2i (Fast Track)

Label expansion opportunities

Pivotal trials in r/r CLL
Monotherapy post-BTKi/post-BCL2i (Fast Track Designation) Single-arm and randomized controlled trial options

Pivotal trials in 1L/2L CLL
1L/2L monotherapy study Randomized controlled trial
1L/2L fixed duration combinations Randomized controlled trial

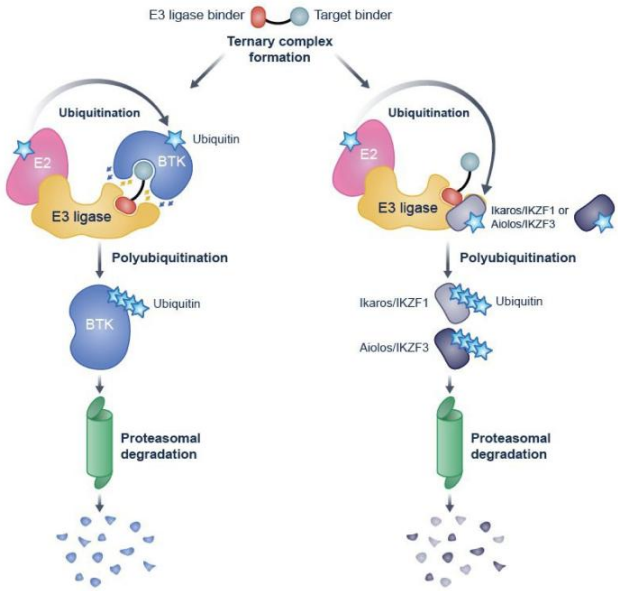
* Based on data for 3L and 4L only

Source: Clarivate/DRG Landscape and Forecast Research Report NHL and CLL, April 2023

NX-2127

Dual acting BTK/IKZF degrader with immunomodulatory activity

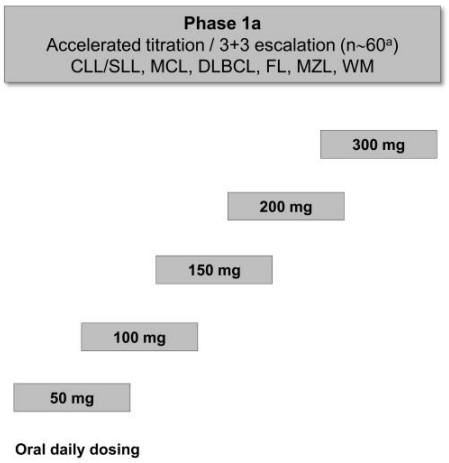
nurix

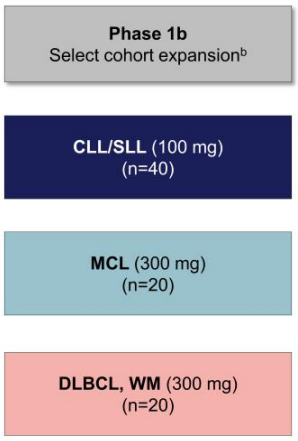


IKZF: Ikaros zinc finger family of transcription factors

NX-2127-001: Trial Design

Phase 1a/b trial in adults with relapsed/refractory B-cell malignancies



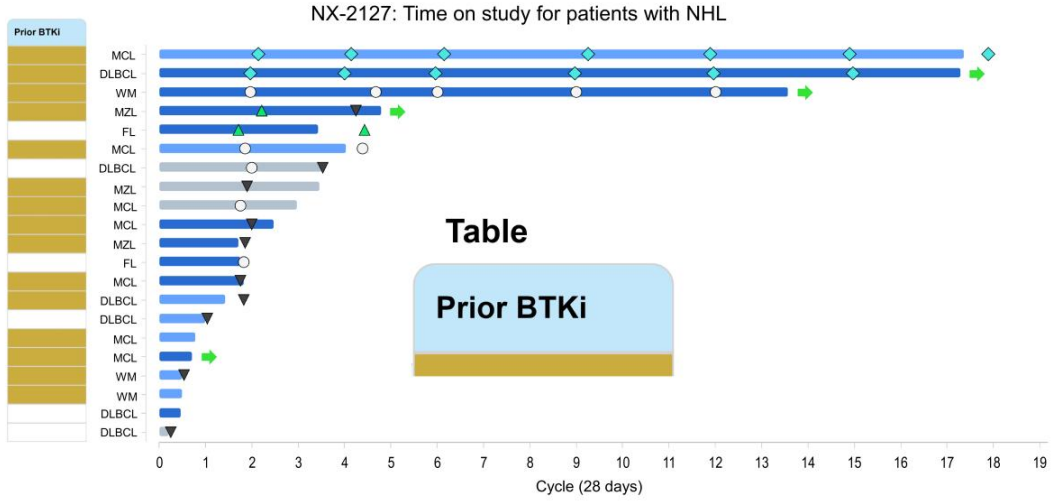


- First-in-human, multicenter, open-label, Phase 1a/1b trial in adults with relapsed / refractory B-cell malignancies
- Plan to reinitiate enrollment with new chirally controlled drug substance in separate dose-escalation (previous data generated utilizing prior, chirally mixed drug substance)
- Other potential expansion cohorts include patients with FL, MZL and PCNSL

[a]Planned number of evaluable patients (i.e., meeting DLT evaluability criteria); [b]Planned number of evaluable patients (i.e., meeting efficacy evaluability criteria)

CLL, chronic lymphocytic leukemia; **DLBCL**, diffuse large B-cell lymphoma; **DLT**, dose-limiting toxicity; **FL**, follicular lymphoma; **MCL**, mantle cell lymphoma; **MTD**, maximum tolerated dose; **MZL**, marginal zone lymphoma; **PD**, pharmacodynamics; **PK**, pharmacokinetics; **PCNSL**, primary central nervous system lymphoma; **SLL**, small lymphocytic lymphoma; **WM**, Waldenstrom's macroglobulinemia

Ongoing Durable Complete Responses With Over One Year of Follow Up Seen in DLBCL and MCL



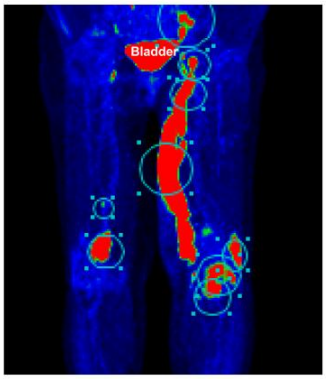
BTKi, Bruton's tyrosine kinase inhibitor; **CR**, complete response; **DLBCL,** diffuse large B-cell lymphoma; **FL**, follicular lymphoma; **MCL,** mantle cell lymphoma; **MZL,** marginal zone lymphoma; **PD**, progressive disease; **PR**, partial response; **SD**, stable disease; **WM,** Waldenstrom's macroglobulinemia

Data cutoff: 15 Sept 2023

Rapid and Sustained Complete Response in Relapsed/Refractory DLBCL With NX-2127

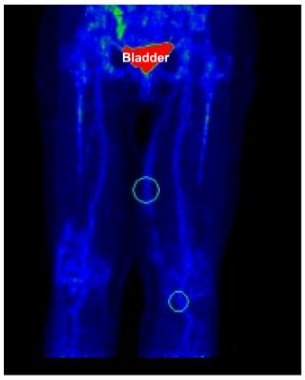
FDG-PET CT Scan Disease Assessment

Baseline



Deauville score: 5

Confirmatory Week 16 Scan



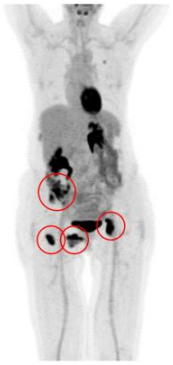
Deauville score: 2

- 84-year-old woman with multiply relapsed ABC-DLBCL following 4 lines of aggressive therapy (including combination of rituximab, ibrutinib, and lenalidomide)
- Complete response on first assessment at week 8, confirmed at week 16
- As of September 15, 2023, this patient remains in complete response and on treatment with over 15 months of follow up

Rapid and Sustained Complete Response in Relapsed/Refractory MCL With NX-2127

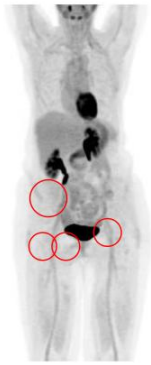
FDG-PET CT Scan Disease Assessment

Baseline



Deauville score: 5

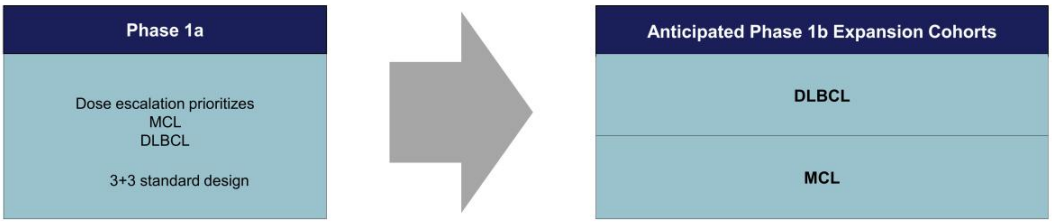
Week 8 Scan



Deauville score: 2

- 64-year-old woman with multiply relapsed MCL, following stem cell transplant, chemo-immunotherapy, and ibrutinib
- Complete response on first assessment at week 8, confirmed at week 16
- As of September 15, 2023, this patient remains in complete response having come off therapy by choice after 17 cycles of treatment

Near-Term Next Steps: Introduce New Commercial Form of NX-2127 and Reinitiate Phase 1b Enrollment for Aggressive NHL



NX-1607

Oral CBL-B Inhibitor for Immune Oncology Indications

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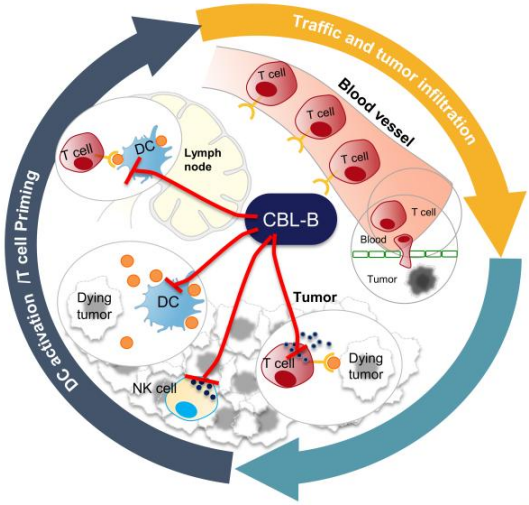
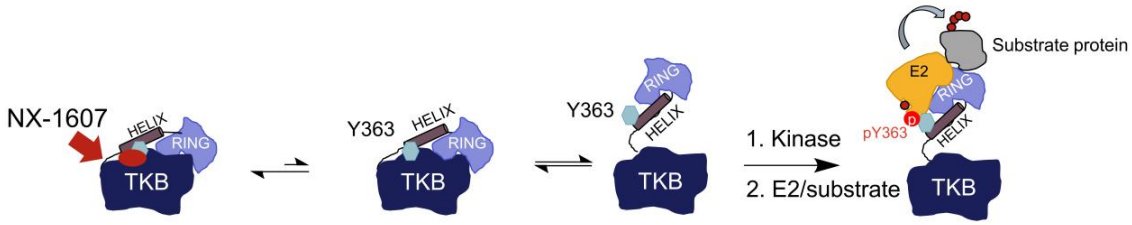
CBL-B inhibition promotes the activation of T cells, NK cells, dendritic cells



CBL-B: Casitas B lymphoma-b

NX-1607 Mechanism of Action: Intramolecular Glue



NX-1607 acts as an intramolecular glue forcing CBL-B in its folded **INACTIVE** state

Closed State **INACTIVE**

Opened State

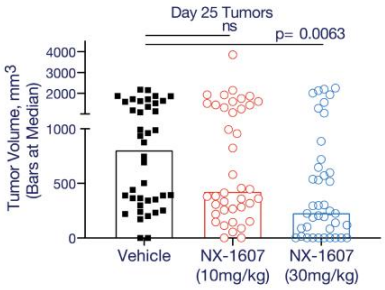
Phosphorylation locks CBL-B in the **ACTIVE** Conformation

Immune Response

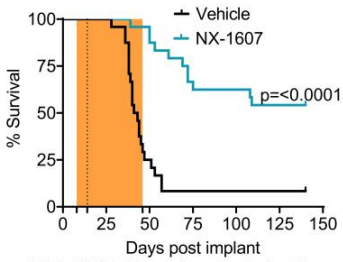
Immune Response

Single-Agent NX-1607 Induces Antitumor Response in Multiple Models

NX-1607
Reduced Tumor Volume
Colorectal

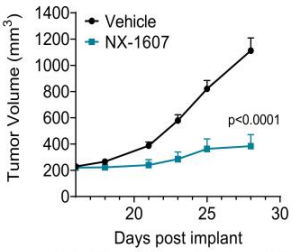


NX-1607
Prolonged Survival
Triple-Negative Breast



NX-1607 30 mg/kg day 7 to 46

NX-1607
Reduced Tumor Volume
B Cell Lymphoma

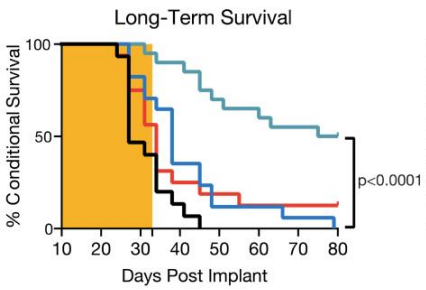


NX-1607 30 mg/kg day 16 to 28

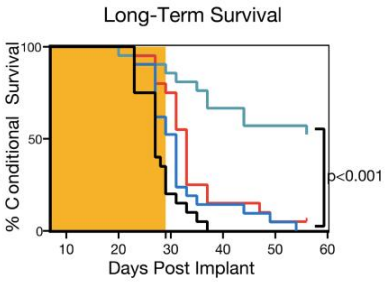
Shaded area indicates dosing period

NX-1607 and Anti-PD-1 Synergize to Enhance Anti-Tumor Effects and Survival of Mice in Multiple Tumor Models

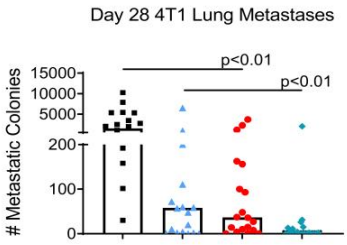
Colorectal (CT26)



Colorectal (MC38)



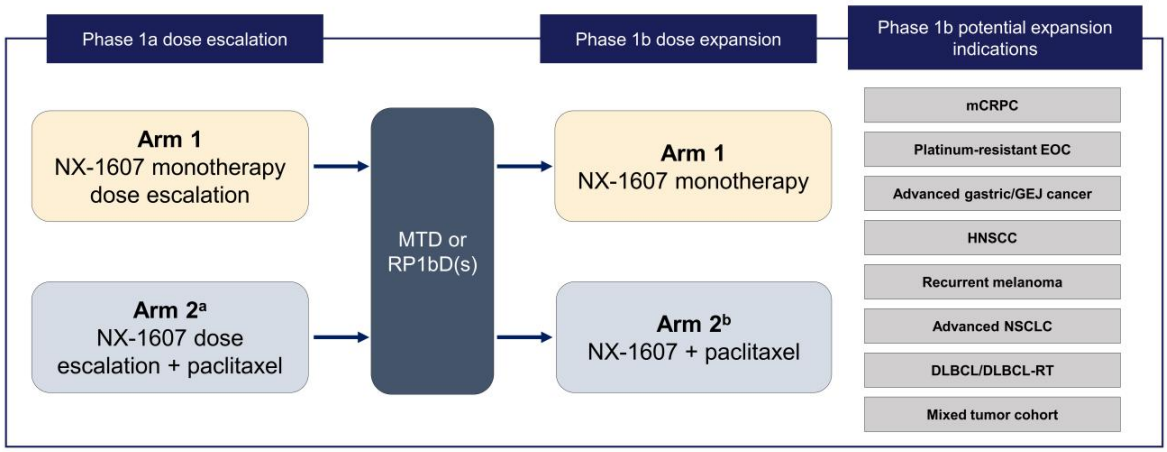
Triple-Negative Breast (4T1)



Vehicle NX-1607 anti-PD-1 NX-1607+anti-PD-1

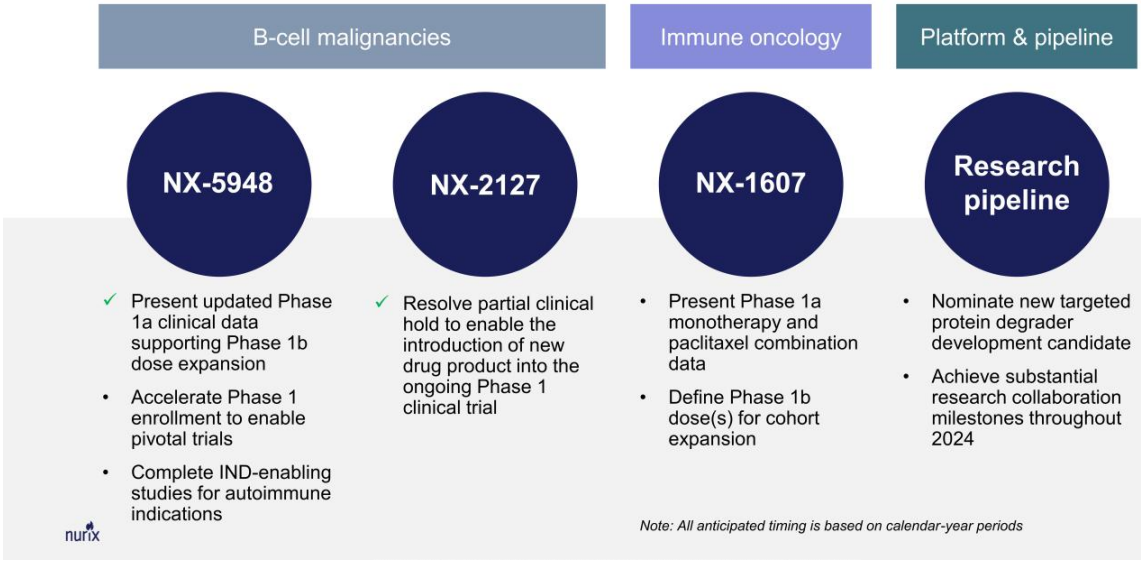
Shaded area indicates dosing period: NX-1607 (30 mg/kg, PO daily) and anti-PD-1 twice a week at 10 mg/kg dosing period

NX-1607-101: Phase 1 First-in-Human Clinical Trial Design



[a]Starting dose for NX-1607 in Arm 2 will be ≥1 dose level below the highest previously cleared monotherapy dose level and dosing regimen.
[b]Combination indications for Arm 2 may include platinum-resistant EOC, gastric cancer, HNSCC, NSCLC, TNBC, urothelial cancer, cervical cancer

Defining Success in 2024



Note: All anticipated timing is based on calendar-year periods

Nurix Is Advancing a Pipeline of Propriety and Partnered Programs in Oncology and Inflammation & Immunology

MOA	Oncology program	Target	Therapeutic area	Discovery – Lead Op	IND enabling	Phase 1a	Phase 1b
TPD	NX-5948	BTK	B-cell malignancies				
	NX-2127	BTK-IKZF	B-cell malignancies				
TPE	NX-1607	CBL-B	Immuno-Oncology				
TPD	Multiple	Undisclosed	Undisclosed				
	Multiple	Undisclosed	Undisclosed				GILEAD
	Multiple	Undisclosed	Undisclosed				sanofi
DAC	Multiple	Undisclosed	Oncology				Pfizer

MOA	I&I program	Target	Therapeutic area	Discovery – Lead Op	IND enabling	Phase 1a	Phase 1b
TPD	NX-5948	BTK	Inflammation / autoimmune				
	NX-0479 / GS-6791	IRAK4	Rheumatoid arthritis and other inflammatory diseases				GILEAD
	STAT6 degrader	STAT6	Type 2 inflammatory diseases				sanofi
	Undisclosed	Undisclosed	Inflammation / autoimmune				sanofi

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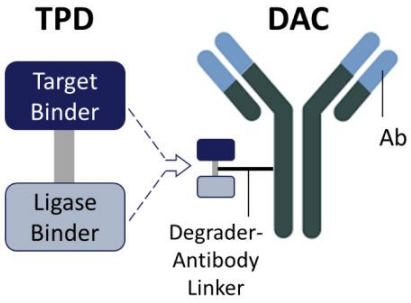
TPD: Targeted Protein Degradation; **TPE**: Targeted Protein Elevation; **DAC**: Degrader Antibody Conjugate

Advancing a New Therapeutic Class

Degrader-Antibody Conjugates (DACs)

- DACs combine the catalytic activity of a Targeted Protein Degrader (TPD) with the specificity of an antibody
- DACs represent the next generation of antibody drug conjugates (ADCs)



Seagen* Deal Terms

- $60 million upfront cash payment
- $3.4 billion in potential research, development, regulatory and commercial milestone payments
- Mid-single to low double-digit percentage tiered royalties on future product sales
- Option for U.S. profit sharing and co-promotion on up to two products arising from the collaboration

Pfizer

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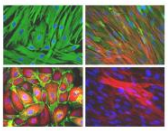
* Seagen is now part of Pfizer

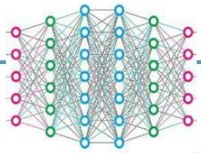
Industry Leading DELigase Platform for TPD Drug Discovery

Chemistry Automation

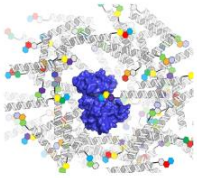


Direct-to-Cell Biology

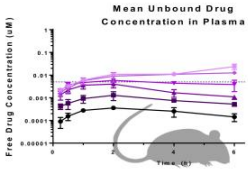
Machine Learning/ Generative AI



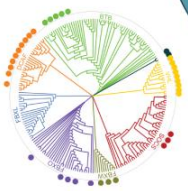
DEL Discovery



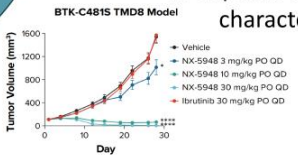
HT Screening for *in vivo* exposure



Ligase Enablement



In depth *in vivo* biological characterization



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Strong Financial Position

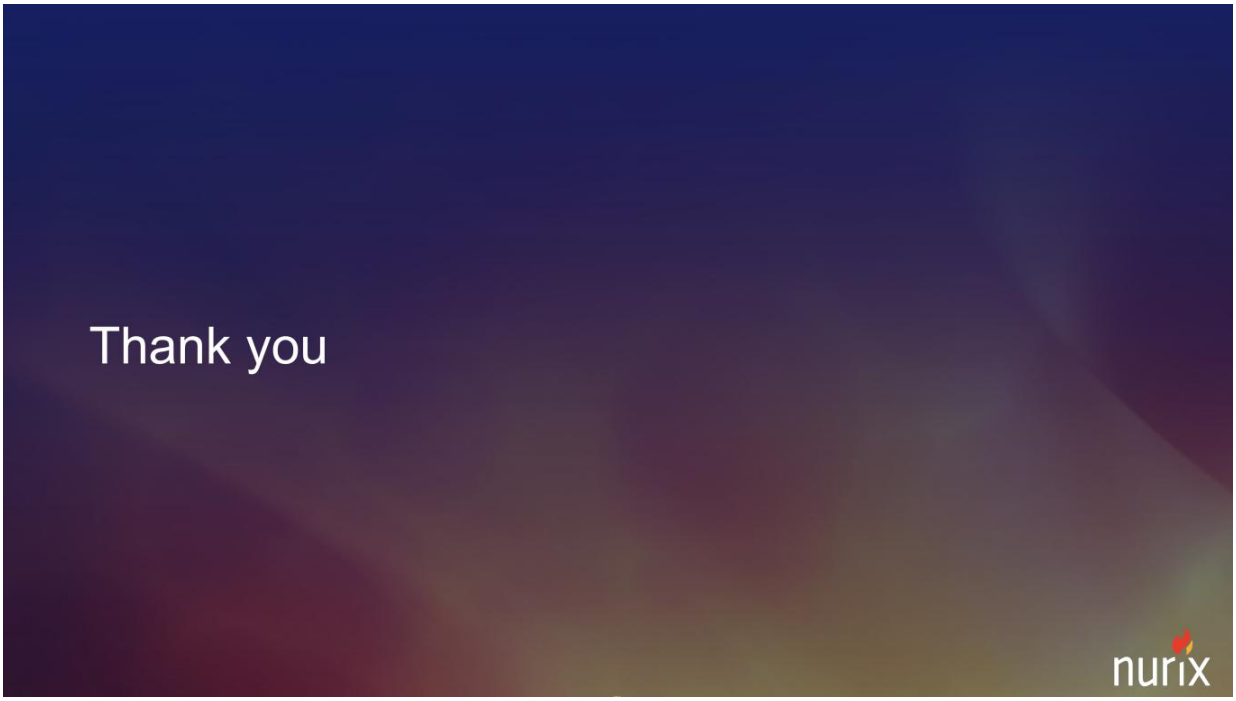
$452.5 million in cash and investments as of May 31, 2024

- Cash runway to fund operations into H2 2026

R&D collaboration cashflow:

- Gilead: $45M upfront and $85M in fees and milestone payments earned to date
- Sanofi: $55M upfront, $22M in expansion option exercise, and $13M in milestone payments earned to date
- Seagen (now part of Pfizer): $60M upfront and $5M in milestone payments earned to date

Nurix retains option for U.S. profit share and co-promotion for six drug candidates across three partnerships


Thank you
nurix