Leader in Targeted Protein Modulation

Nurix Therapeutics

Blazing a New Path in Medicine

Investor Presentation

November 2024

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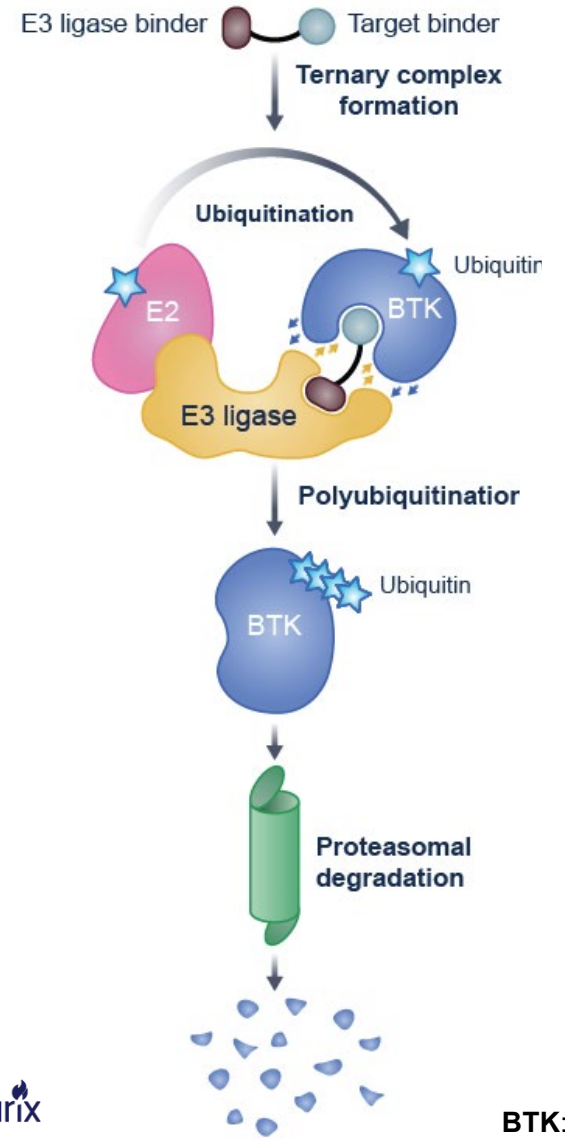
Nurix Is Advancing a Pipeline of Proprietary and Partnered Programs in Oncology and Inflammation & Immunology

MOA	Oncology program	Target	Therapeutic area	Discovery – Lead Op	IND enabling	Phase 1a	Phase 1b
TPD	NX-5948	BTK	B-cell malignancies				
TPD	NX-2127	BTK-IKZF	B-cell malignancies				
TPE	NX-1607	CBL-B	Immuno-Oncology				
TPD	Multiple	Undisclosed	Undisclosed				
TPD	Multiple	Undisclosed	Undisclosed				GILEAD
TPD	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				
TPD	NX-0479 / GS-6791	IRAK4	Rheumatoid arthritis and other inflammatory diseases				GILEAD
TPD	STAT6 degrader	STAT6	Type 2 inflammatory diseases				sanofi
TPD	Undisclosed	Undisclosed	Inflammation / autoimmune				sanofi

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

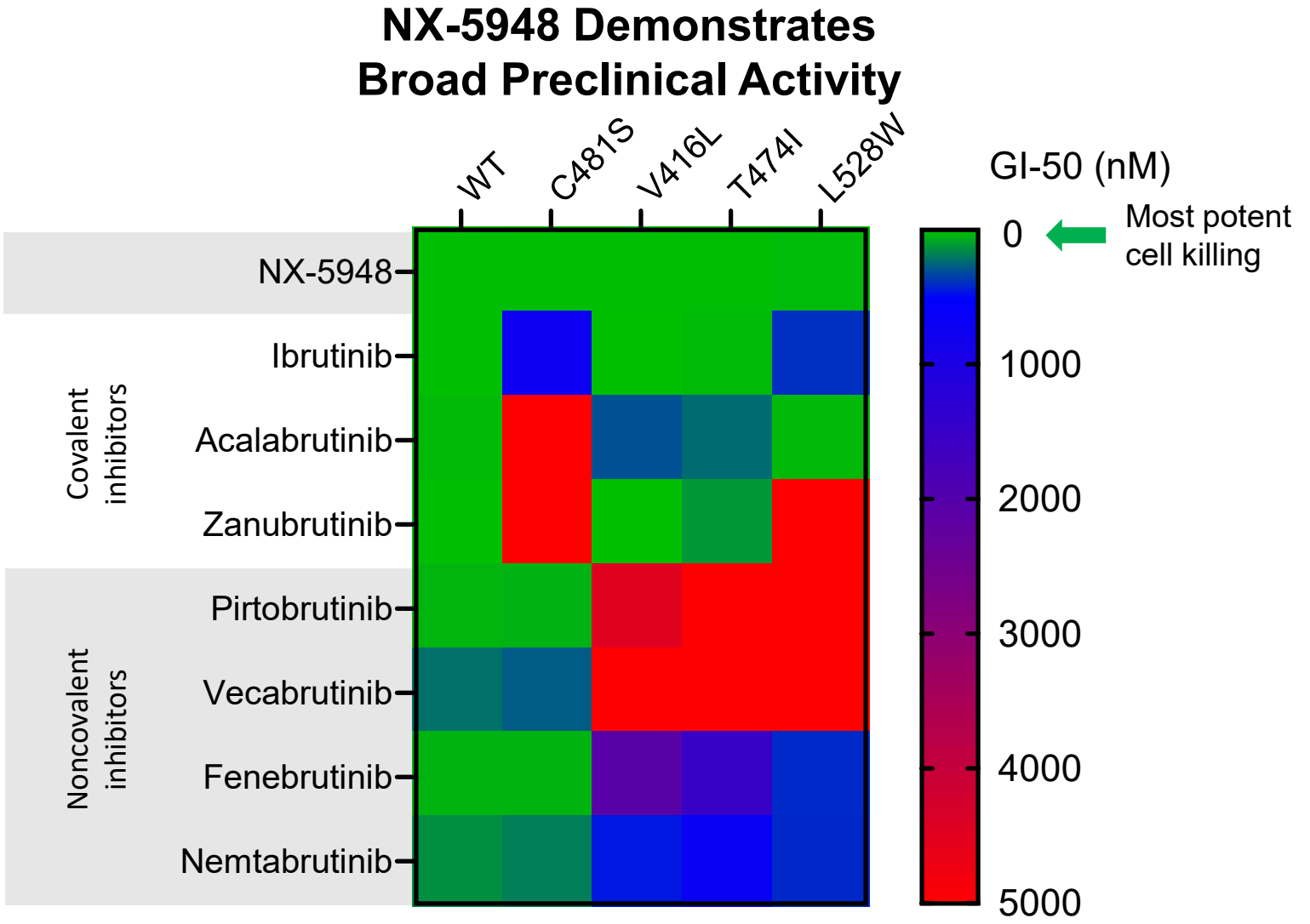
BTK degraders show emerging activity in various B-cell malignancies

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

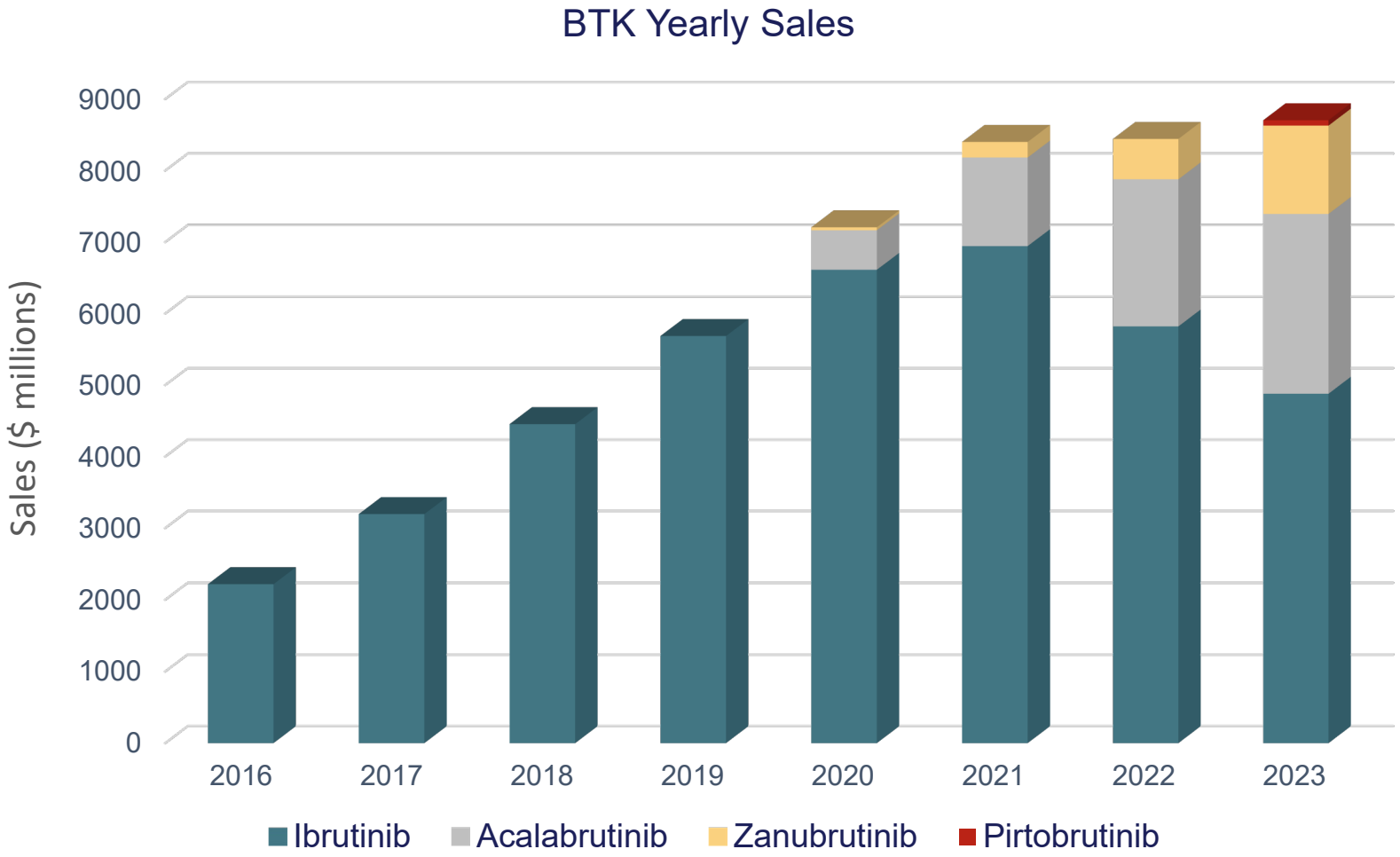
- All inhibitors have resistance mutation liabilities
- NX-5948 displays potent cell killing in the context of key resistance mutations
- We have shown that BTK degradation translates into clinical responses across key mutation classes



Blockbuster Opportunity in BTK Market

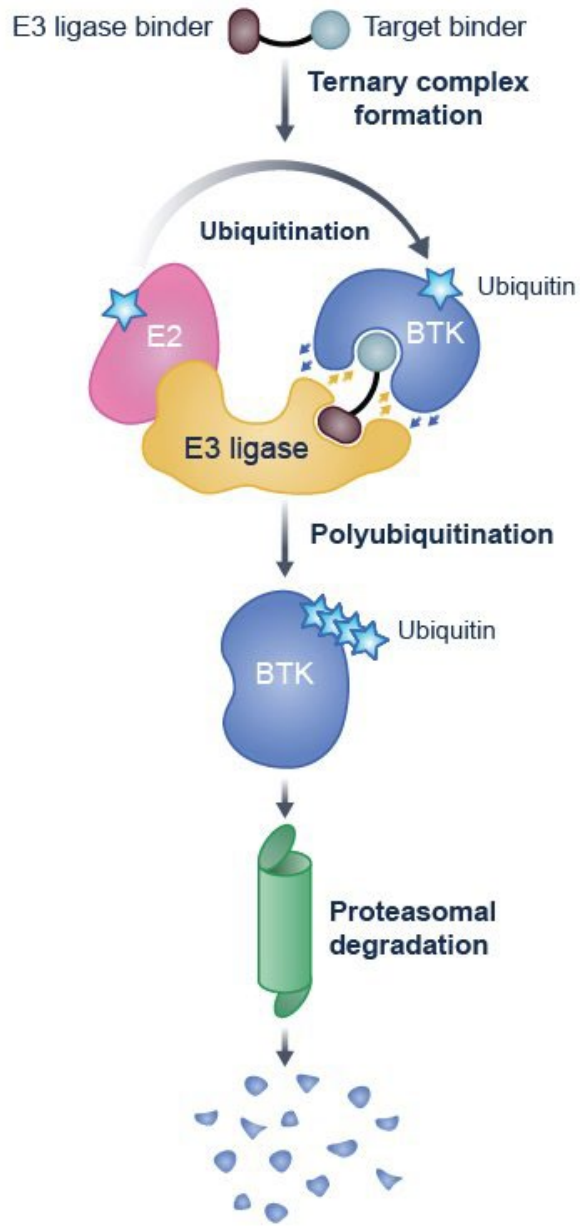
$8.7 billion in annual sales of approved BTK inhibitors

- 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

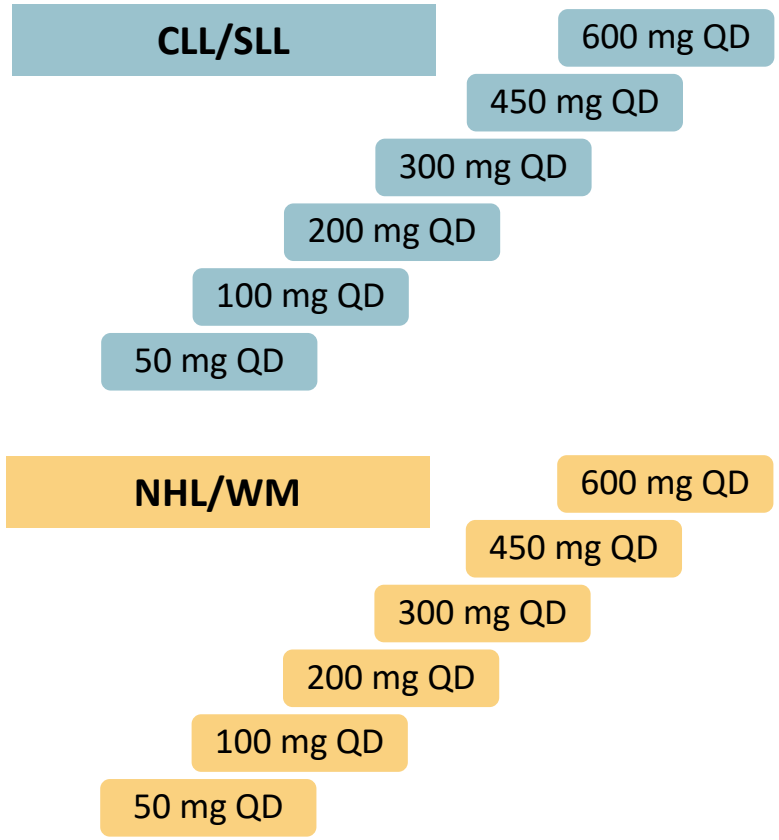
Highly selective BTK degrader



NX-5948-301: Trial Design

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

Phase 1a dose escalation [fully enrolled]



Ongoing CLL Phase 1b expansion cohorts

Randomized

CLL/SLL (200mg)
Prior BTKi and BCL2i

CLL/SLL (600mg)
Prior BTKi and BCL2i

Fast Track Designation

Ongoing NHL/WM Phase 1b expansion cohorts

MZL
Marginal zone lymphoma

WM
Waldenstrom's macroglobulinemia

FL
Follicular lymphoma

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

TEAEs, n (%)	Patients with CLL (n=31)			Overall population (N=79)		
	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'

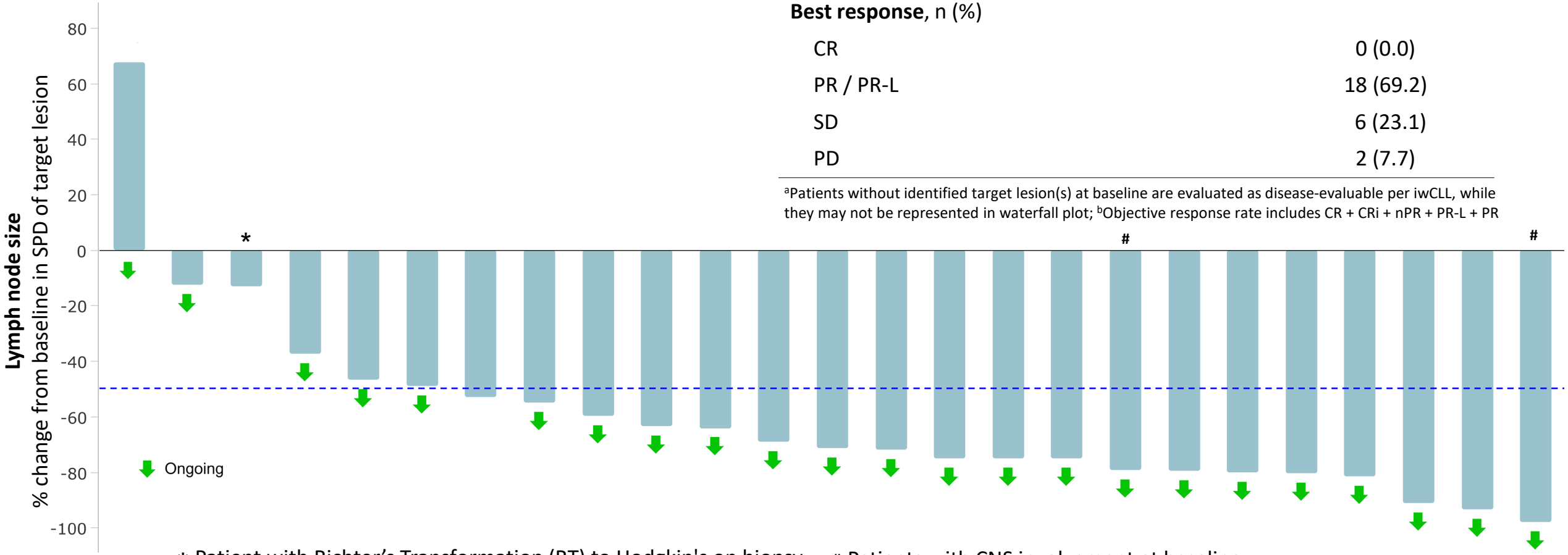
AE, adverse event; **TEAE**, treatment emergent adverse event; **DLT**, dose-limiting toxicity; **SAE**, serious adverse event; **TLS**, tumor lysis syndrome

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



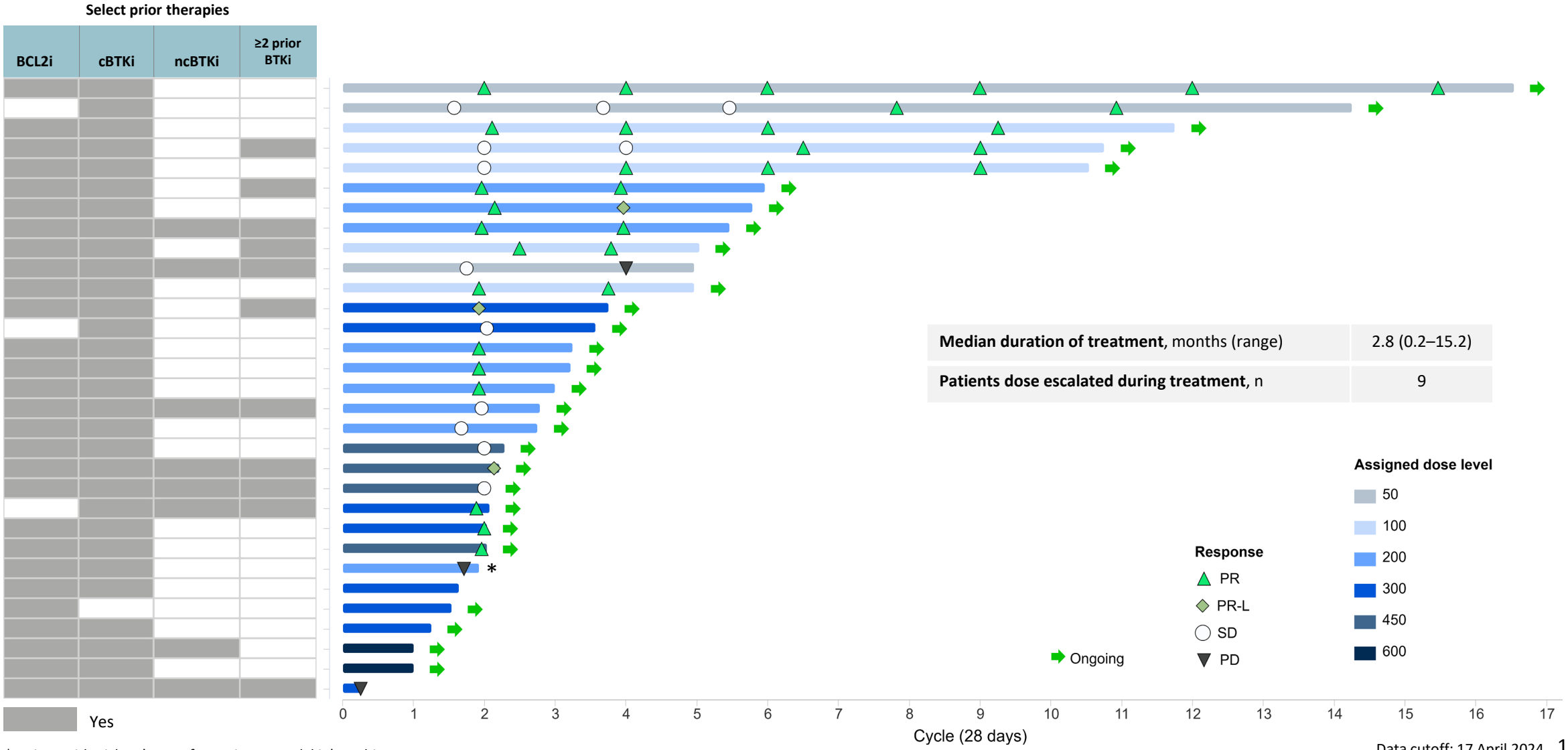
∗ Patient with Richter's Transformation (RT) to Hodgkin's on biopsy # Patients with CNS involvement at baseline

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

Age, Race, M/F	59, White, M
Diagnosis	CLL, High Risk, Stage C
Initial diagnosis	May 2015
Recent progression	03 Oct 2022 (with CNS relapse)
Dose	100 mg/day →300 mg/day
C1D1	27-Jun-23
Status	On treatment
Current cycle	12

Relevant medical history

- Anxiety: 2015-ongoing
- Depression: 2015-ongoing
- Previous Hepatitis B infection: 2015 (on anti-viral prophylaxis but no evidence of recurrent disease)
- Recurrent lung infection: 2015-ongoing
- Face numbness: Unknown-ongoing
- Constipation: 21Jun23-ongoing

Prior systemic therapies

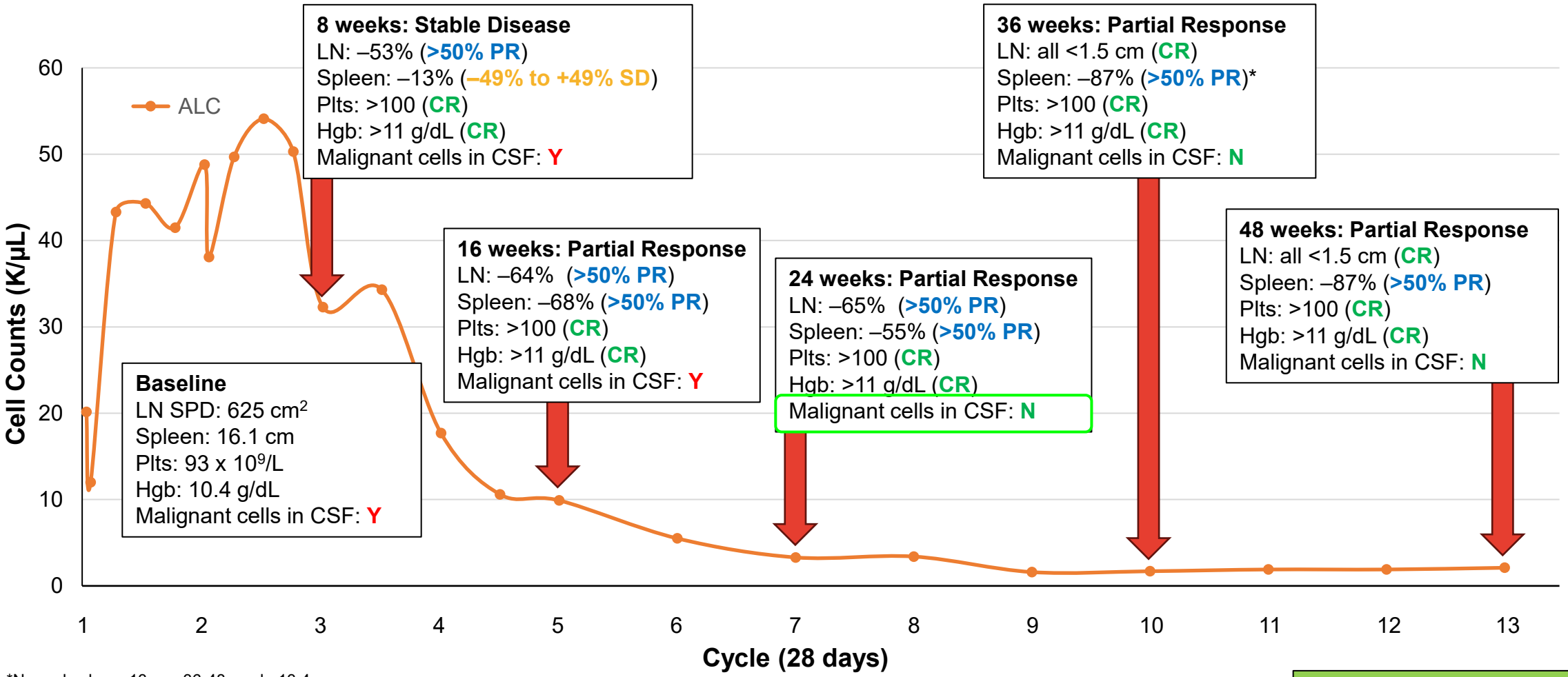
- Idelalisib: 2015-2018
- Venetoclax + Rituximab: 2018-2022
- Acalabrutinib: Oct 2022-Jun 2023

Prior radiotherapy

- None

Case Study 1: Patient with CLL and CNS Involvement

Deepening response over time approaching complete response criteria



*Normal spleen: 13 cm; 36-48 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

Remains on study as of Oct 10, 2024

nurix

ALC, Absolute lymphocyte count; **CSF**, cerebrospinal fluid; **Hgb**, hemoglobin; **LN**, lymph nodes; **Plts**, platelets

Data cutoff: 10 June 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

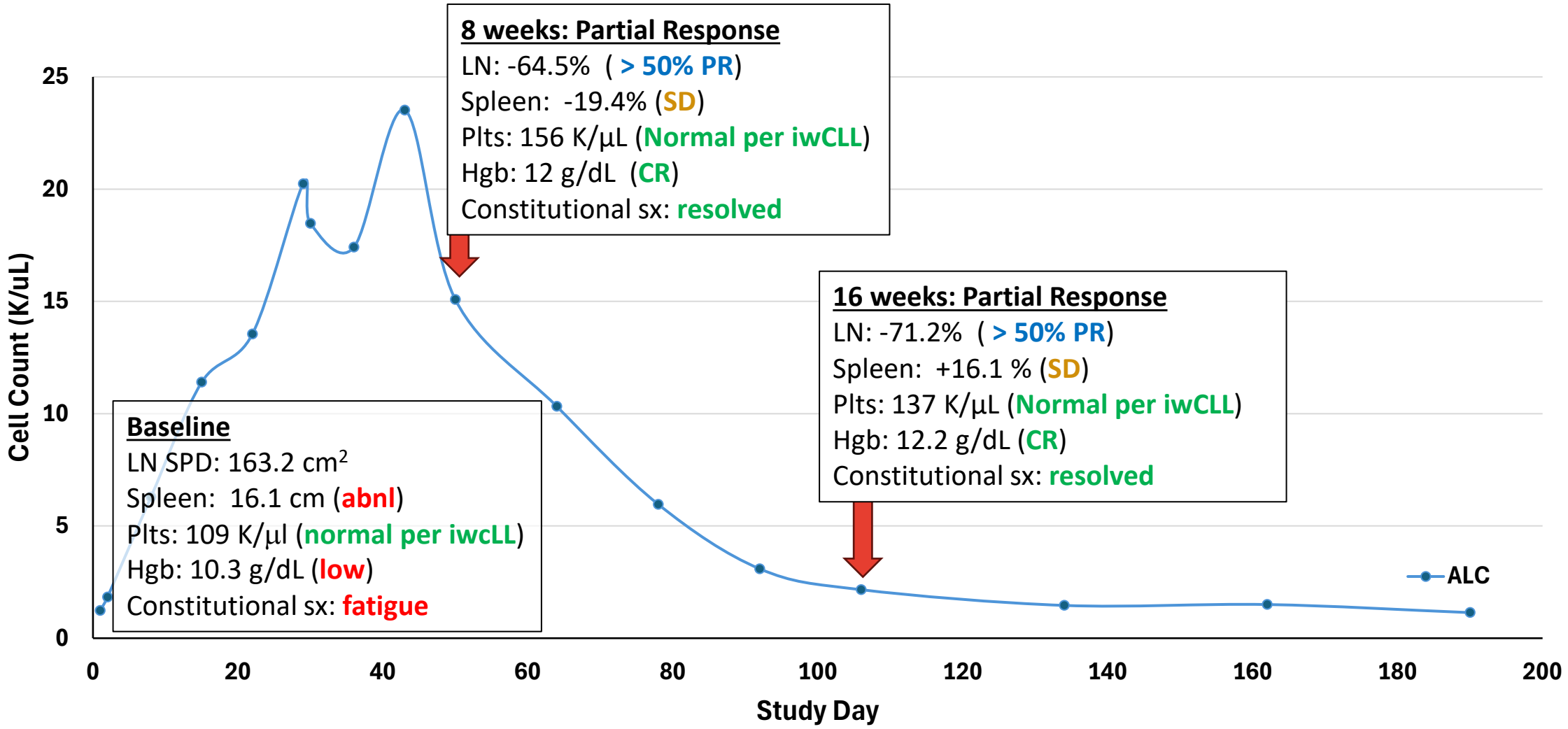
- FCR: 2009-2010
- **Ibrutinib** + rituximab: 2012
- Venetoclax: 2018
- **Acalabrutinib**: 2021
- Chlorambucil + obinutuzumab: 2021
- **Zanubrutinib**: 2022
- Lisocabtagene maraleucel: 2022
- Duvelisib: 2022-23
- **Pirtobrutinib** + obinutuzumab: 2023
- R-CHOP: 2023
- **Pirtobrutinib** + bendamustine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

Reason for pirtobrutinib + bendamustine + obinutuzumab discontinuation: Progressive disease

* From medical records; ** Central lab

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.

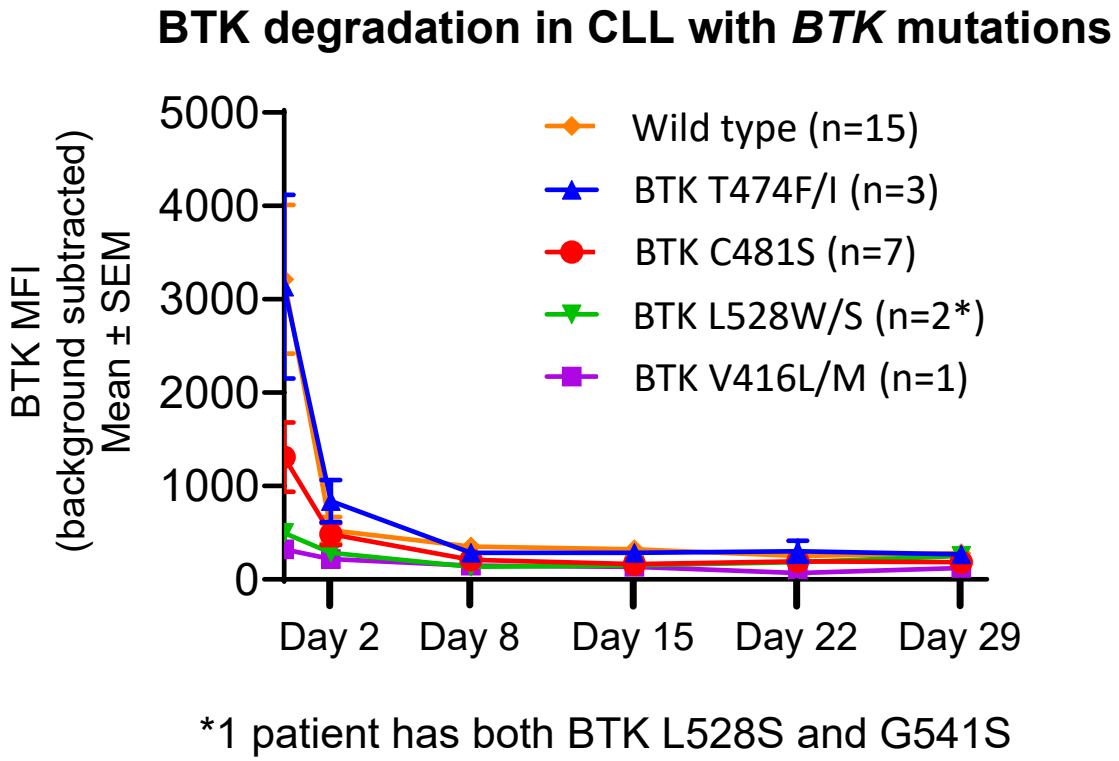
Data cutoff: 31 May 2024

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.

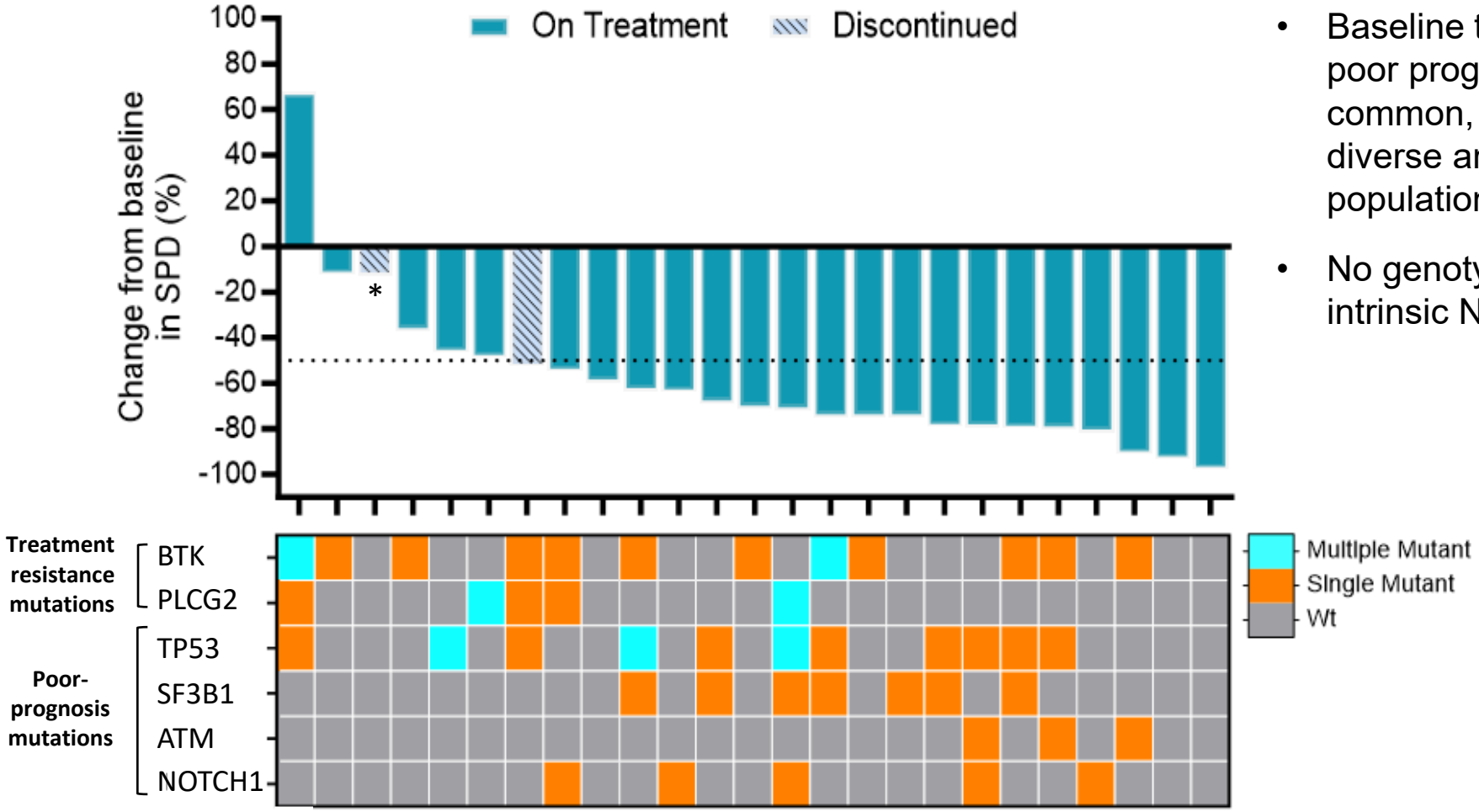


*1 patient has both BTK L528S and G541S

MFI, mean fluorescence intensity

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

NX-5948 Efficacy and Duration of Treatment in Patients with Waldenstrom's Macroglobulinemia (WM)

Select prior therapies			Select mutations	
BTKi	BCL2i	Pirto	CXCR4	MYD88
■			■	■
■				■
■				■
■				
■				■
■			■	■
■		■		■
■		■		
■				■
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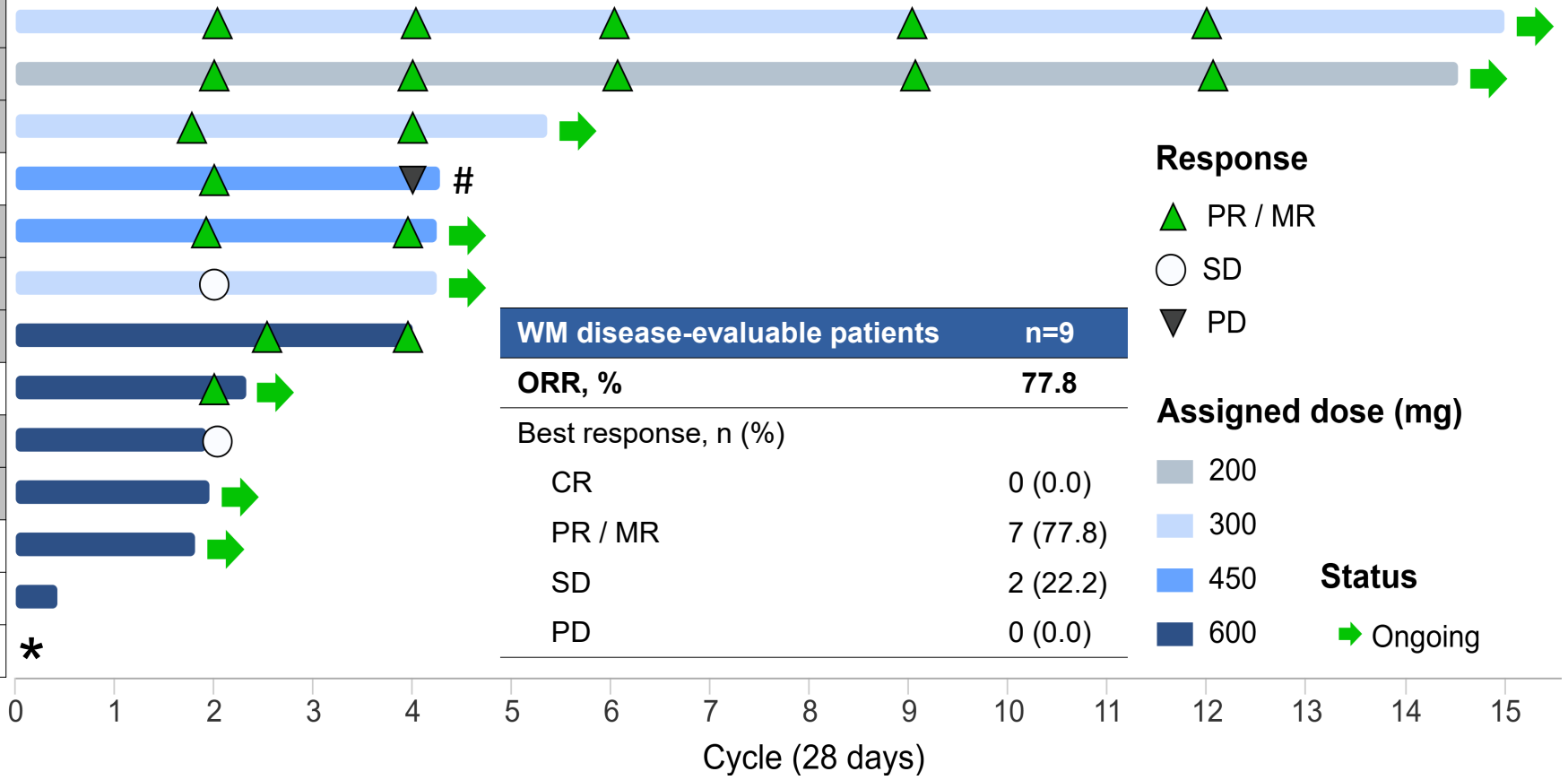


WM disease-evaluable patients	n=9
ORR, %	**77.8**
Best response, n (%)	
CR	0 (0.0)
PR / MR	7 (77.8)
SD	2 (22.2)
PD	0 (0.0)

Response

▲ PR / MR

○ SD

▼ PD

Assigned dose (mg)

200

300

450

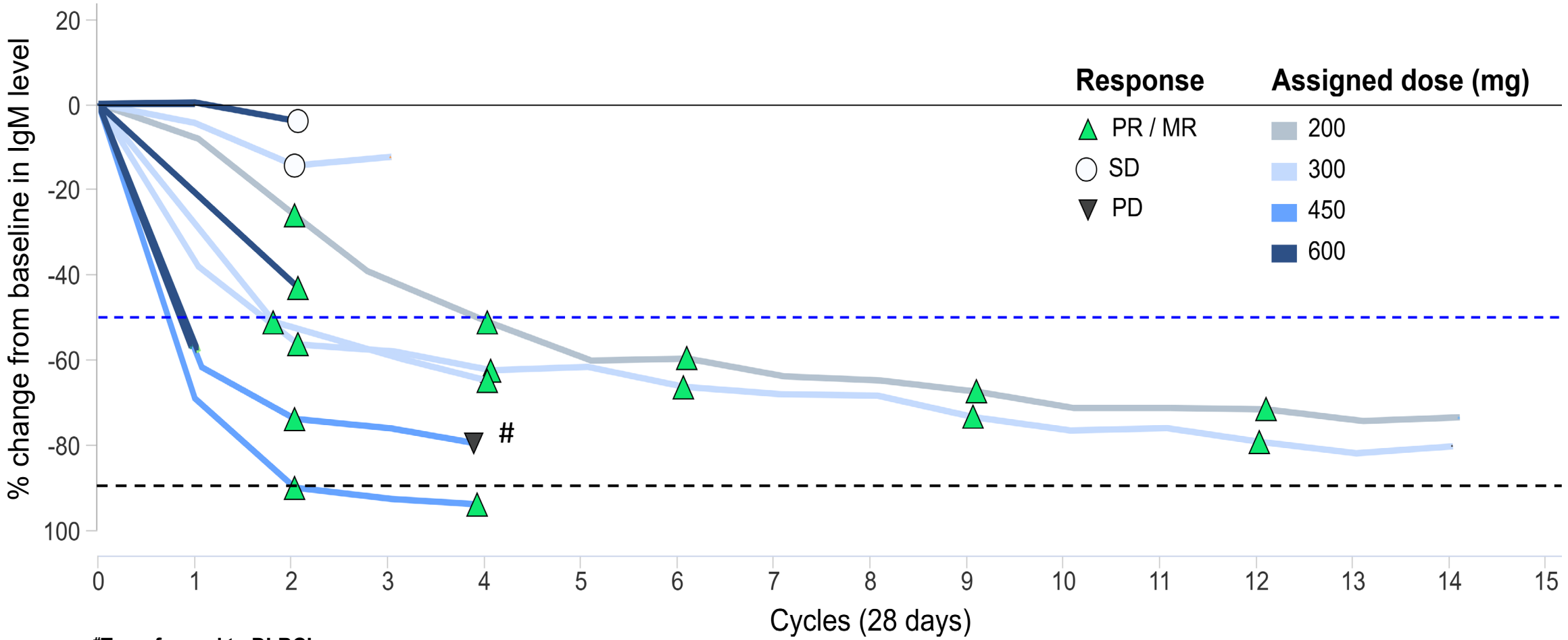
600

Status

➡ Ongoing

*Ineligible, identified post 1st dose
#Transformed to DLBCL

Steady Decrease in Response Marker Levels in WM Patients Treated with NX-5948



#Transformed to DLBCL

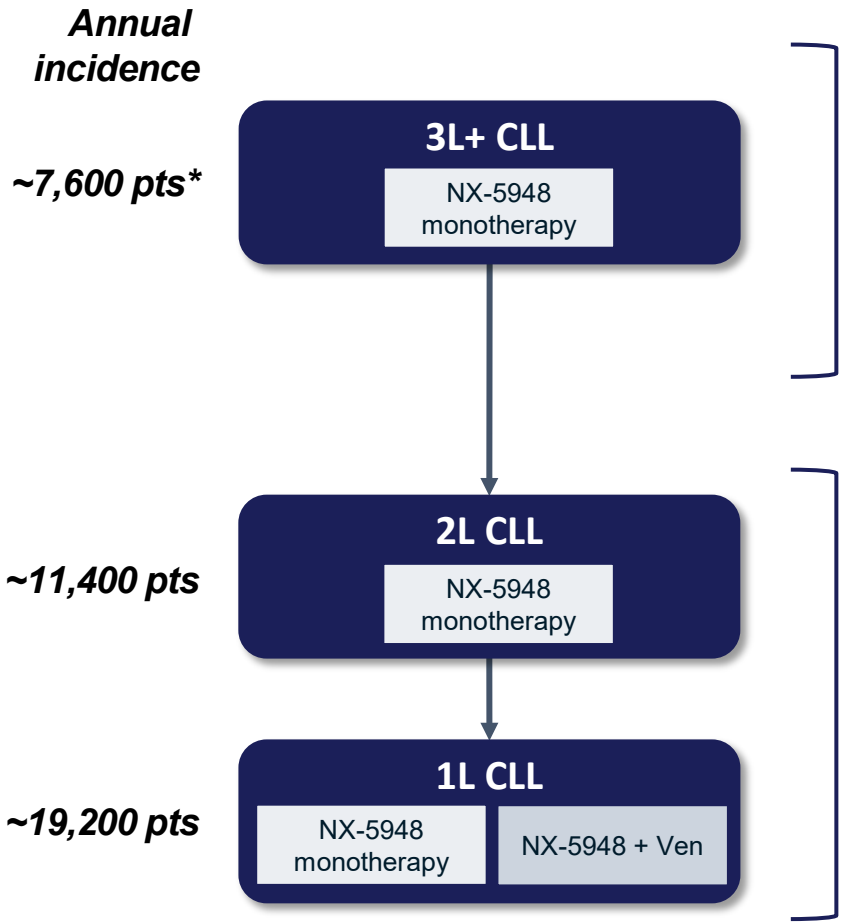
[1]Response criteria used: Owen RG, Kyle RA, Stone MJ, et al. VIth International Workshop on Waldenström macroglobulinaemia. Response assessment in Waldenström macroglobulinaemia: update from the VIth International Workshop. Br J Haematol 2013;160:171–6

Data cutoff: 10 Oct 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
  - Additional data in CLL patients will be presented at ASH in December 2024
- 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 (WM, MZL, FL)
  - Data presented at IWWM in October 2024 supports advancement of Phase 1b in WM

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

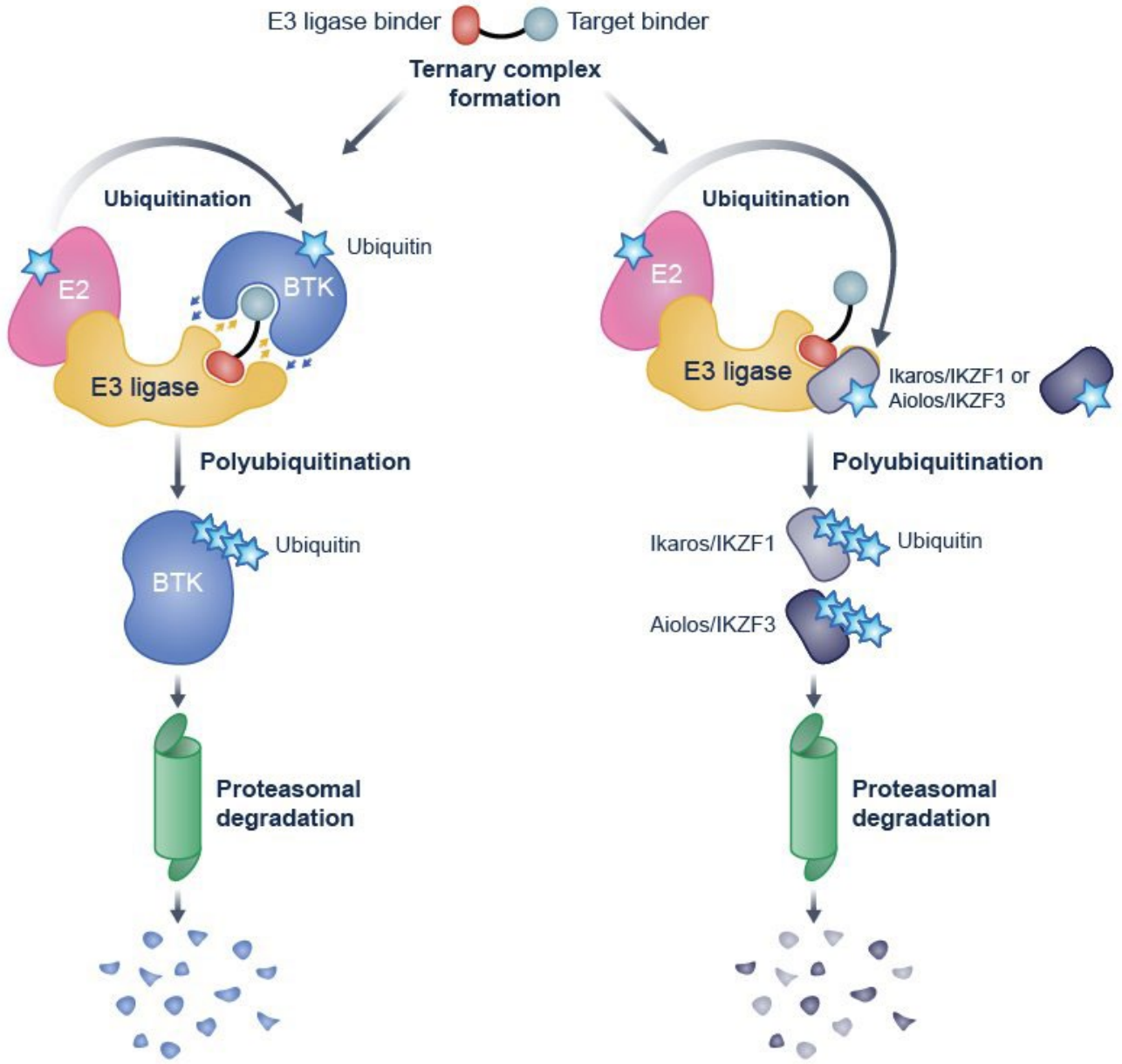
Pivotal trials in 1L/2L CLL
1L/2L monotherapy study Randomized controlled trial
1L/2L fixed duration combinations Randomized controlled trial

* Based on data for 3L and 4L only

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

NX-2127

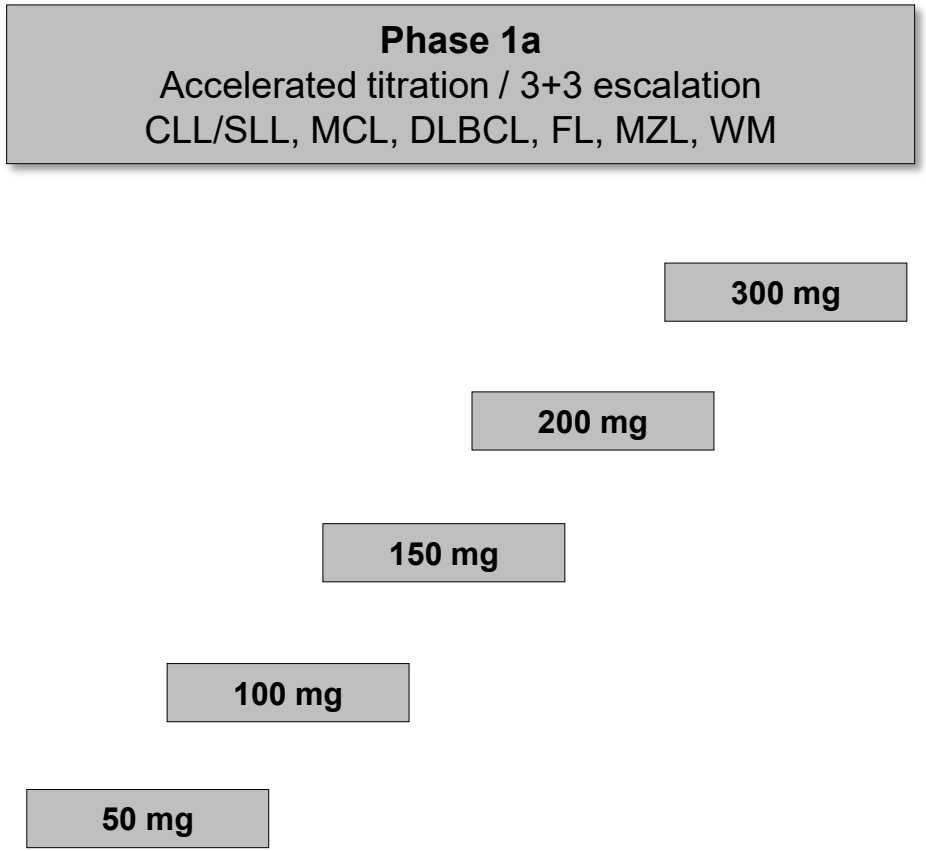
Dual acting BTK/IKZF degrader with immunomodulatory activity

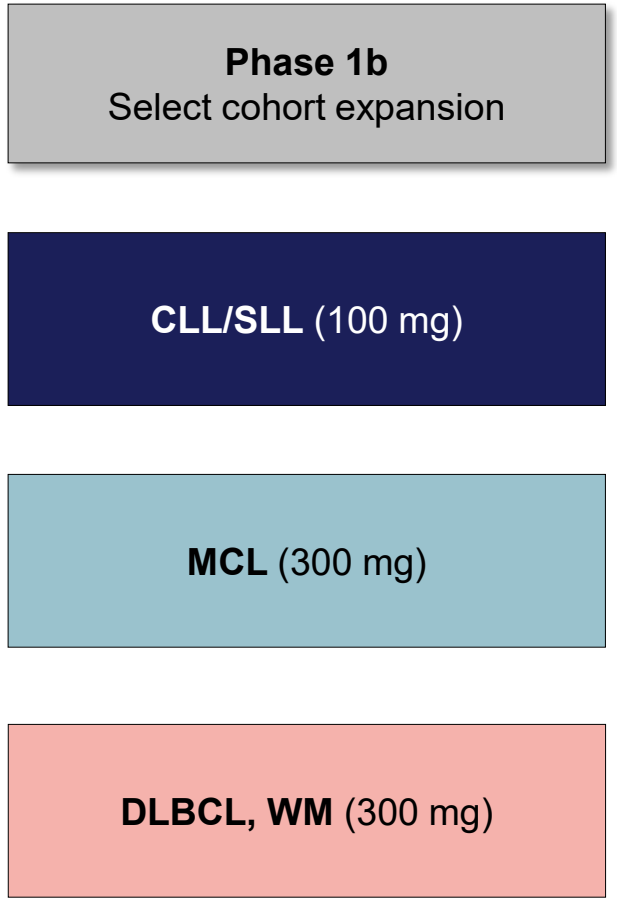


IKZF: Ikaros zinc finger family of transcription factors

NX-2127-001: Trial Design

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

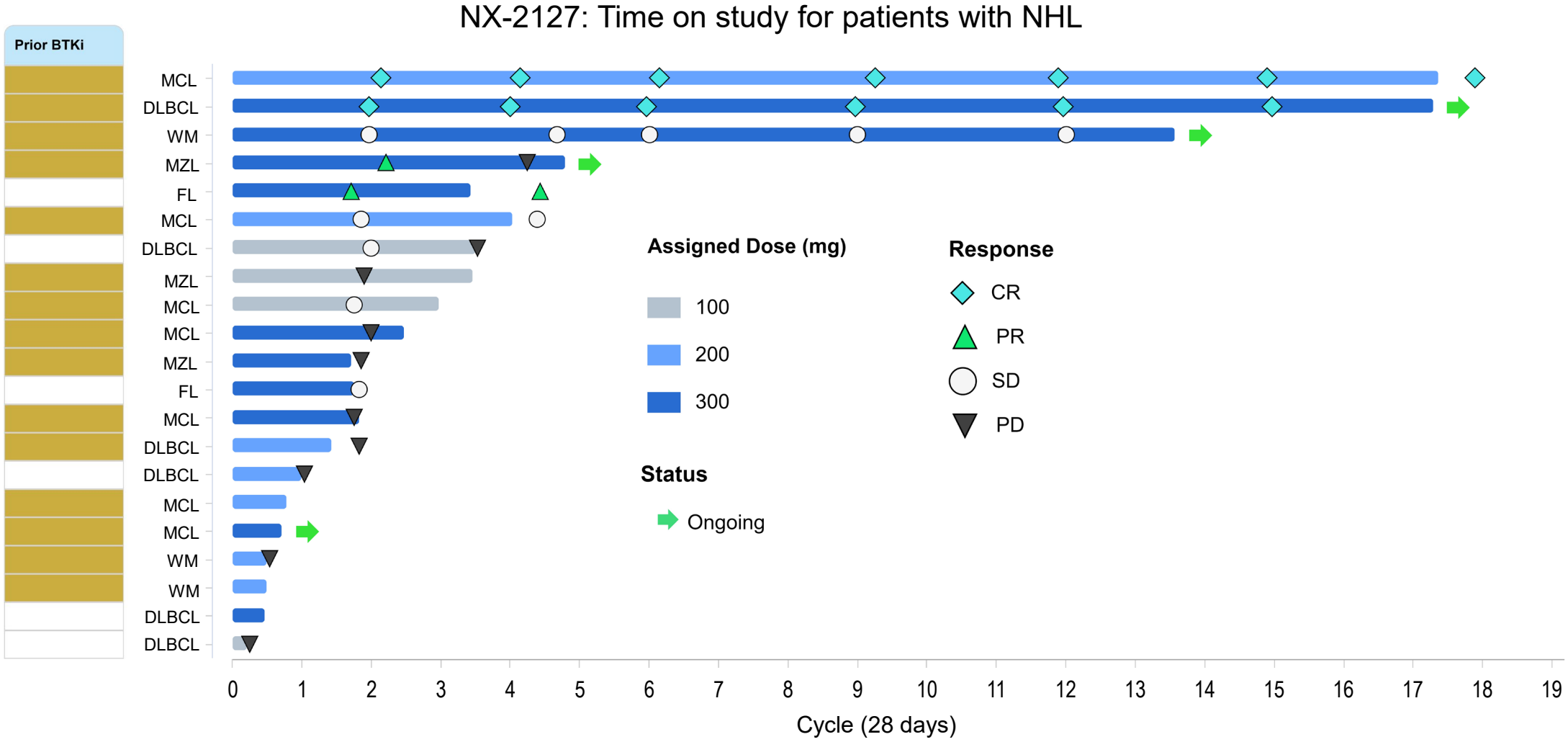




- First-in-human, multicenter, open-label, Phase 1a/1b trial in adults with relapsed / refractory B-cell malignancies
- Enrollment ongoing with new chirally controlled drug substance in separate dose-escalation (previous data generated utilizing prior, chirally mixed drug substance)
- Other potential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

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



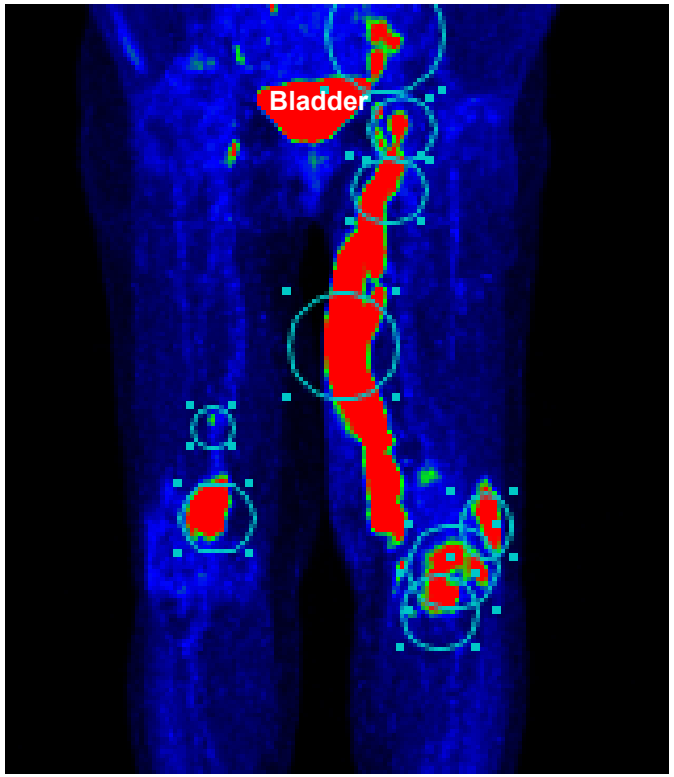
BTKi, Bruton's tyrosine kinase inhibitor**; CR**, complete response; **DLBCL,** diffuse large B-cell lymphoma; **FL**, follicular lymphoma; **MCL,** mantle cell lymphoma; **MZL,** marginal zone lymphoma; **PD**, progressive disease; **PR**, partial response; **SD**, stable disease; **WM,** Waldenstrom's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

Data cutoff: 15 Sept 2023

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

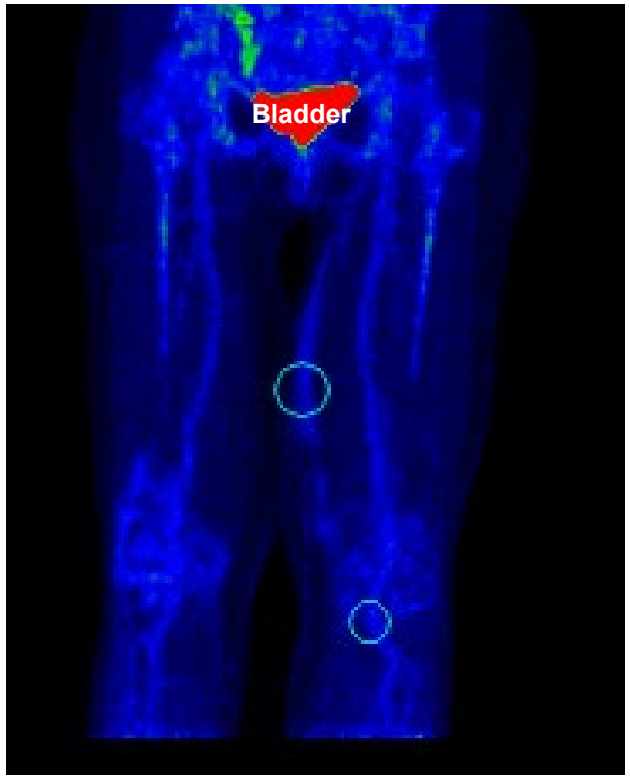
FDG-PET CT Scan Disease Assessment

Baseline



Deauville score: 5

Confirmatory Week 16 Scan



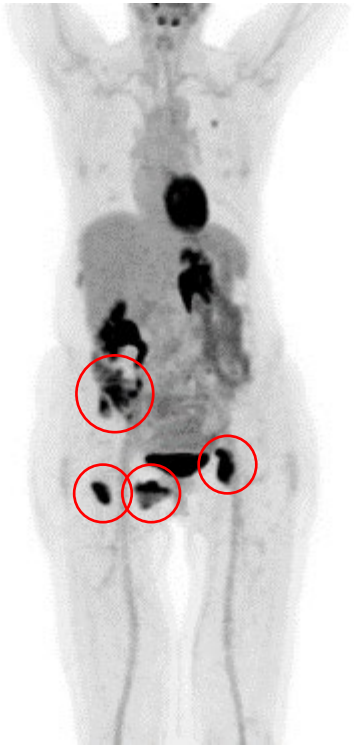
Deauville score: 2

- 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

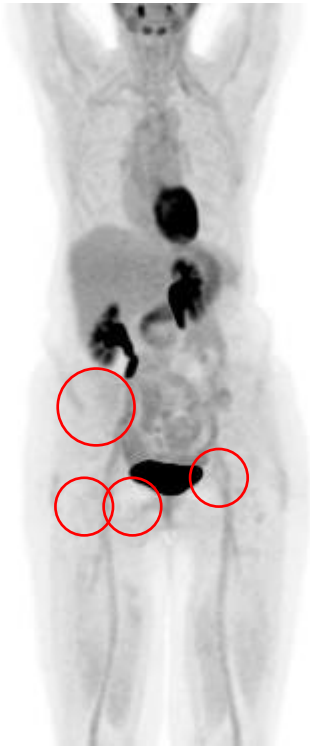
FDG-PET CT Scan Disease Assessment

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

Next Steps: Conduct Dose Escalation With New Commercial Form of NX-2127 and Reinitiate Phase 1b Enrollment for Aggressive NHL

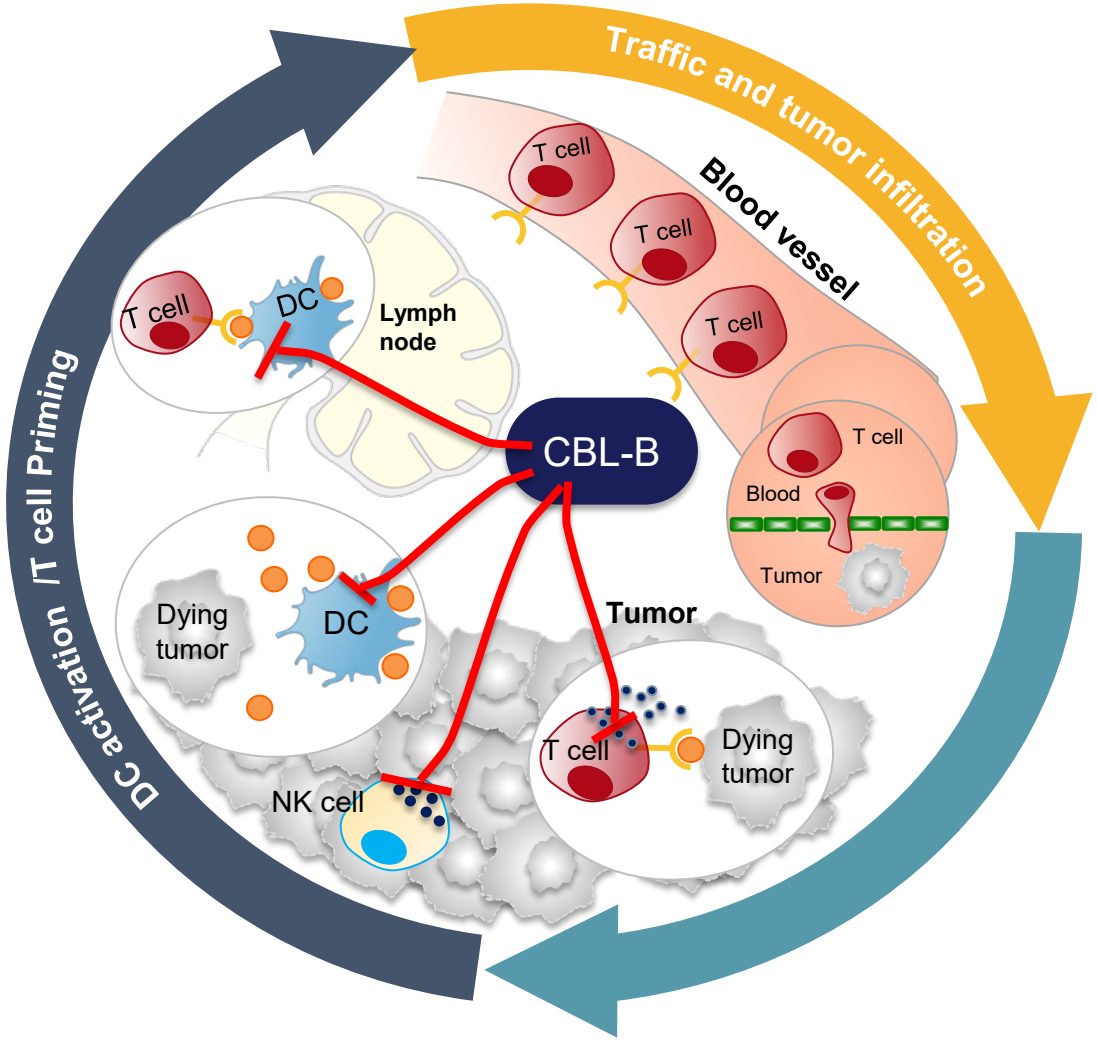
Phase 1a
Dose escalation prioritizes MCL DLBCL 3+3 standard design

Anticipated Phase 1b Expansion Cohorts
DLBCL
MCL

NX-1607

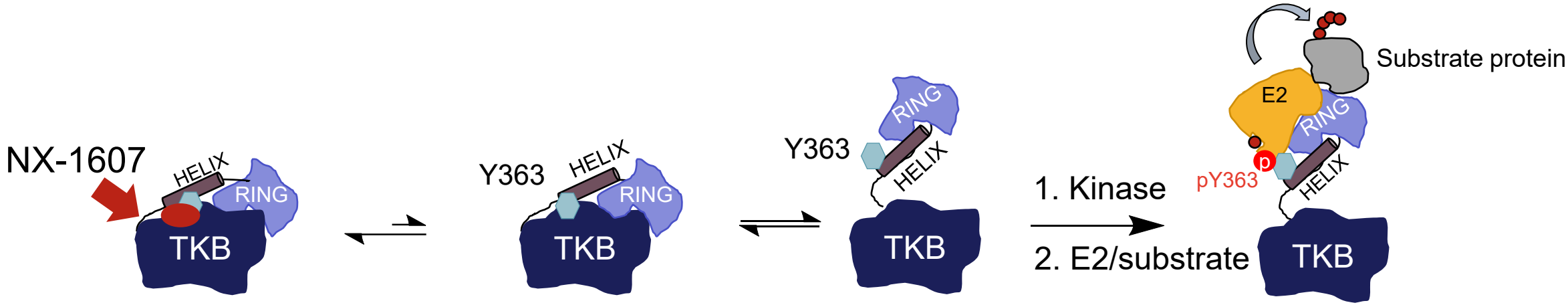
Oral CBL-B Inhibitor for Immune Oncology Indications

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

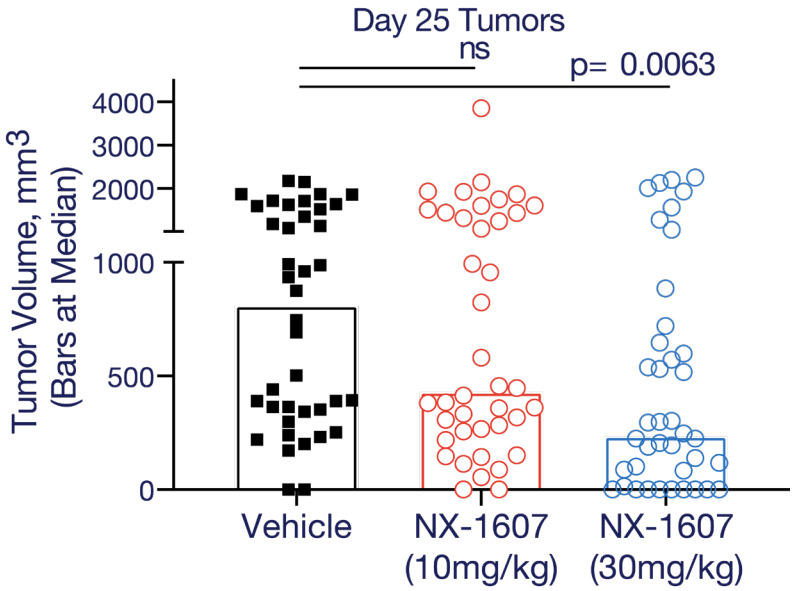
Phosphorylation locks CBL-B in the **ACTIVE** Conformation

Immune Response

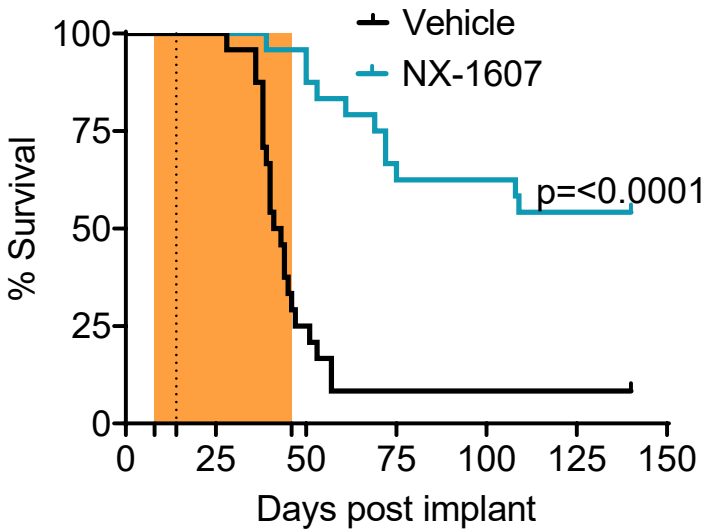
Immune Response

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

NX-1607 Reduced Tumor Volume
Colorectal

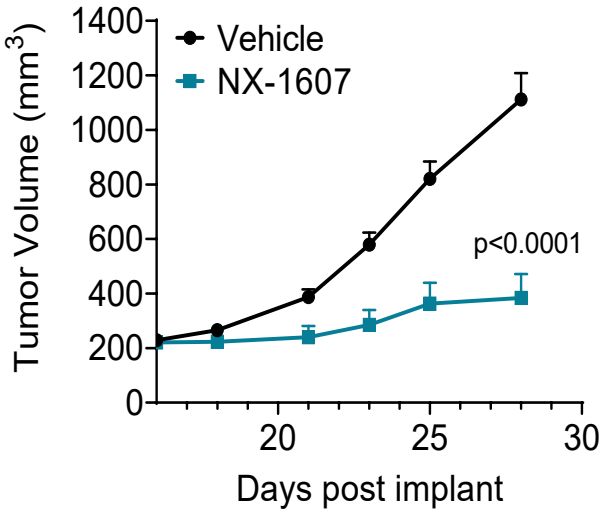


NX-1607 Prolonged Survival
Triple-Negative Breast



NX-1607 30 mg/kg day 7 to 46

NX-1607 Reduced Tumor Volume
B Cell Lymphoma

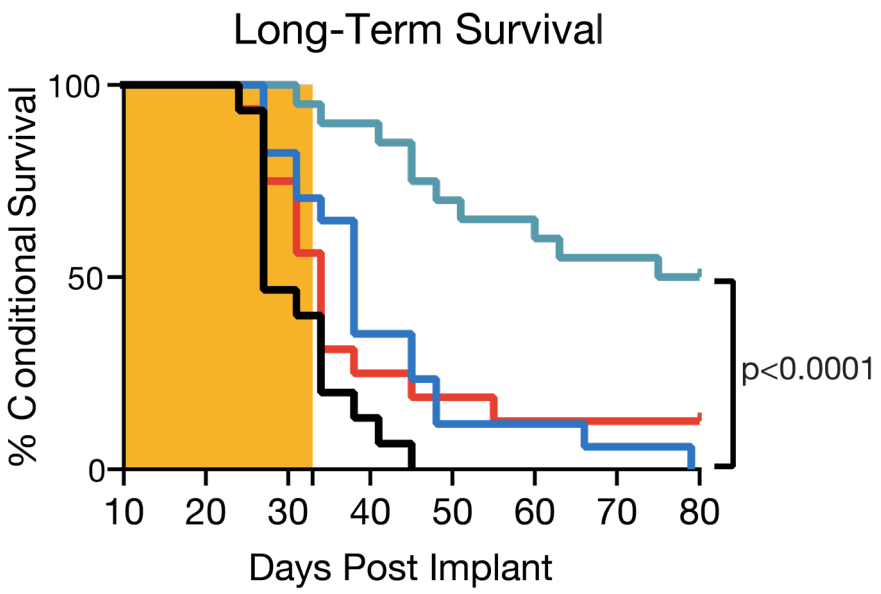


NX-1607 30 mg/kg day 16 to 28

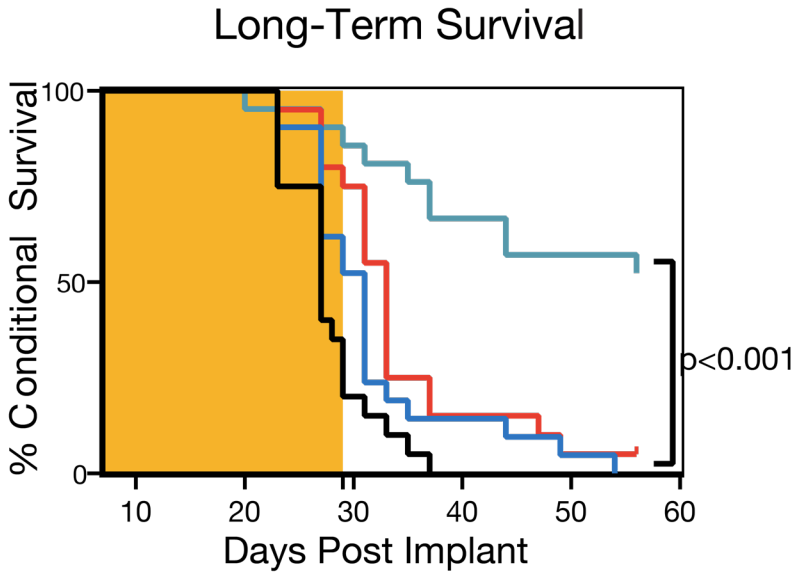
Shaded area indicates dosing period

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

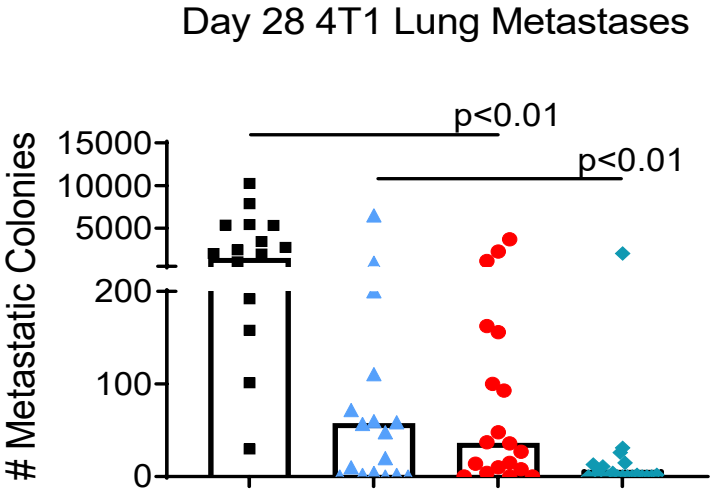
Colorectal (CT26)



Colorectal (MC38)



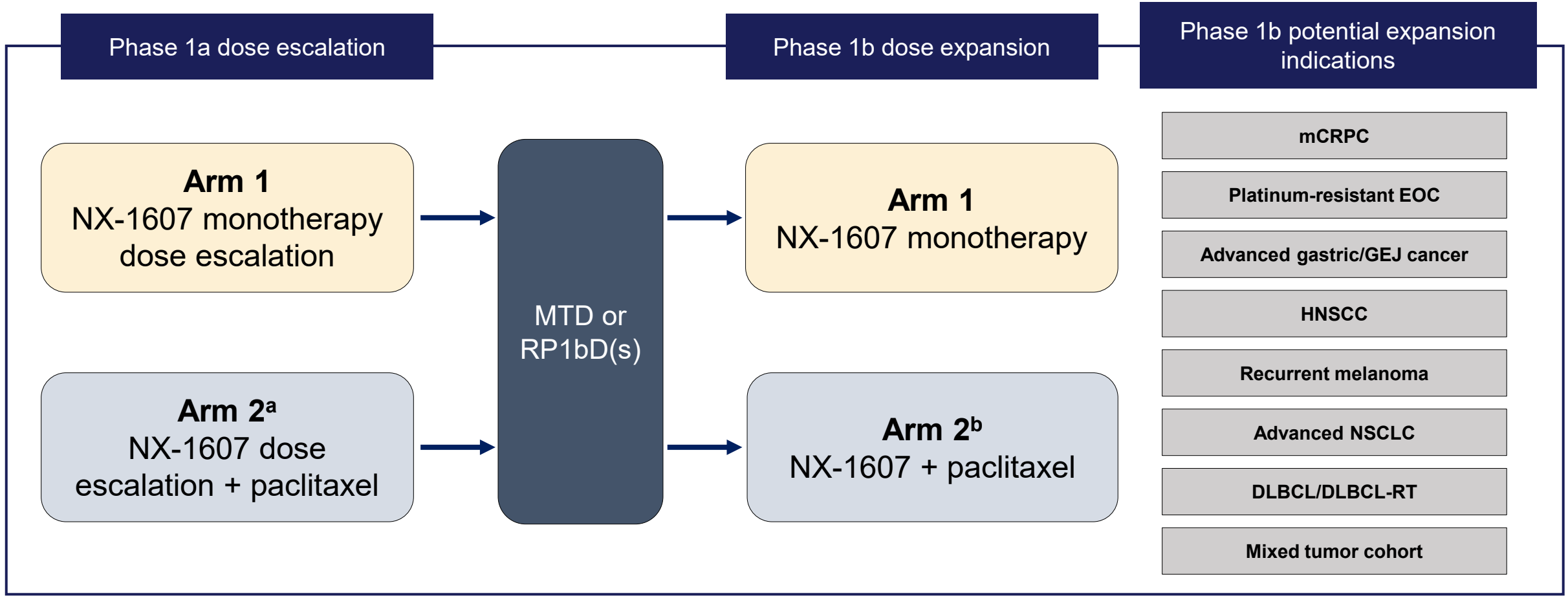
Triple-Negative Breast (4T1)



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

B-cell malignancies

NX-5948

- ✓ Present updated Phase 1a clinical data supporting Phase 1b dose expansion
- Accelerate Phase 1 enrollment to enable pivotal trials
- Complete IND-enabling studies for autoimmune indications

NX-2127

- ✓ Resolve partial clinical hold to enable the introduction of new drug product into the ongoing Phase 1 clinical trial

Immune oncology

NX-1607

- Present Phase 1a monotherapy and paclitaxel combination data
- Define Phase 1b dose(s) for cohort expansion

Platform & pipeline

Research pipeline

- Nominate new targeted protein degrader development candidate
- Achieve substantial research collaboration milestones throughout 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				
TPD	NX-2127	BTK-IKZF	B-cell malignancies				
TPE	NX-1607	CBL-B	Immuno-Oncology				
TPD	Multiple	Undisclosed	Undisclosed				
TPD	Multiple	Undisclosed	Undisclosed				GILEAD
TPD	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				
TPD	NX-0479 / GS-6791	IRAK4	Rheumatoid arthritis and other inflammatory diseases				GILEAD
TPD	STAT6 degrader	STAT6	Type 2 inflammatory diseases				sanofi
TPD	Undisclosed	Undisclosed	Inflammation / autoimmune				sanofi

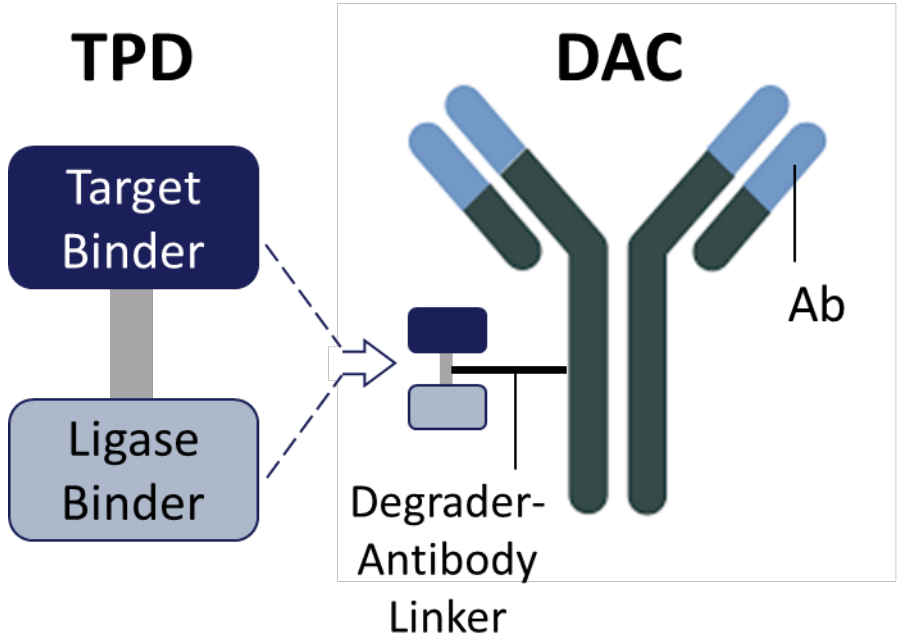
nurix

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

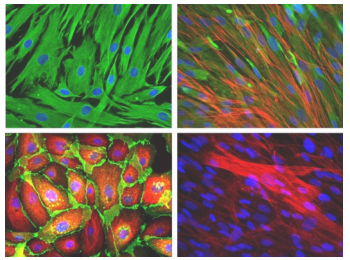
- $60 million upfront cash payment
- $3.4 billion in potential research, development, regulatory and commercial milestone payments
- Mid-single to low double-digit percentage tiered royalties on future product sales
- Option for U.S. profit sharing and co-promotion on up to two products arising from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

Pfizer

* Seagen is now part of Pfizer

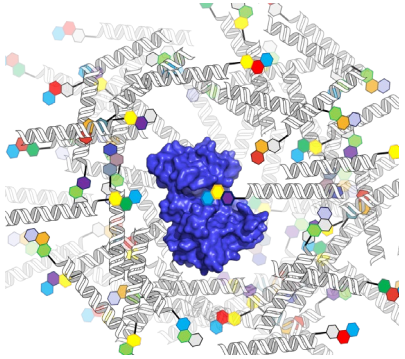
Industry Leading DELigase Platform for TPD Drug Discovery

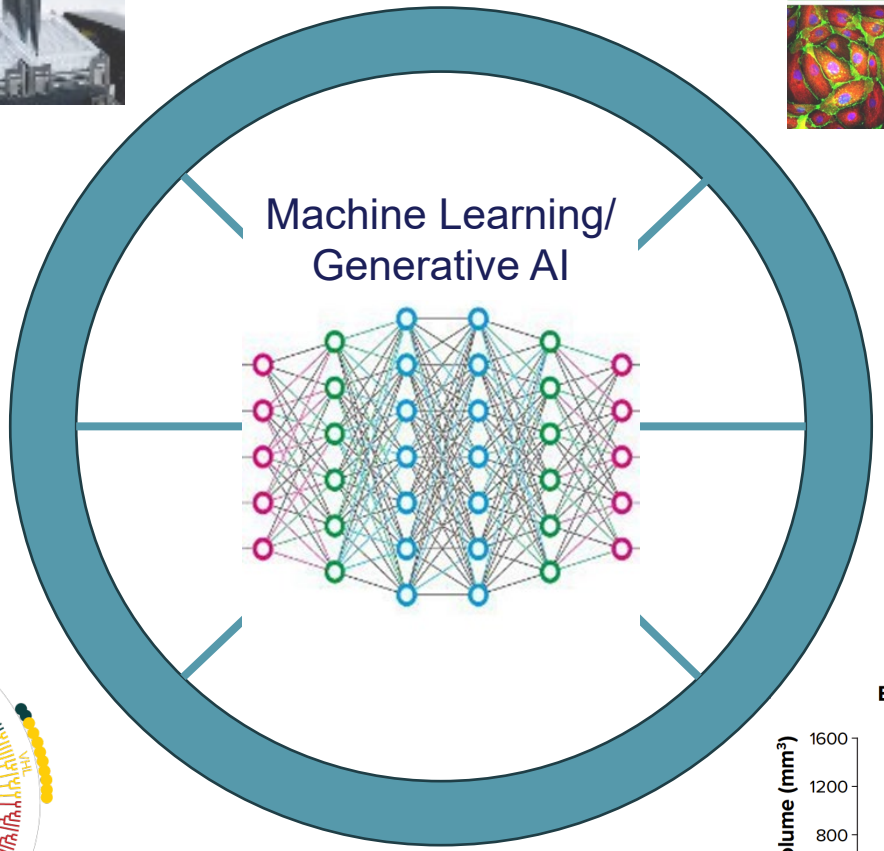
Chemistry Automation

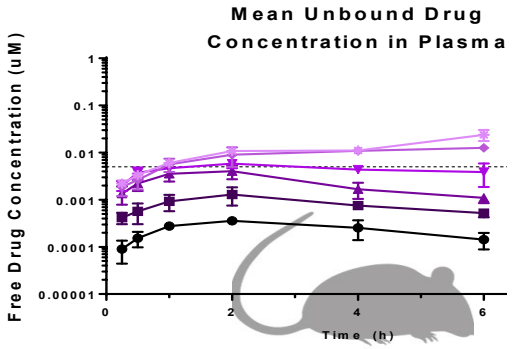


Direct-to-Cell Biology

DEL Discovery

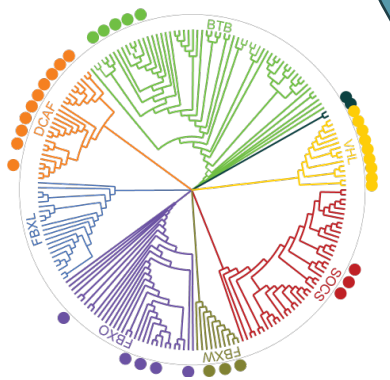




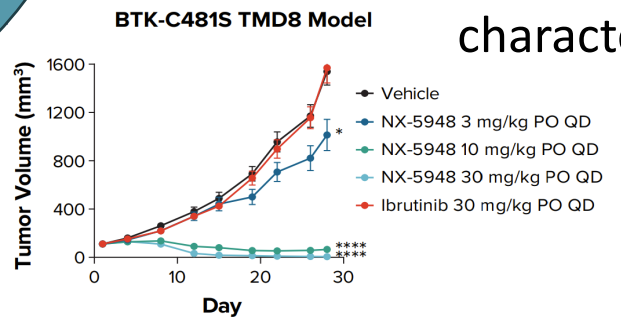


HT Screening for *in vivo* exposure

Ligase Enablement



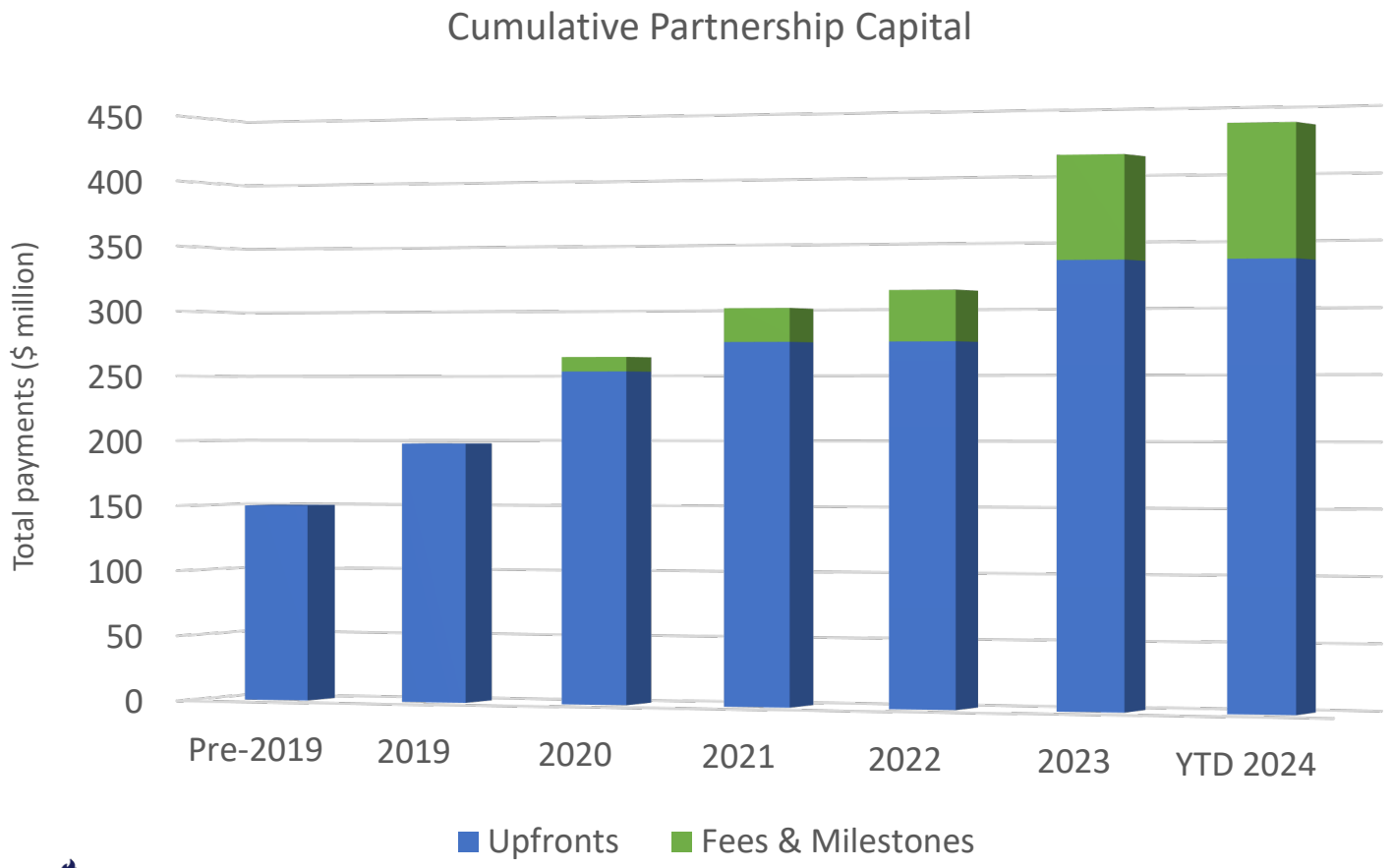
In depth *in vivo* biological characterization



Strong Financial Position

$457.5M in cash and investments as of August 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