Nurix Therapeutics

Blazing a New Path in Medicine

ASH Event Presentation

December 11, 2023

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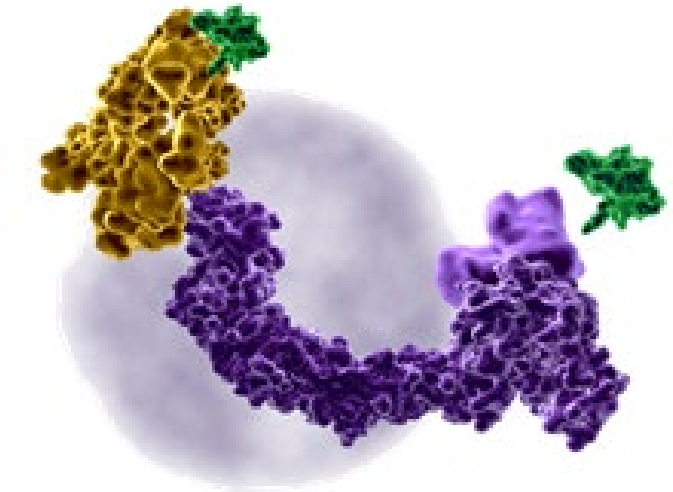
A First-In-Class Franchise of BTK Degraders

NX-5948 & NX-2127 – The big picture

NX-5948
SELECTIVE BTK DEGRADATION

NX-2127
BTK DEGRADATION & IMMUNOMODULATION



BTK degraders have the potential to displace inhibitors

BTK degraders can overcome treatment emergent resistance mutations

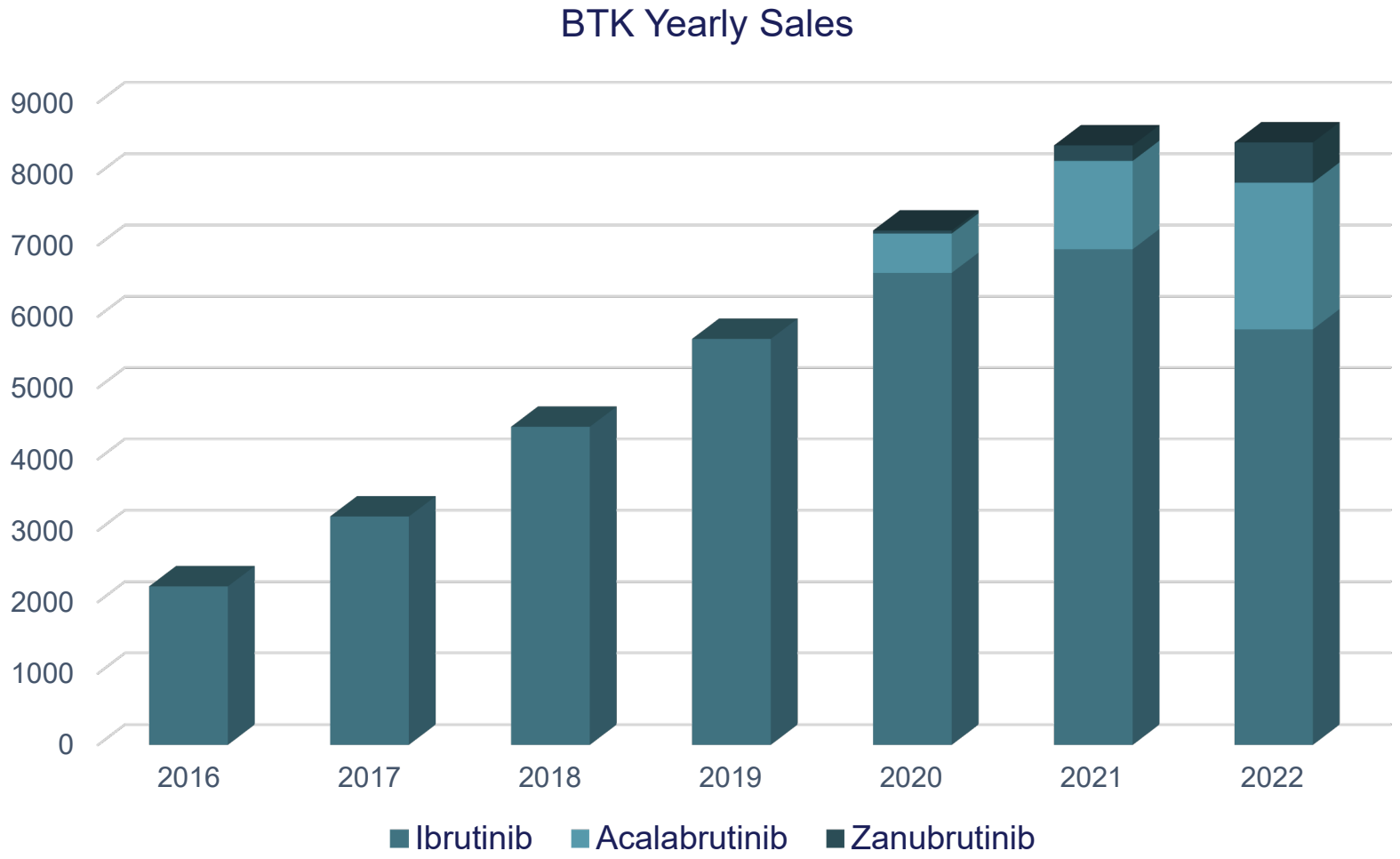
BTK degraders may expand the market in other B-cell malignancies and autoimmune diseases

NX-5948 and NX-2127 are two distinct drugs with differentiated profiles

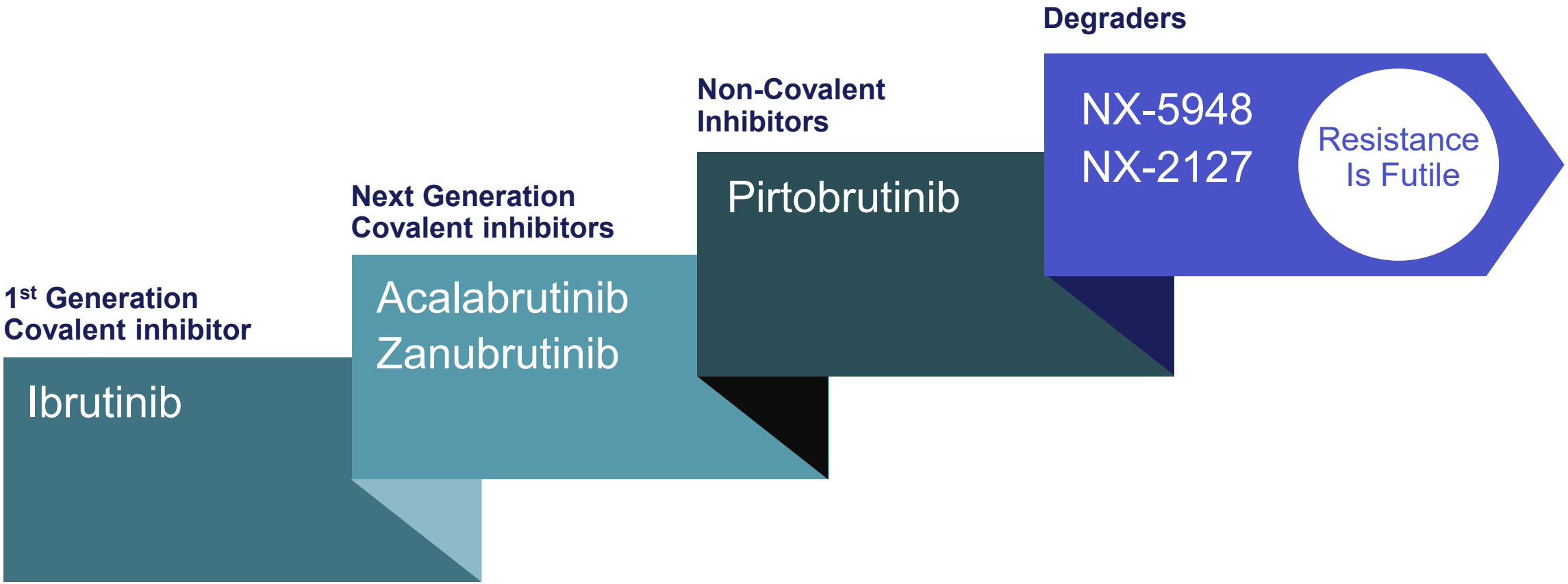
Blockbuster Opportunity in BTK Market

$8.4 billion in annual sales

- 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

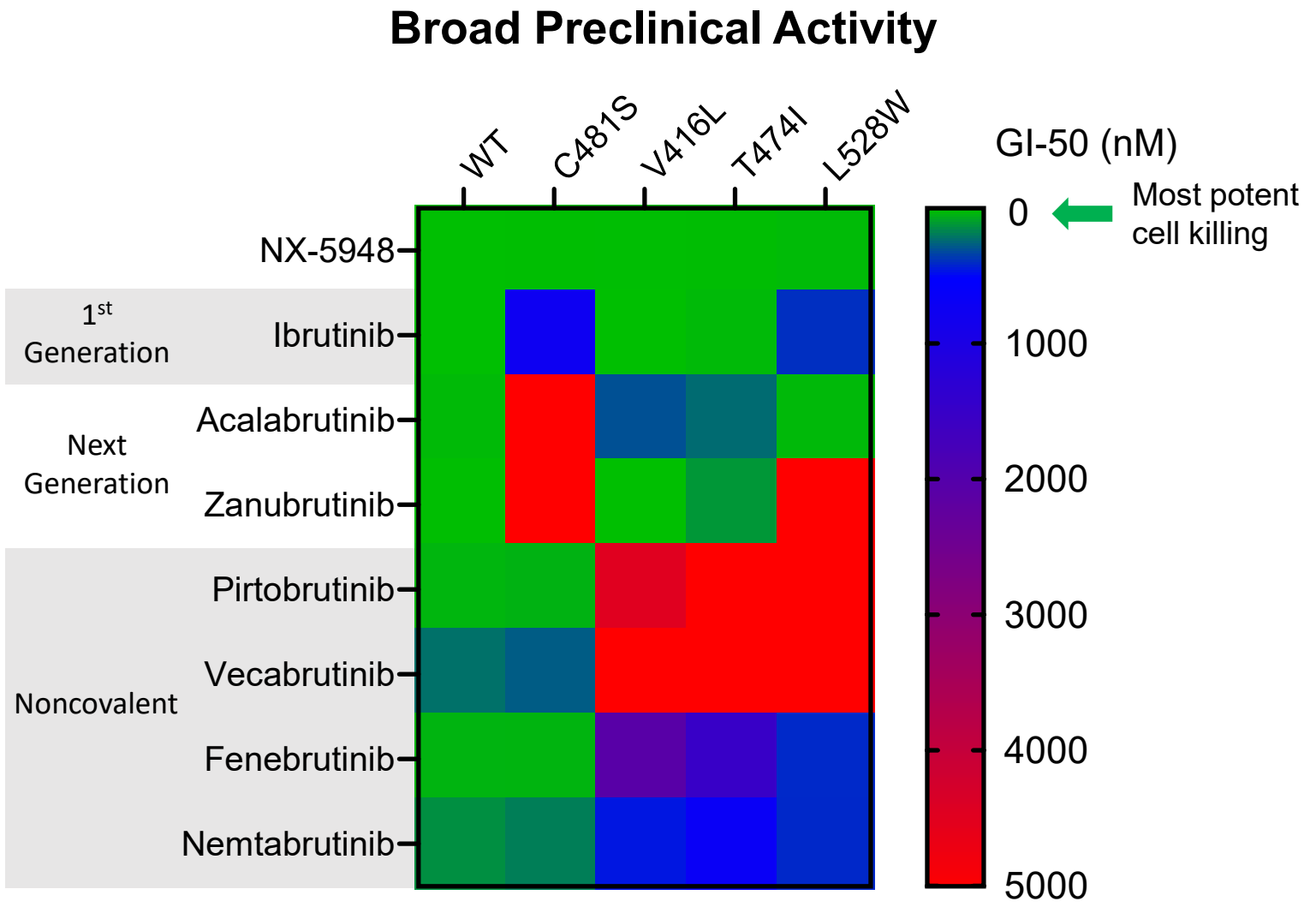


Evolution of BTK Targeted Therapies



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 mutation classes



ASH 2023: Building the Degrader Story with Positive Clinical Data

NX-5948
SELECTIVE BTK DEGRADATION

- Positive preliminary efficacy data in CLL with responses seen at all dose levels and responses observed across NHL subtypes
- Favorable safety profile supporting plans to develop NX-5948 broadly across all lines of CLL therapy
- Emerging potential best-in-class profile with market expansion opportunities in B cell malignancies and autoimmune disease

NX-2127
BTK DEGRADATION & IMMUNOMODULATION

- Positive update on CLL cohort with improving efficacy and manageable safety
- Deep and durable responses in NHL with two CRs ongoing for over a year
- First-in-class dual activity offers combination therapy in once daily pill in relapsed and refractory NHL and CLL settings

Tonight's Agenda

ASH 2023 Clinical Updates for NX-2127 and NX-5948

A first-in-human phase 1 trial of **NX-2127**, a first-in-class Bruton's Tyrosine Kinase (BTK) dual-targeted protein degrader with immunomodulatory activity, in patients with relapsed/refractory B cell malignancies

Alexey Danilov, M.D., Ph.D.
Professor, Division of Leukemia, and Associate Director, Toni Stephenson Lymphoma Center, City of Hope National Medical Center

Initial findings from first-in-human phase 1a/b study of **NX-5948**, a selective Bruton's tyrosine kinase (BTK) degrader, in patients with relapsed/refractory B cell malignancies

Paula O'Connor, M.D.
Senior Vice President of Clinical Development, Nurix Therapeutics

Conclusions and Q&A

A First-In-Human Phase 1 Trial of NX-2127, a First-In-Class Bruton's Tyrosine Kinase (BTK) Dual-Targeted Protein Degrader With Immunomodulatory Activity, in Patients With Relapsed/Refractory B-cell Malignancies

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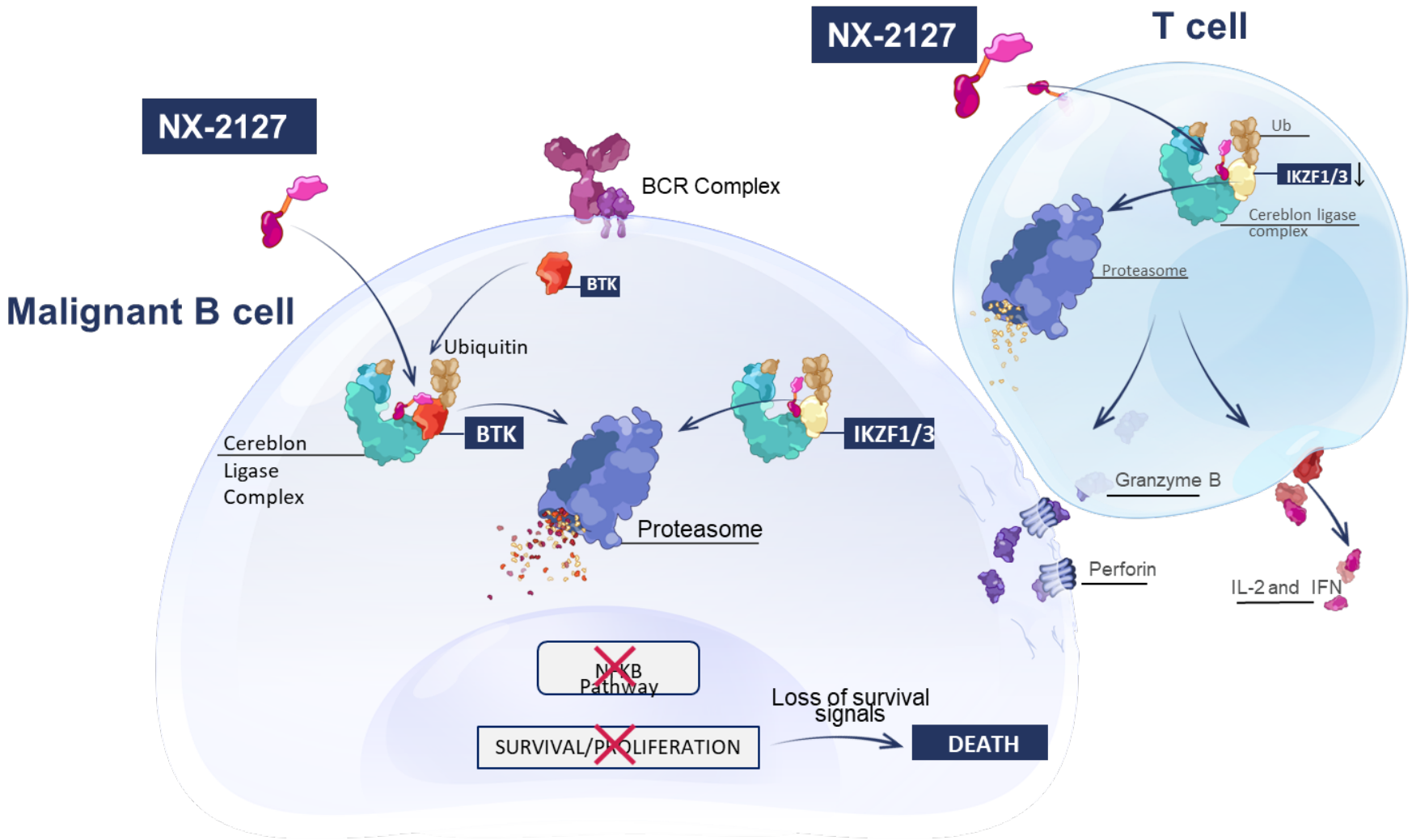
NX-2127 Dual Mechanism of Action:

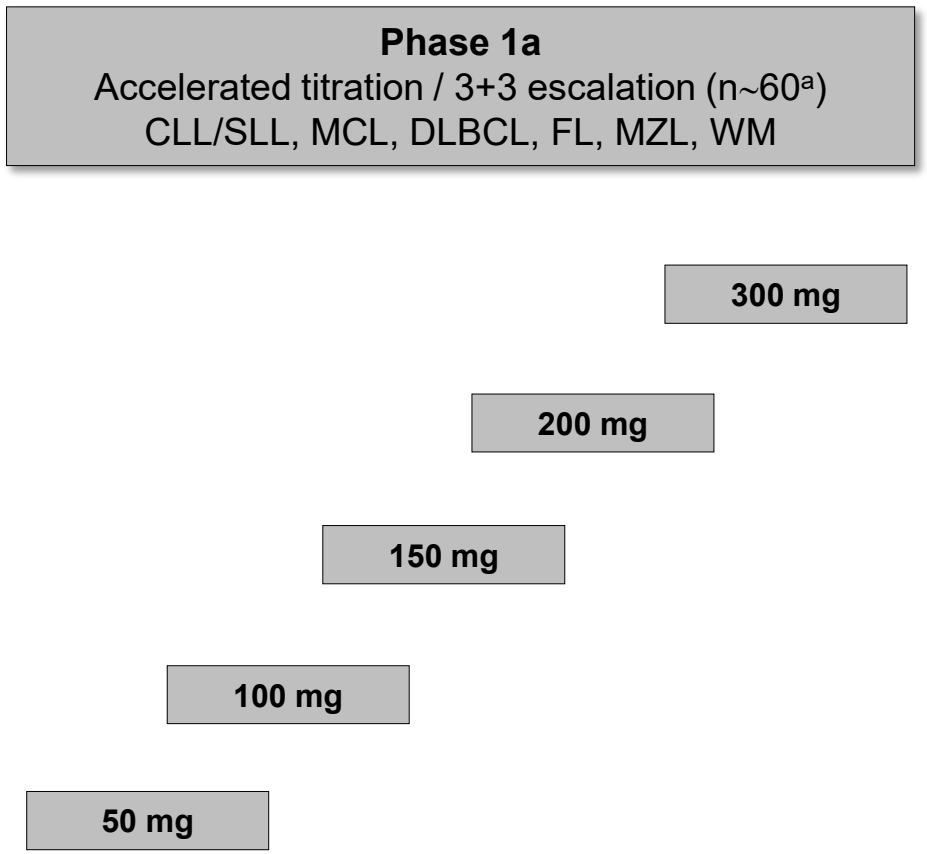
Degradation of BTK and IKZF1/3 – Targeting B-cells and engaging T cells



BCR, B-cell receptor; **BTK**, Bruton's tyrosine kinase; **CRBN**, cereblon; **IFN**, interferon; **IL**, interleukin

NX-2127-001: Trial Design

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



- NX-2127-001 (NCT04830137) is a first-in-human, multicenter, U.S.-based, open-label, Phase 1 dose-escalation (Phase 1a) and cohort-expansion (Phase 1b) trial
- Study is evaluating NX-2127 in adults with relapsed/refractory B-cell malignancies
- Other potential expansion cohorts include patients with FL, MZL and PCNSL
- Objectives are to:
  - Assess safety and tolerability
  - Identify MTD & biologically active dose
  - Evaluate PK/PD

[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

Baseline Demographics and Disease Characteristics

Heavily pretreated population with significant acquired resistance mutations

Characteristic	NHL/WM (n=21)	CLL/SLL (n=33)	Overall population (N=54)
Median age, years (range)	70.0 (50.0–92.0)	74.0 (58.0–90.0)	72.5 (50.0–92.0)
Female, n (%)	6 (28.6)	11 (33.3)	17 (31.5)
Male, n (%)	15 (71.4)	22 (66.7)	37 (68.5)
ECOG PS, n (%)			
0	10 (47.6)	18 (54.5)	28 (51.9)
1	11 (52.4)	15 (45.5)	26 (48.1)
No. of lines of prior therapy[a], median (range)	4 (2–10)	5 (2–11)	4 (2–11)
BTKi, n (%)	15 (71.4)	33 (100.0)	48 (88.9)
Pirtobrutinib, n (%)	5 (23.8)	9 (27.3)	14 (25.9)
BTKi and BCL2i, n (%)	1 (4.8)	26 (78.8)	27 (50.0)
cBTKi, ncBTKi, and BCL2i, n (%)	0 (0.0)	8 (24.2)	8 (14.8)
CAR-T/-NK therapy, n (%)	3 (14.3)	1 (3.0)	4 (7.4)
Bispecific antibody, n (%)	2 (9.5)	0 (0.0)	2 (3.7)
Immunomodulatory therapy (lenalidomide), n (%)	4 (19.0)	4 (12.1)	8 (14.8)

[a]Patients could have multiple prior treatments

Data cutoff: 15 Sept 2023

Baseline Demographics and Disease Characteristics (Cont'd)

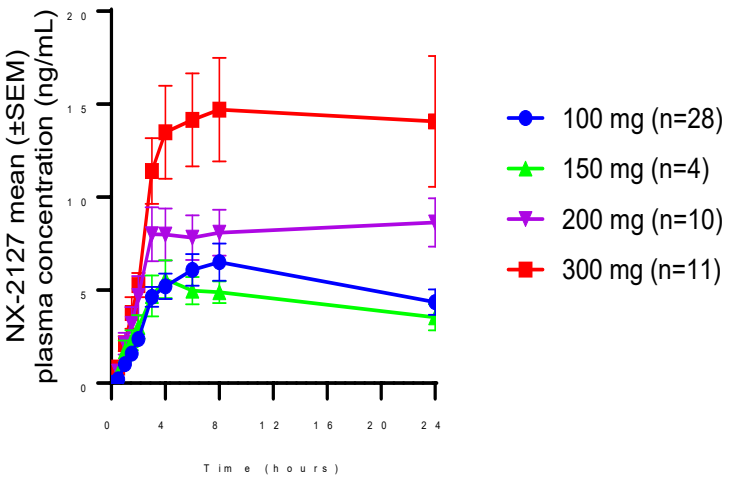
Heavily pretreated population with significant acquired resistance mutations

Mutation[a]	NHL/WM (n=21)	CLL/SLL (n=33)	Overall population (N=54)
BTK, n (%)	3 (14.3)	12 (36.4)	15 (27.8)
C481S or C481R	1 (4.8)	7 (21.2)	8 (14.8)
L528W	1 (4.8)	4 (12.1)	5 (9.3)
T474F or T474I	1 (4.8)	4 (12.1)	5 (9.3)
V416L	0 (0.0)	1 (3.0)	1 (1.9)
L512V	1 (4.8)	0 (0.0)	1 (1.9)
PLCG2[b]	2 (9.5)	1 (3.0)	3 (5.6)
BCL2 *(G101V)*	0 (0.0)	4 (12.1)	4 (7.4)

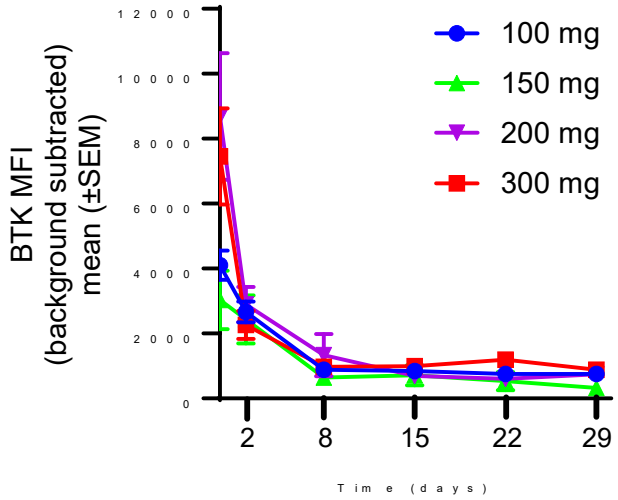
[a]Patients could have multiple *BTK* mutations; mutations were tested centrally at baseline by next-generation sequencing (allelic frequency ≥5% is reported)
[b]*L845F, D334H, D1140N, T961M, S707F*

NX-2127 Treatment Results in Rapid, Robust and Sustained BTK Degradation With Clinically Relevant Ikaros Degradation

A) NX-2127 C1D1 pharmacokinetics

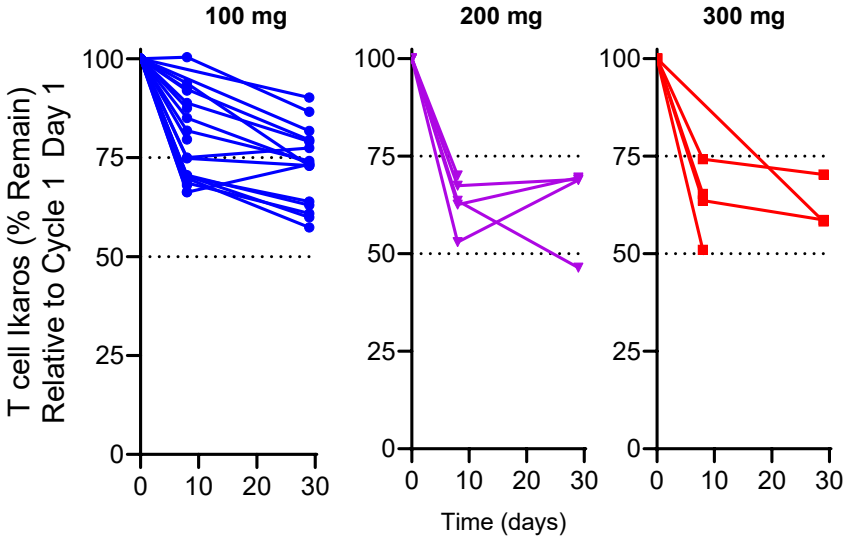


B) BTK[a] degradation in patients receiving NX-2127



Dose (mg)	Number of patients per day					
	Day 0	Day 2	Day 8	Day 15	Day 22	Day 29
100	28	27	24	23	22	20
150	4	4	4	3	2	2
200	9	9	8	9	7	6
300	10	10	8	9	6*	4

C) Ikaros[b] degradation in patients receiving NX-2127



Dose (mg)	Number of patients per day		
	Day 0	Day 8	Day 29
100	23	19	16
200	5	5	4
300	5	4	3[c]

[a]BTK measured in patient B-cells whole blood using flow cytometry assay; [b]Ikaros measured in patient T-cells in PBMC using flow cytometry assay;
[c]1 patient had dose modification from Day 19 onwards

Safety Profile Manageable With Decreasing Incidence of Atrial Fibrillation

Frequency of TEAEs in ≥20% of patients or grade ≥3 or SAEs in >1 patient, (n=54)

Treatment emergent adverse events (TEAEs), n (%)	Any grade	Grade ≥3	SAEs
Fatigue	25 (46.3)	–	–
Neutropenia[a]	25 (46.3)	23 (42.6)	–
Hypertension	18 (33.3)	8 (14.8)	–
Bruising/contusion[b]	16 (29.6)	–	1 (1.9)
Diarrhea	16 (29.6)	–	–
Anemia	13 (24.1)	8 (14.8)	1 (1.9)
Dizziness	13 (24.1)	–	–
Dyspnea	13 (24.1)	1 (1.9)	–
Thrombocytopenia[c]	13 (24.1)	4 (7.4)	–
Constipation	12 (22.2)	–	–
Headache	11 (20.4)	–	–
Upper GI hemorrhage[d]	2 (3.7)	2 (3.7)	2 (3.7)
Pruritus	11 (20.4)	1 (1.9)	–
COVID-19	7 (13.0)	4 (7.4)	3 (5.6)
Atrial fibrillation[e]	6 (11.1)	3 (5.6)	3 (5.6)
Pneumonia	6 (11.1)	3 (5.6)	3 (5.6)
Pain in extremity	5 (9.3)	2 (3.7)	1 (1.9)
Leukocytosis	3 (5.6)	3 (5.6)	–
Lymphocyte count increased	2 (3.7)	2 (3.7)	–
Sepsis[f]	2 (3.7)	2 (3.7)	2 (3.7)

- No new cases since ASH 2022
- Incidence decreased from 17% to 11%

[a]Aggregate of 'neutropenia' and 'neutrophil count decreased'; [b]Bruising/contusion includes episodes coded as contusion; [c]Aggregate of 'thrombocytopenia' and 'platelet count decreased'; [d]Includes one Grade 5 event; [e]Aggregate of 'atrial fibrillation' and 'atrial flutter'; [f]Includes two Grade 5 events

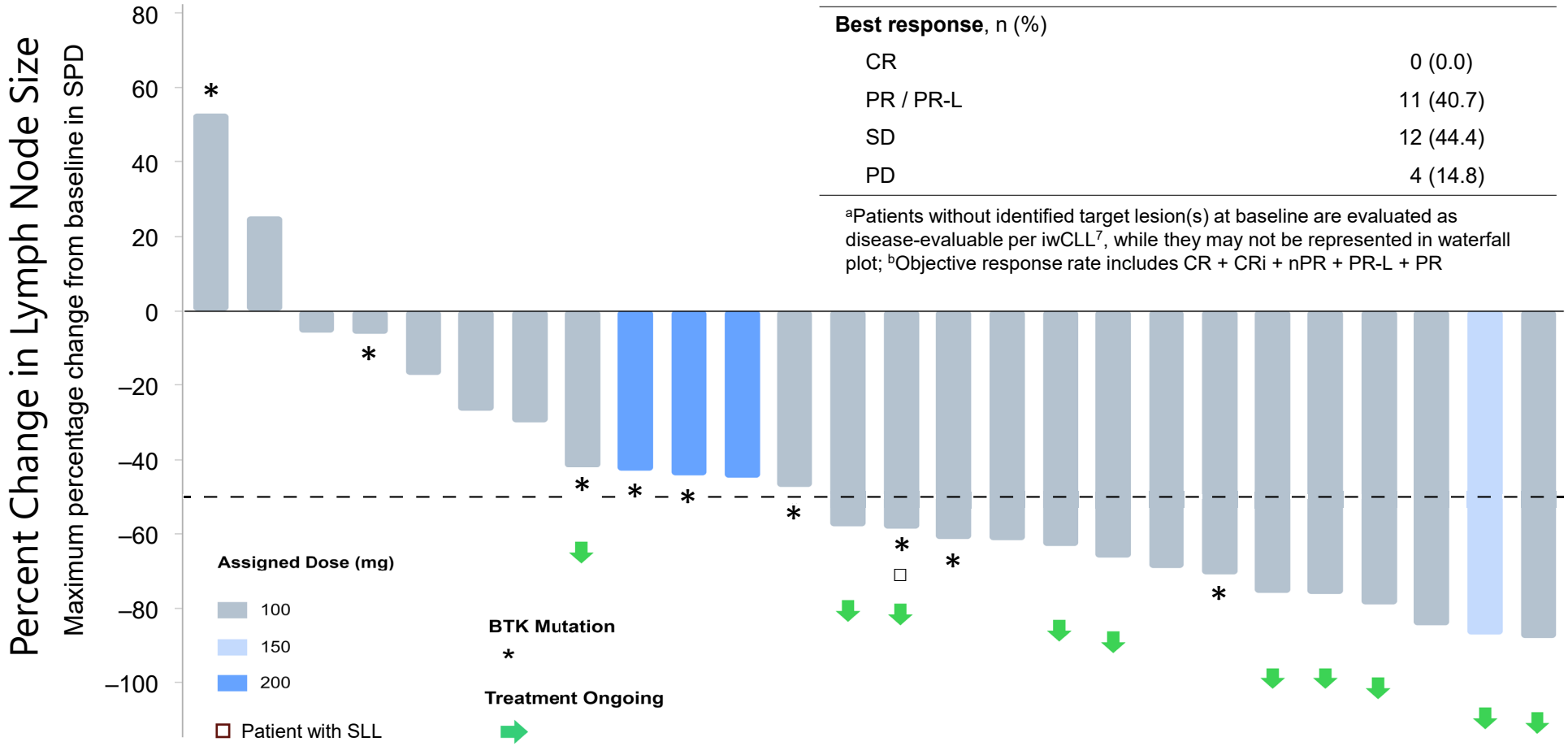
2 DLTs have been reported: cognitive disturbance (300 mg DL) and neutropenia (300 mg DL)

Broad Antitumor Activity in CLL/SLL as Demonstrated by Significant Lymph Node Reduction and Objective Response Rate

Objective response rate in heavily pretreated population was 41% with treatment ongoing in 13 patients, up from 33% reported at ASH 2022

CLL/SLL disease-evaluable patients[a]	n=27
Objective response rate[b], % (95% CI)	40.7 (22.4–61.2)
Best response, n (%)	
CR	0 (0.0)
PR / PR-L	11 (40.7)
SD	12 (44.4)
PD	4 (14.8)

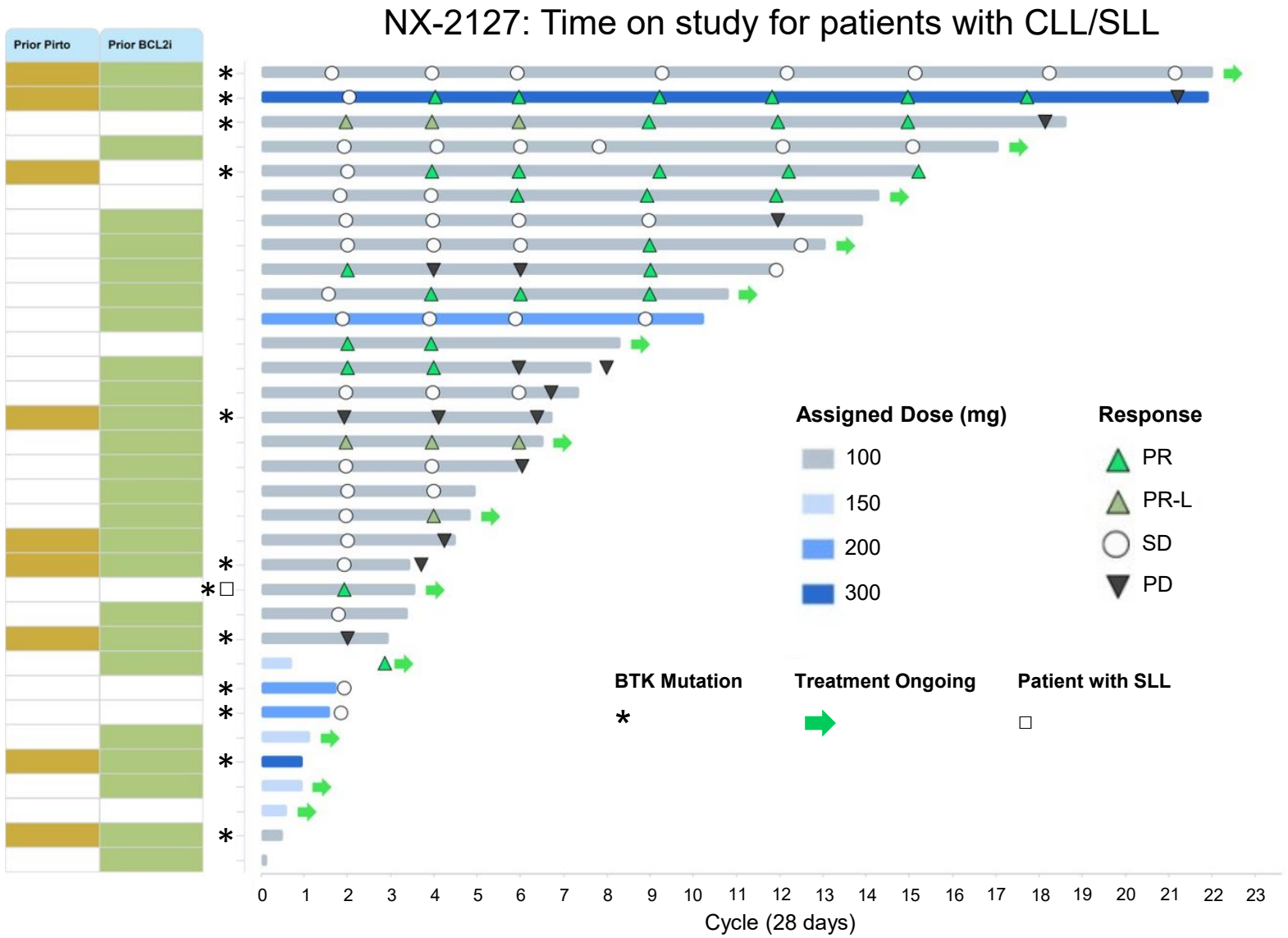
[a]Patients without identified target lesion(s) at baseline are evaluated as disease-evaluable per iwCLL[7], while they may not be represented in waterfall plot; [b]Objective response rate includes CR + CRi + nPR + PR-L + PR



CI, confidence interval; **CLL**, chronic lymphocytic leukemia; **CR**, complete response; **PD**, progressive disease; **PR**, partial response; **SD**, stable disease; **SLL**, small lymphocytic leukemia; **SPD**, sum of product diameters

Data cutoff: 15 Sept 2023

Durable Responses Seen in Heavily Pretreated CLL/SLL Patients



All patients had prior cBTKi

Double exposed:
Prior cBTKi and BCL2i

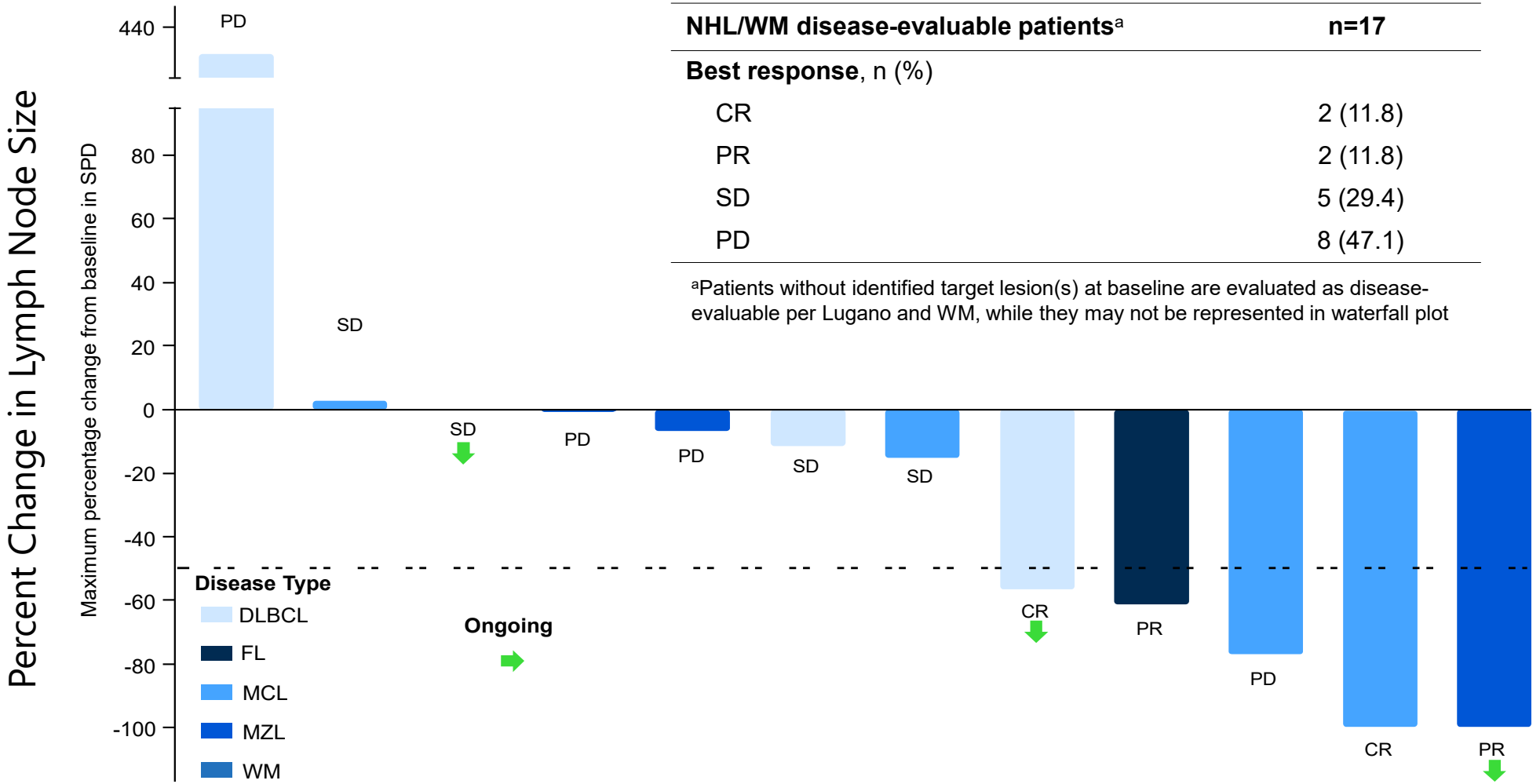
Triple exposed:
Prior cBTKi, ncBTKi, and BCL2i

BCL2i, B-cell lymphoma-2 inhibitor; **BTK,** Bruton's tyrosine kinase; **cBTKi**, covalent BTK inhibitor; **ncBTKi**, non-covalent BTK inhibitor; **PD**, progressive disease; **Pirto**, pirtobrunib; **PR**, partial response; **PR-L**, partial response with lymphocytosis; **SD**, stable disease

Mutations were tested at baseline by NGS centrally

Responses Observed Across NHL Subtypes Including Rapid and Sustained Complete Responses

- Rapid CR at 8 weeks observed in 2 patients (DLBCL, MCL) with 15+ months durability
- Rapid PRs at 8 weeks were observed in 2 patients (FL, MZL)



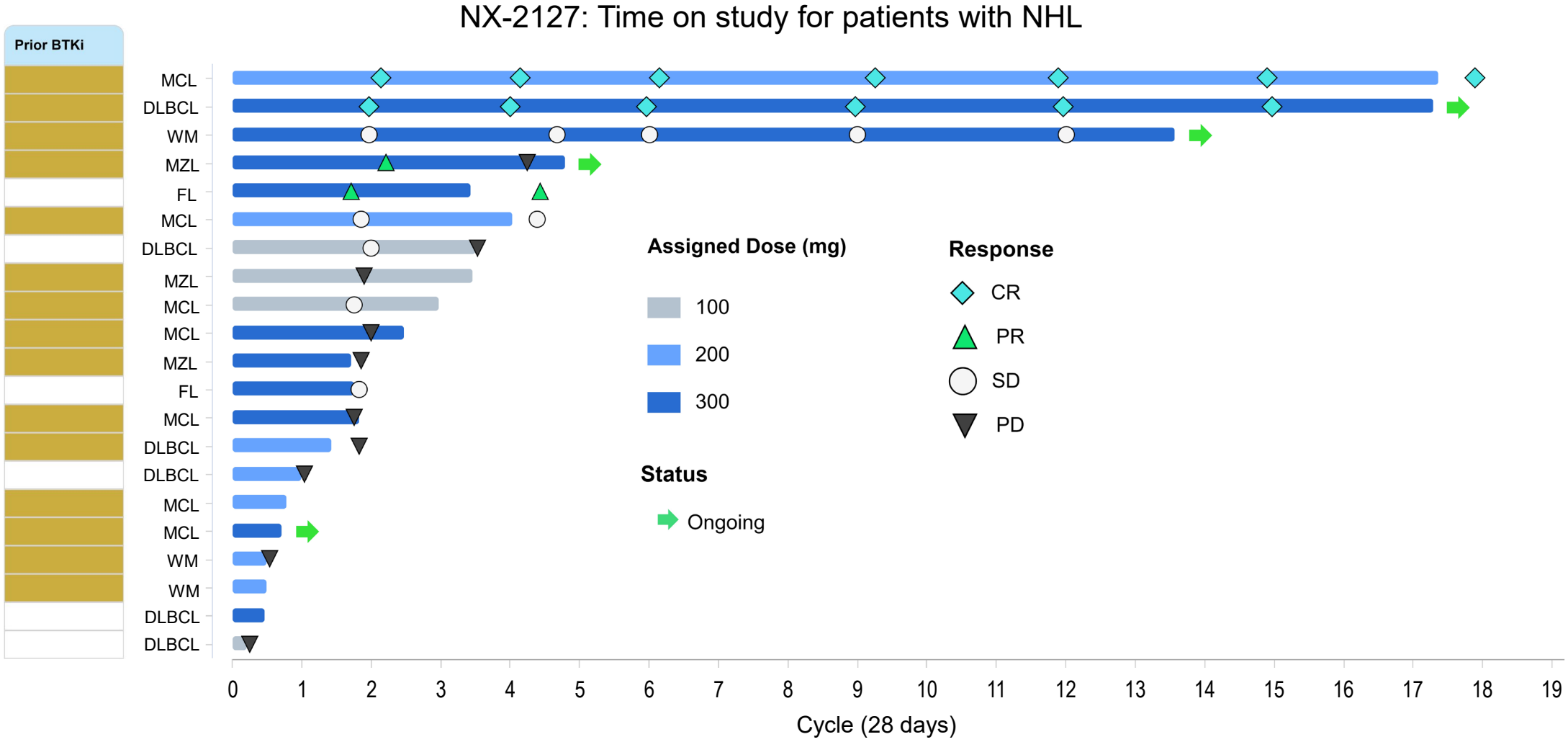
NHL/WM disease-evaluable patients[a]	n=17
Best response, n (%)	
CR	2 (11.8)
PR	2 (11.8)
SD	5 (29.4)
PD	8 (47.1)

[a]Patients without identified target lesion(s) at baseline are evaluated as disease-evaluable per Lugano and WM, while they may not be represented in waterfall plot

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

Data cutoff: 15 Sept 2023

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



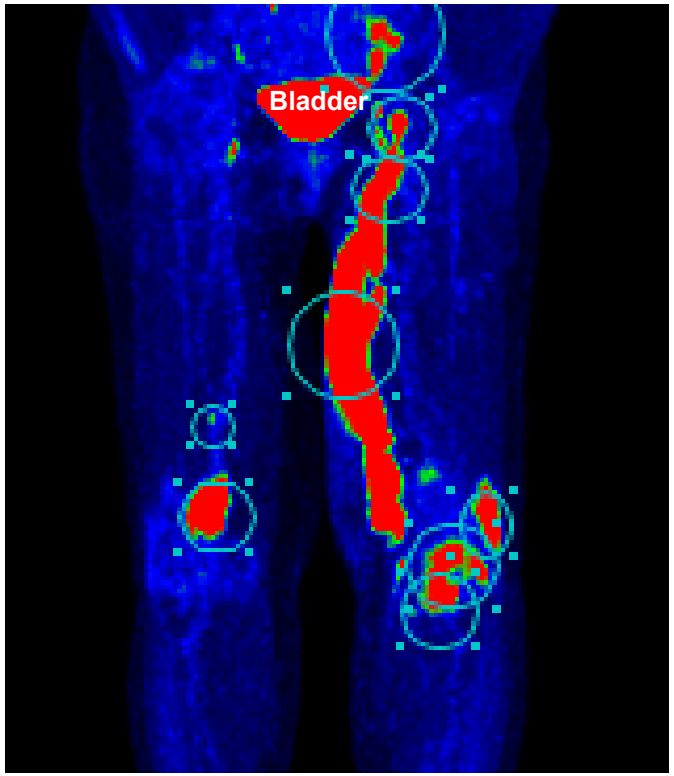
BTKi, Bruton's tyrosine kinase inhibitor**; CR**, complete response; **DLBCL,** diffuse large B-cell lymphoma; **FL**, follicular lymphoma; **MCL,** mantle cell lymphoma; **MZL,** marginal zone lymphoma; **PD**, progressive disease; **PR**, partial response; **SD**, stable disease; **WM,** Waldenstrom's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

Data cutoff: 15 Sept 2023

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

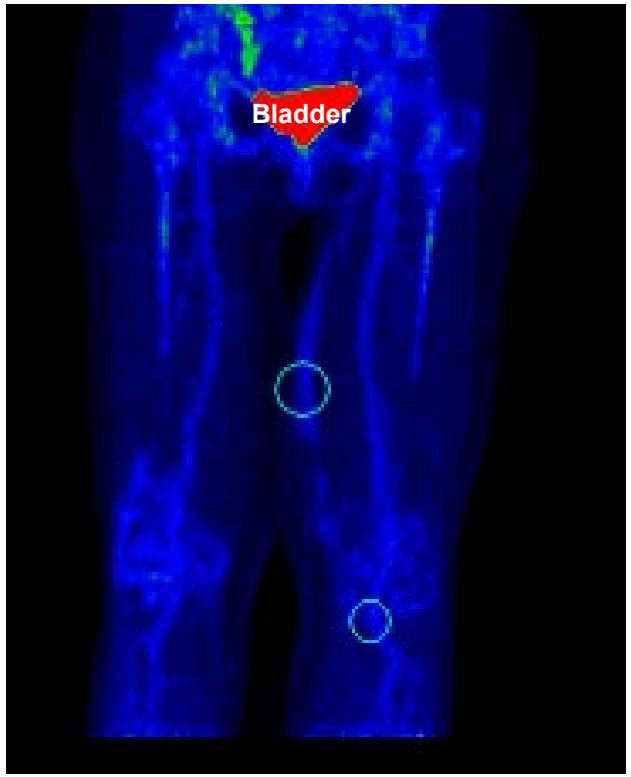
FDG-PET CT Scan Disease Assessment

Baseline



Deauville score: 5

Confirmatory Week 16 Scan



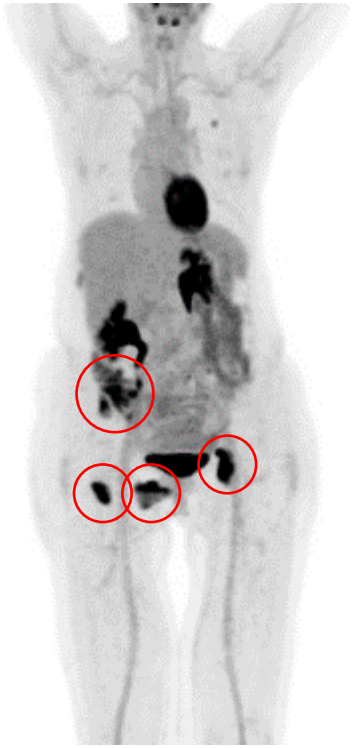
Deauville score: 2

- 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

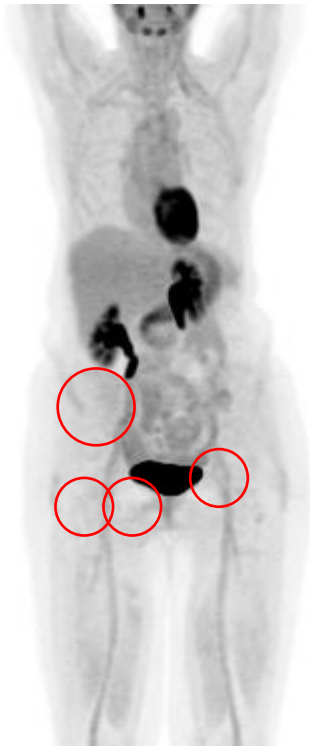
FDG-PET CT Scan Disease Assessment

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

NX-2127 Conclusions

- NX-2127 has a manageable safety profile that is consistent with previous reports for BTK-targeted and immunomodulatory therapies, and consistent with prior disclosures
- Treatment with NX-2127 resulted in encouraging and durable responses in a heavily pre-treated patient population including patients with *BTK* resistance mutations
  - **In NHL**
    - Rapid CR at 8 weeks observed in 2 patients (DLBCL, MCL) with 15+ months durability
    - Rapid PRs at 8 weeks were observed in 2 patients (FL, MZL)
  - **CLL**
    - Objective response rate was 41% as of the cutoff date, and treatment was ongoing in 13 patients, up from 33% reported at ASH 2022
    - Activity observed in patients with baseline BTK mutations known to confer resistance to both covalent and non-covalent inhibitors

Initial Findings From a First-In-Human Phase 1a/b Trial of NX-5948, a Selective Bruton's Tyrosine Kinase (BTK) Degrader, in Patients With Relapsed/Refractory B Cell Malignancies

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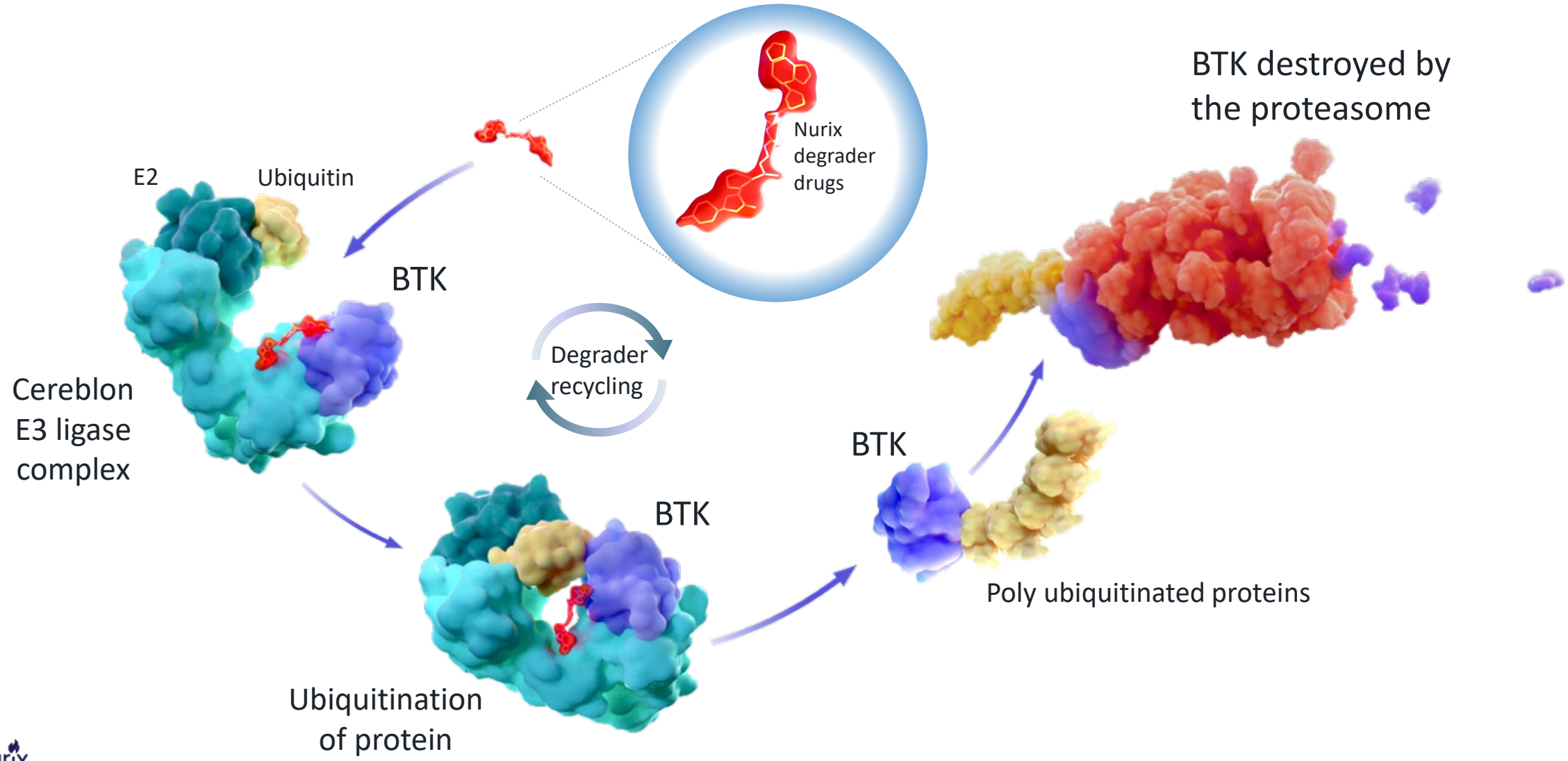
NX-5948 Mechanism of Action:

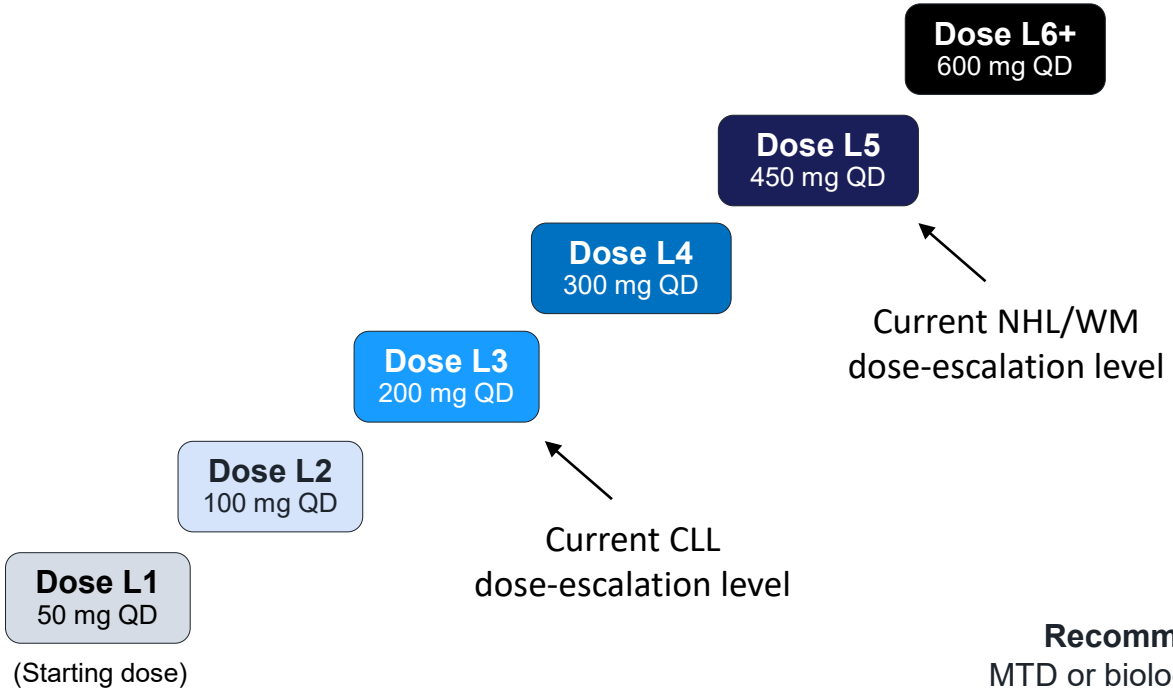
Targeted degradation of BTK



NX-5948-301: Trial Design

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

Phase 1a dose escalation
B-cell malignancies, including CLL (N = up to 30 patients)



Potential Phase 1b dose expansion[a]
(N = up to 80 patients)

- **CLL/SLL** (n=20)
  Prior BTKi and BCL-2i
- **DLBCL[b,c] or MCL[c]** (n=20)
  Prior anti-CD20 CIT + 1 LoT[d]
- **FL[c], MZL[c], WM[c]** (n=20)
  ≥2 prior LoT
- **PCNSL** (n=20)
  Who have progressed or had no response to ≥2 prior LoT

Recommended dose:
MTD or biologically active dose

[a]Potential dose-expansion cohorts are expected to open by the end of 2023; [b]Subtypes include: transformed indolent lymphoma (e.g., grade 3b/transformed FL), Richter-transformed DLBCL, high-grade B-cell lymphoma with MYC and BCL-2 and/or BCL-6 rearrangements, high-grade B-cell lymphomas NOS; [c]Includes patients with secondary CNS involvement; [d]Additional lines of therapy include anthracycline for non-GCB DLBCL and BTKi for MCL

Abbreviations: BCL-2i, B-cell lymphoma-2 inhibitor; BTKi, Bruton's tyrosine kinase inhibitor; CIT, chemo-immunotherapy; CLL, chronic lymphocytic leukemia; CNS, central nervous system; DLBCL, diffuse large B-cell lymphoma; FL, follicular lymphoma; GCB, germinal center B-cell; L, level; MCL, mantle cell lymphoma; LoT, line of therapy; MTD, maximum tolerated dose; MZL, marginal zone lymphoma; NOS, not otherwise specified; PCNSL, primary central nervous system lymphoma; SLL, small lymphocytic lymphoma; WM, Waldenströms macroglobulinemia

Baseline Demographics and Disease Characteristics

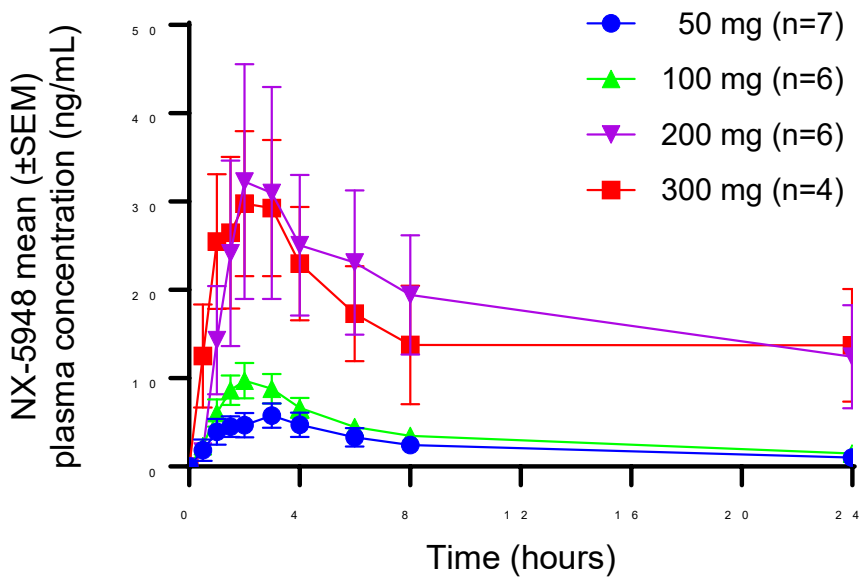
Heavily pretreated population

Characteristics	Patients with CLL (n=7)	Patients with NHL/WM (n=19)	Overall population (N=26)
Median age, years (range)	64.0 (53–75)	63.0 (42–79)	63.5 (42–79)
Male, n (%)	5 (71.4)	13 (68.4)	18 (69.2)
Female, n (%)	2 (28.6)	6 (31.6)	8 (30.8)
ECOG PS, n (%)			
0	1 (14.3)	5 (26.3)	6 (23.1)
1	6 (85.7)	14 (73.7)	20 (76.9)
Previous targeted treatments[a], n (%)			
BTKi	7 (100.0)	10 (52.6)	17 (65.4)
Pirtobrutinib	1 (14.3)	2 (10.5)	3 (11.5)
BCL2i	6 (85.7)	3 (15.8)	9 (34.6)
BTKi and BCL2i	6 (85.7)	3 (15.8)	9 (34.6)
CAR-T therapy	0 (0.0)	7 (36.8)	7 (26.9)
Bispecific antibody	0 (0.0)	5 (26.3)	5 (19.2)
PI3Ki	2 (28.6)	2 (10.5)	4 (15.4)
Median prior lines of therapy (range)	3.0 (2–5)	5.0 (2–10)	4.0 (2–10)
Mutation status[b], n (%)	n=6	n=15	n=21
BTK (T474)	1 (16.7)	0 (0.0)	1 (4.8)
PLCG1/2[c]	2 (33.3)	2 (13.3)	4 (19.0)
TP53	2 (33.3)	3 (20.0)	5 (23.8)
BCL2 (G101V and R107-R110dup)	2 (33.3)	0 (0.0)	2 (9.5)

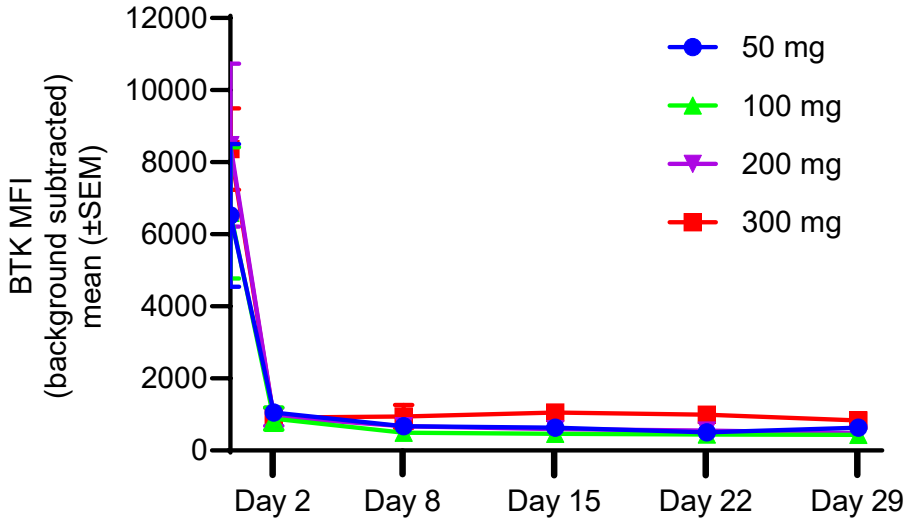
[a]Patients could have received multiple prior treatments; [b]Patients could have multiple mutations, which were tested at baseline by central NGS (≥5% allelic frequency is reported); [c]*PLCG1 (A902V); PLCG2 (K35R, V886A, V105I)*

NX-5948 Treatment Results in Rapid, Robust and Sustained BTK Degradation

A) NX-5948 C1D1 pharmacokinetics



B) BTK[a] degradation in patients receiving NX-5948



Dose (mg)	Number of patients per day					
	Day 1	Day 2	Day 8	Day 15	Day 22	Day 29
50	7	7	7	6	5	6
100	6	6	5	6	6	5
200	6	6	6	6	4	3
300	4	4	4	4	4	2

[a]BTK measured in patient B-cells whole blood using flow cytometry assay

BTK, Bruton's tyrosine kinase; **MFI,** mean fluorescence intensity; **SEM**, standard error of the mean

NX-5948 Was Well Tolerated

Frequency of TEAEs in ≥15% of patients or grade ≥3 or SAEs in >1 patient, (n=26)

TEAEs, n (%)	Any grade	Grade ≥3	SAEs
Purpura/contusion[a]	12 (46.2)	–	–
Thrombocytopenia[b]	10 (38.5)	2 (7.7)	–
Neutropenia[c]	8 (30.8)	5 (19.2)	–
Anemia	6 (23.1)	1 (3.8)	–
Cough	5 (19.2)	–	–
Headache	5 (19.2)	–	–
Nausea	5 (19.2)	–	–
Rash	4 (15.4)	–	–
COVID-19	3 (11.5)	2 (7.7)	2 (7.7)
Pneumonia	2 (7.7)	2 (7.7)	2 (7.7)

[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

- **No atrial fibrillation/flutter or hypertension**
- **No DLTs and no TEAEs resulting in drug discontinuation**
- **Four NX-5948-related grade ≥3 TEAEs (3 neutropenia, 1 thrombocytopenia); no related serious adverse events**

NX-5948 Was Well Tolerated Across Doses Tested

Frequency of any grade TEAEs in ≥15% of patients

TEAEs, n (%)	50 mg (n=7)	100 mg (n=6)	200 mg (n=6)	300 mg (n=4)	450 mg (n=3)	All doses (N=26)
Purpura/contusion[a]	5 (71.4)	2 (33.3)	1 (16.7)	2 (50.0)	2 (66.7)	12 (46.2)
Thrombocytopenia[b]	2 (28.6)	3 (33.3)	2 (33.3)	3 (75.0)	1 (33.3)	10 (38.5)
Neutropenia[c]	1 (14.3)	3 (50.0)	0 (0.0)	4 (100.0)	0 (0.0)	8 (30.8)
Anemia	2 (28.6)	2 (33.3)	0 (0.0)	1 (25.0)	1 (33.3)	6 (23.1)
Cough	0 (0.0)	2 (33.3)	1 (16.7)	2 (50.0)	0 (0.0)	5 (19.2)
Headache	2 (28.6)	0 (0.0)	2 (33.0)	1 (25.0)	0 (0.0)	5 (19.2)
Nausea	3 (42.9)	0 (0.0)	2 (33.3)	0 (0.0)	0 (0.0)	5 (19.2)
Rash	2 (28.6)	2 (33.3)	0 (0.0)	0 (0.0)	0 (0.0)	4 (15.4)

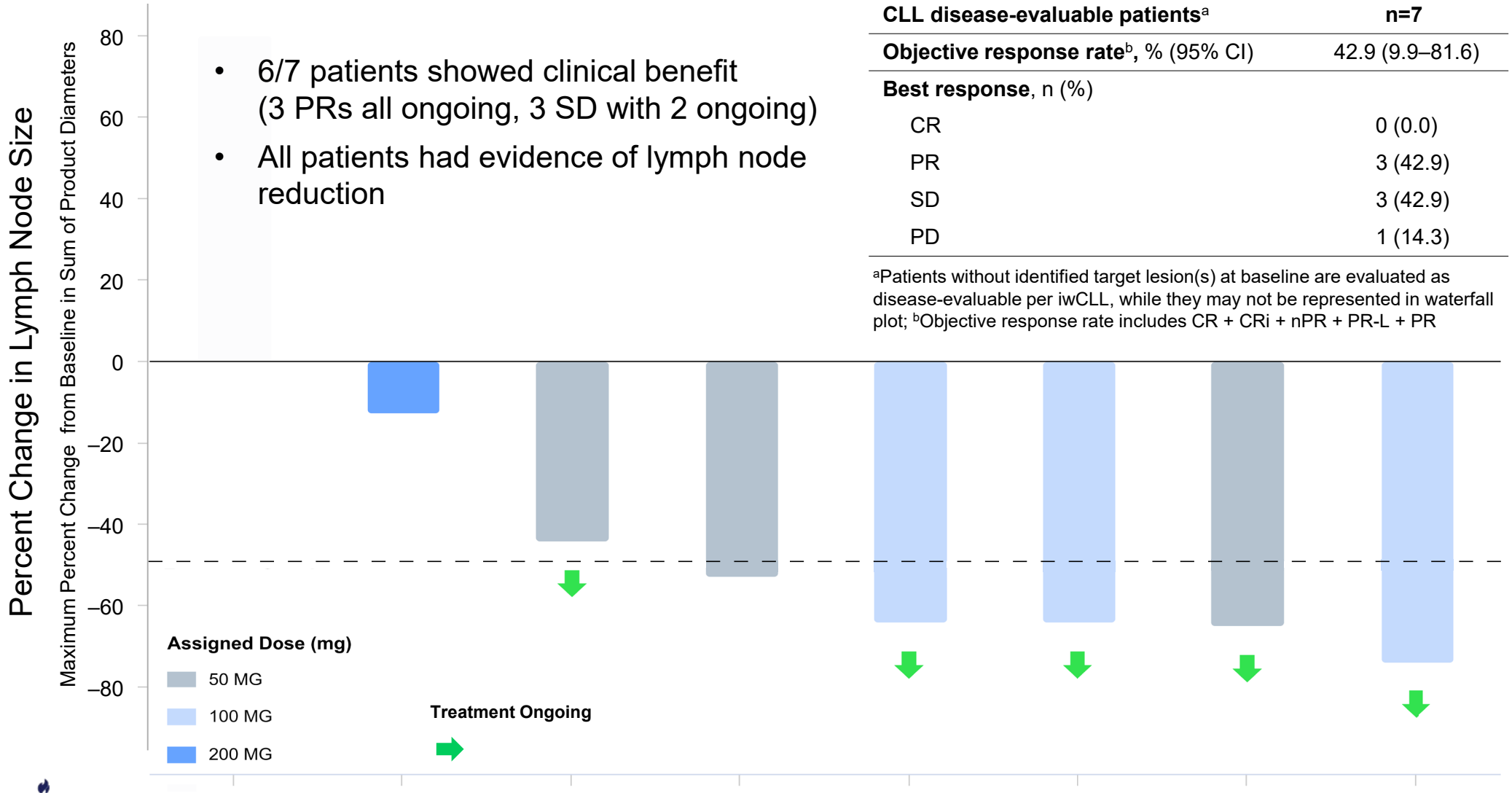
[a]Purpura/contusion includes episodes of contusion or purpura; [b]Aggregate of 'thrombocytopenia' and 'platelet count decreased'; [c]Aggregate of neutrophil count decreased or neutropenia

Broad Antitumor Activity in CLL as Demonstrated by Significant Lymph Node Reduction and Objective Response Rate

- 6/7 patients showed clinical benefit (3 PRs all ongoing, 3 SD with 2 ongoing)
- All patients had evidence of lymph node reduction

CLL disease-evaluable patients[a]	n=7
Objective response rate[b], % (95% CI)	42.9 (9.9–81.6)
Best response, n (%)	
CR	0 (0.0)
PR	3 (42.9)
SD	3 (42.9)
PD	1 (14.3)

[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

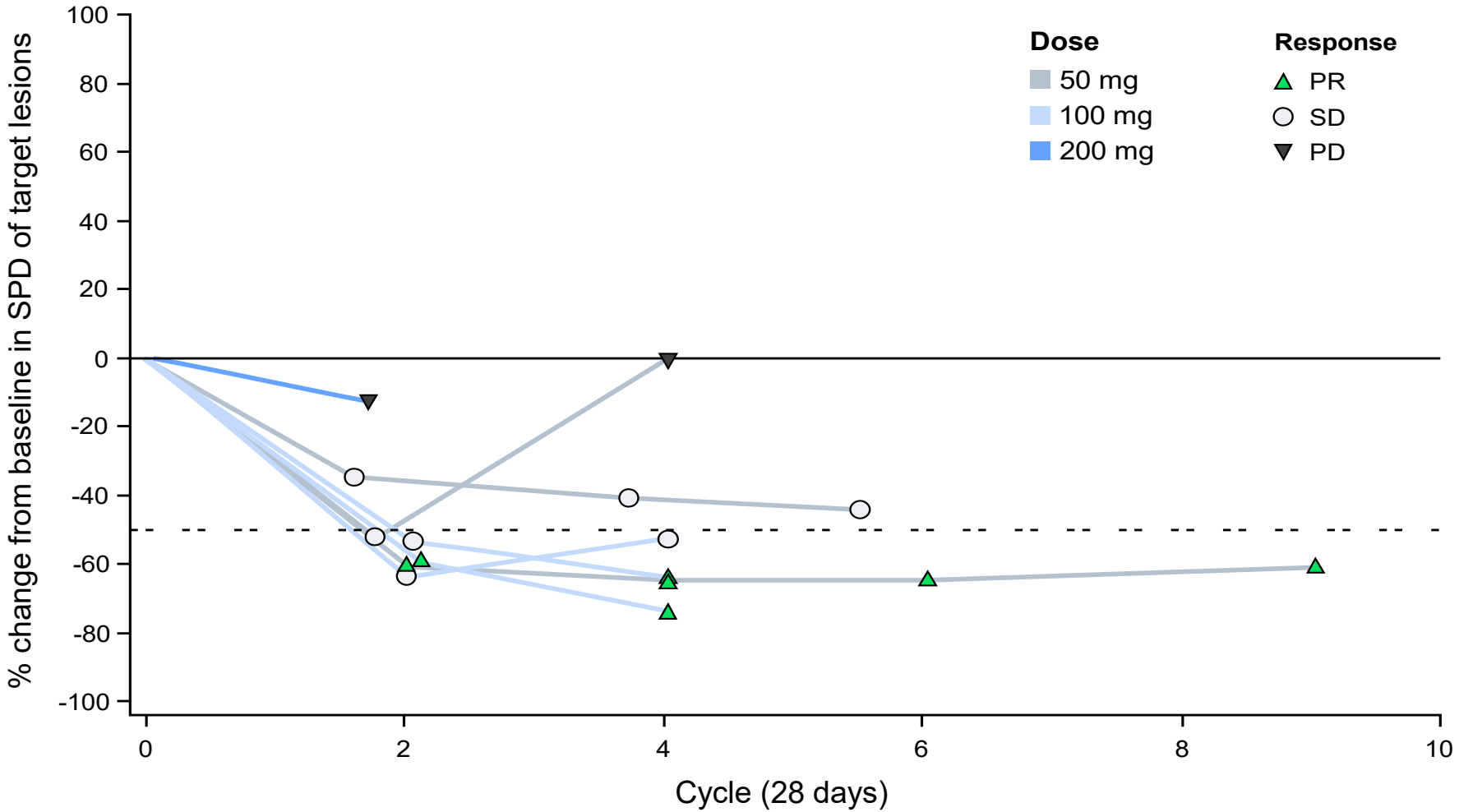


CI, confidence interval; **CLL**, chronic lymphocytic leukemia; **CR**, complete response; **PD**, progressive disease; **PR**, partial response; **SD**, stable disease

Data cutoff: 17 Oct 2023

Rapid and Deepening Nodal Reductions in CLL Patients

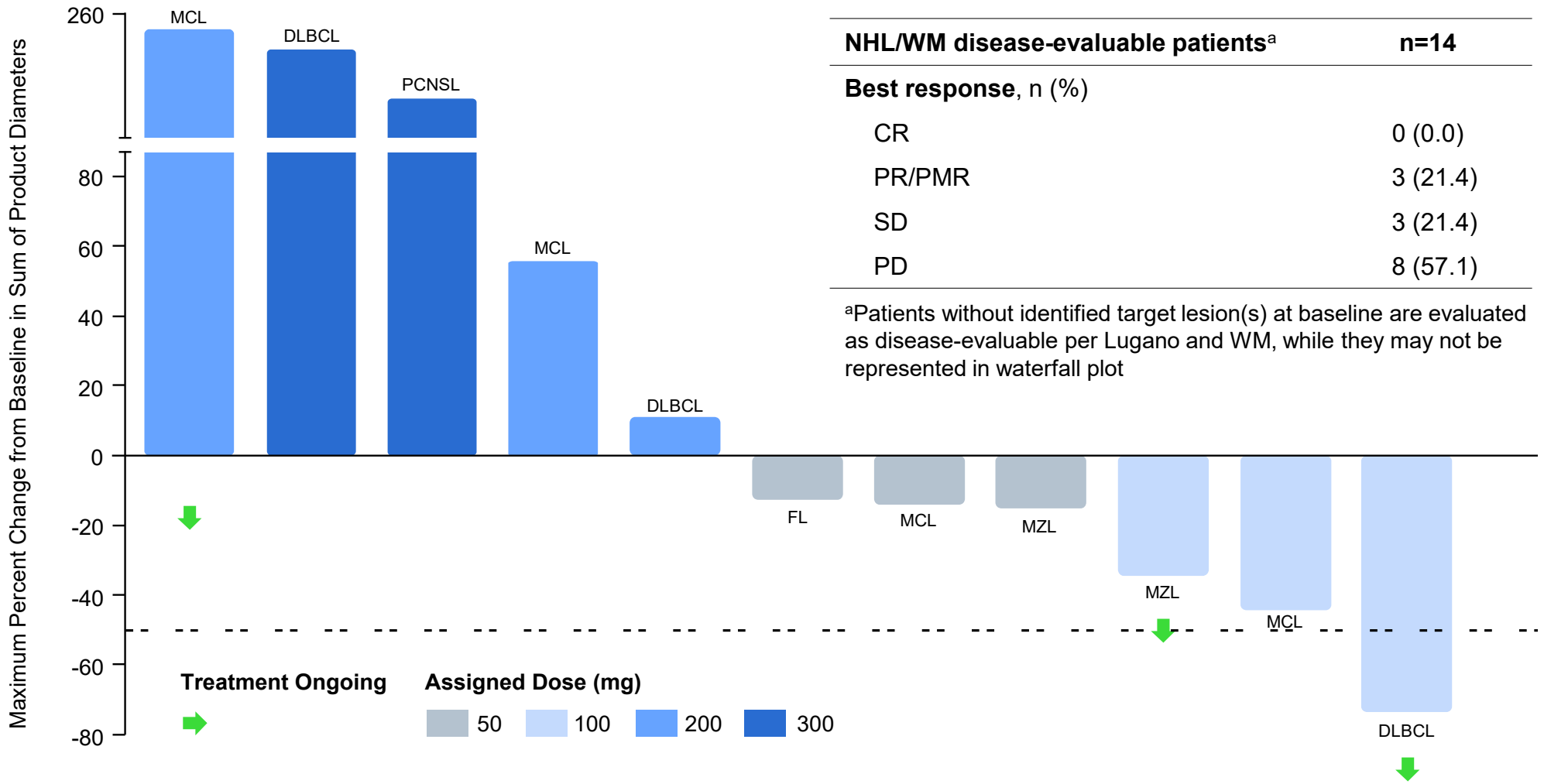
An initial decrease in lymph node size was observed in all patients regardless of best clinical response, with the majority demonstrating a continued decrease over time



SPD, sum of the perpendicular diameters

Responses to NX-5948 Observed Across NHL Subtypes

Activity observed across NHL subtypes



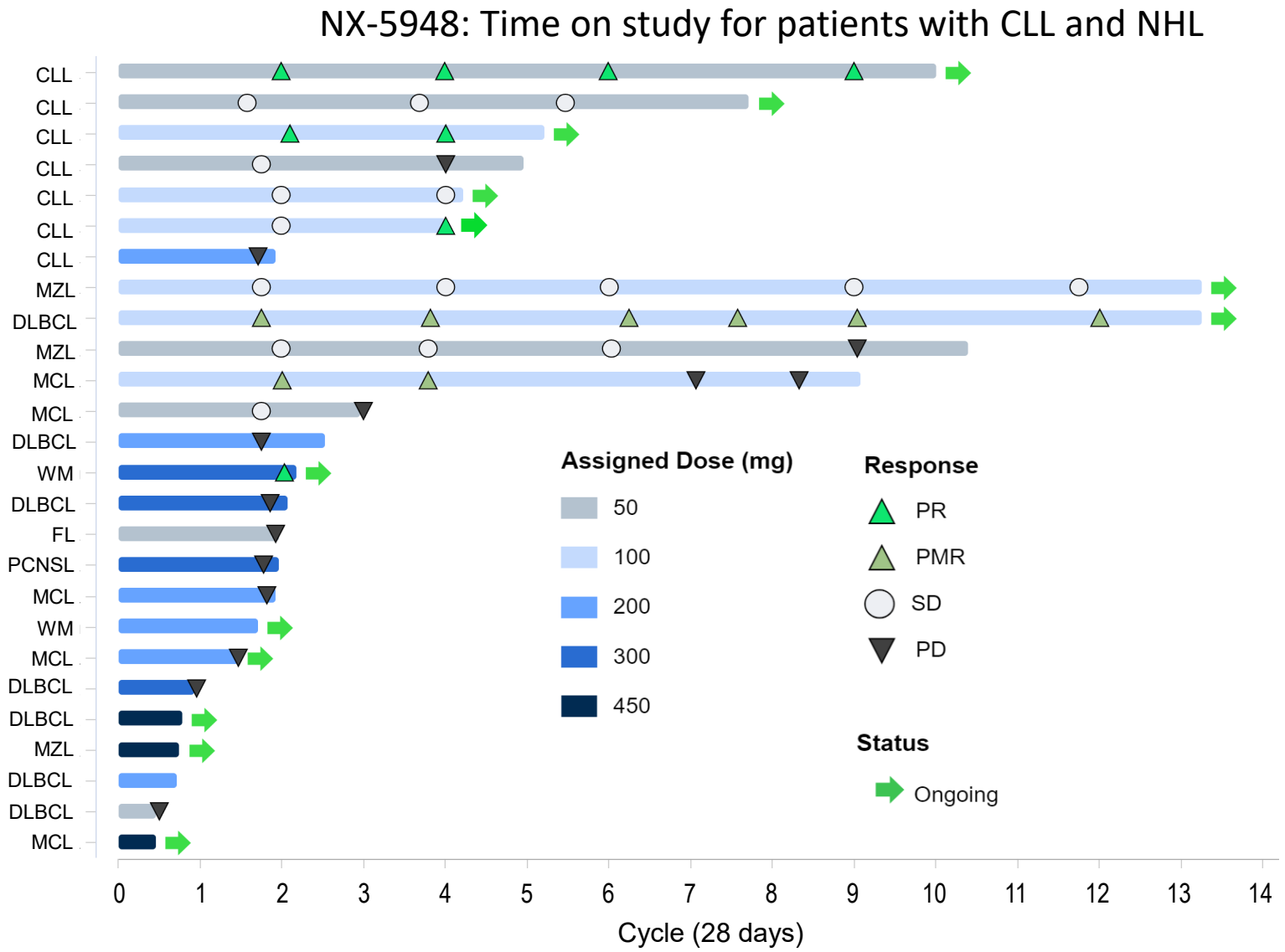
NHL/WM disease-evaluable patients[a]	n=14
Best response, n (%)	
CR	0 (0.0)
PR/PMR	3 (21.4)
SD	3 (21.4)
PD	8 (57.1)

[a]Patients without identified target lesion(s) at baseline are evaluated as disease-evaluable per Lugano and WM, while they may not be represented in waterfall plot

CR, complete response; **DLBCL,** diffuse large B-cell lymphoma; **FL**, follicular lymphoma; **MCL,** mantle cell lymphoma; **MZL,** marginal zone lymphoma; **NHL**, non-Hodgkin's lymphoma; **PCNSL**, primary CNS lymphoma; **PD**, progressive disease; **PR**, partial response; **SD**, stable disease; **WM,** Waldenstrom's macroglobulinemia

Data cutoff: 17 Oct 2023

Durable Responses Across Indications



CLL, chronic lymphocytic leukemia; **DLBCL**, diffuse large B cell lymphoma; **FL**, Follicular lymphoma; **MCL**, Mantle cell lymphoma; **MZL**, Marginal zone lymphoma; **NHL**, non-Hodgkin's lymphoma; **PCNSL**, primary CNS lymphoma; **PD**, progressive disease; **PR**, partial response; **PMR**, partial metabolic response; **SD**, stable disease; **SLL**, small lymphocytic lymphoma; **WM**, Waldenstrom's macroglobulinemia

NX-5948 Conclusions

- NX-5948 PK exposure resulted in rapid, robust, and sustained BTK degradation
- NX-5948 was well tolerated across 5 dose levels tested (50mg – 450mg daily) and escalation continues:
  - No atrial fibrillation/flutter or hypertension
  - No DLTs and no TEAEs resulting in drug discontinuation
  - No related serious adverse events
- Treatment with NX-5948 demonstrated clinical benefit:
  - **CLL:** 6/7 patients showed clinical benefit.
    - 3 PRs (43%) all ongoing (1/3 at 50mg and 2/3 at 100mg);
    - 3 SDs (treatment ongoing in 2 patients)
  - **NHL/WM:** Durable responses across indications, with almost half of patients continuing treatment

Next Steps and Future Vision

Nurix BTK Degrader Franchise: Two BTK Degraders to Cover the Landscape of B-Cell Malignancies

NX-5948
for all lines of therapy in CLL and potentially NHL and WM as monotherapy and in combination

NX-2127
for aggressive NHL as monotherapy and in combination and potentially for late-line CLL

B-Cell Malignancies Annual Incidence (U.S. & EU)

NX-5948	NX-5948 potential in combination
Therapeutic goal: Displace BTKi in indications where single-agent BTKi is standard of care and address BTKi resistance mutations	Therapeutic goal: Expand role for BTK target therapy

NX-2127 late line	NX-2127

BTK, Bruton tyrosine kinase; DLBCL, Diffuse large B cell lymphoma; CLL, Chronic lymphocytic leukemia; MCL, Mantle cell lymphoma; WM, Waldenstrom's macroglobulinemia; MZL, Marginal zone lymphoma; FL, Follicular lymphoma; NHL, non-Hodgkin lymphoma

Estimates based on 2020 incidence from DRG, GlobalData and secondary research; EU comprised of France, Germany, Italy, Spain and U.K.

Next Steps: Enable Broad Development Program Across B-Cell Malignancies

NX-5948:

- Identify Phase 1b expansion dose levels for CLL and NHL with expansion planned for early 2024
- Enable combination trials with agents commonly used across B-cell malignancies
- Enable a broad Phase 3 program across CLL and NHL including head-to-head trials in earlier lines of therapy

NX-2127:

- Align with FDA to remove Partial Hold and introduce chirally controlled form in Phase 1b expansion cohorts (DLBCL, MCL, and CLL)
- Inform next steps in NHL based on emerging NX-2127 data
- Inform next steps in CLL based on emerging data and positioning of NX-5948

Vision: Prioritizing NX-5948 in CLL and Enabling Broad Strategy in NHL

B-cell malignancies
Phase 1 & 2

Enable potential accelerated approval(s) in r/r CLL/MCL/WM

Enable combinations for earlier line trials

CLL
Phase 3

2L+ CLL
Superiority post BTKi +/- BCL-2i failure

1L CLL
Displace BTKi

MCL
Phase 3

r/r MCL
Superiority to BTKi

1L MCL
Displace or improve SOC

DLBCL
Phase 3

1L DLBCL
Improve SOC

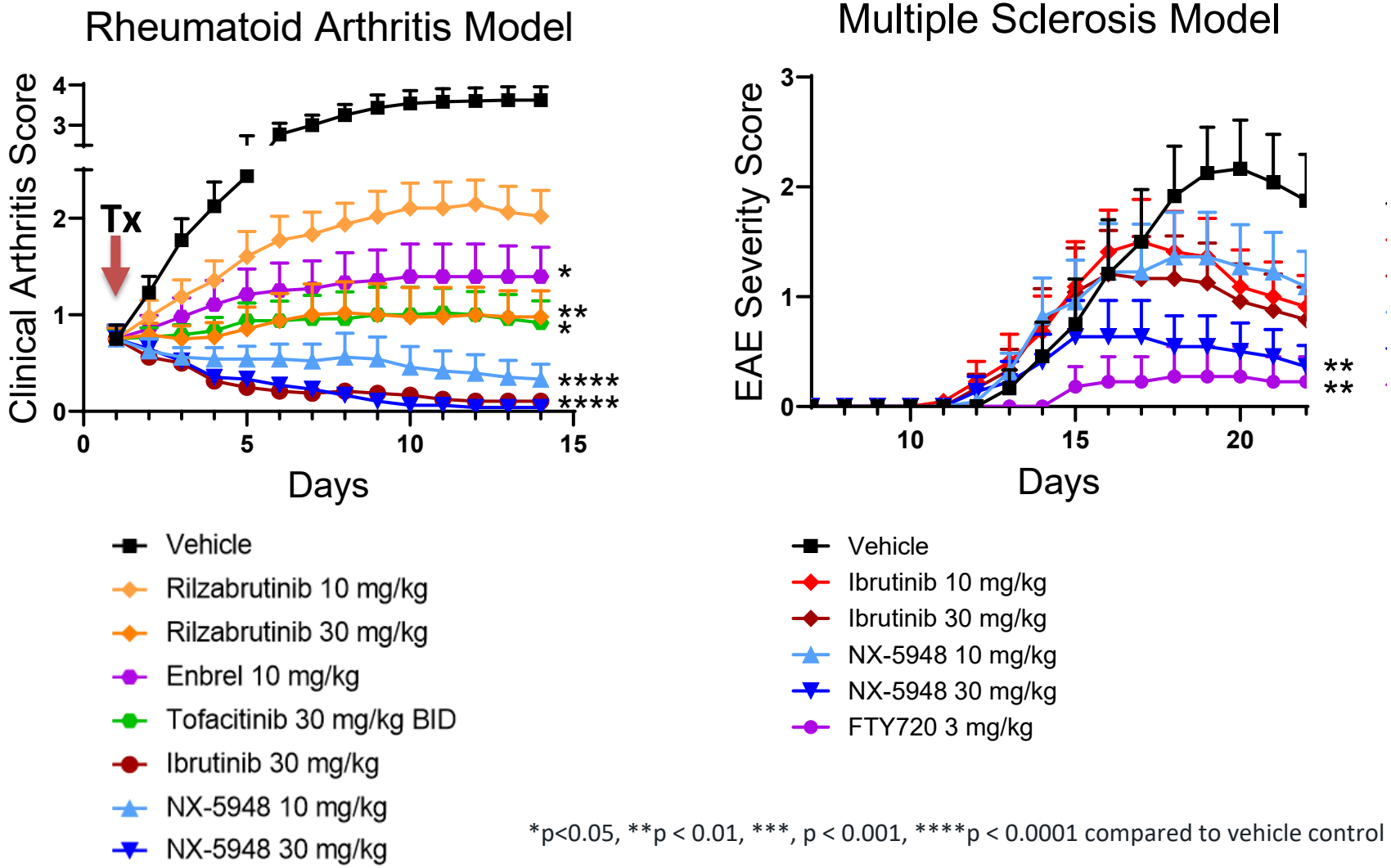
Beyond Hem/Onc: NX-5948 Is Potent in Relevant Efficacy Models of Major Inflammation and Immunology Indications

NX-5948 in Inflammation & Immunology

Plans to enable initiation of I&I development

Extended preclinical toxicology

Healthy volunteer study



*p<0.05, **p < 0.01, ***, p < 0.001, ****p < 0.0001 compared to vehicle control

Source: Rountree et al., 3rd B&T-cell Summit 2022

Vision: Focused Strategy With NX-2127 in NHL

B-cell malignancies Phase 1 & 2	DLBCL Phase 3	MCL Phase 3
Establish ORR and CR rate in DLBCL and MCL	r/r DLBCL Potential monotherapy	r/r MCL Potential monotherapy
Enable combinations for earlier line trials	1L DLBCL Improve SOC	

Initiation of advanced development activities are dependent on threshold activity in Phase 1b and emerging data for NX-5948

Nurix Is Advancing a Pipeline of Propriety and Partnered Programs in Oncology and Autoimmune/Inflammatory Diseases

MOA	Drug program	Target	Therapeutic area	Discovery	IND enabling	Phase 1a	Phase 1b
TPD	NX-2127	BTK-IKZF	B-cell malignancies				
	NX-5948	BTK	B-cell malignancies / autoimmune disease				
	NX-0479 / GS-6791	IRAK4	Rheumatoid arthritis and other inflammatory diseases				GILEAD
	Multiple	Undisclosed	Oncology / autoimmune disease				
	Multiple	Undisclosed	Undisclosed				GILEAD
	Multiple	Undisclosed	Undisclosed				sanofi
TPE	NX-1607	CBL-B	Immuno-Oncology				
DAC	Multiple	Undisclosed	Oncology				Seagen

Leadership and Value Creation

FOUNDATION	VALUE DRIVERS
Scientific leadership in targeted protein modulation	Three wholly owned and internally developed Phase 1 clinical assets
World-class discovery capabilities driven by our DELigase platform	Advancing multiple preclinical programs, with potential for additional strategic partners
Strategic partnerships with leading biopharma companies	Milestone revenue, opt-in rights, expanding therapeutic areas, and novel modalities

Well funded to progress current pipeline through important clinical milestones in 2024 and 2025

Q & A