FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APF	PROVAL
OMB Number:	3235-0287
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Check this box if no longer subject t
Section 16. Form 4 or Form 5 obligations may continue. See
Instruction 1(h)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10h5-1(c)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response: 0.5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Ring Christine					2. Issuer Name and Ticker or Trading Symbol Nurix Therapeutics, Inc. [NRIX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O NURIX THERAPEUTICS, INC. 1700 OWENS STREET, SUITE 205						3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025								Officer (give title Other (specify below) Chief Legal Officer					
(Street) SAN FRANCISCO CA 94158 (City) (State) (Zip)				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - N	lon-Deriv	/ative	e Sec	urit	ies A	cquire	d, D	isposed o	of, or B	eneficia	ally (Owned	<u> </u>			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execution Date,		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic Owned		es ially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3		ction(s)			(Instr. 4)
Common	Stock			01/02/2	025	25			M ⁽¹⁾		5,760	Α	\$1.80	86 33		3,844		D	
Common Stock 01/02/202					025	25		S ⁽¹⁾		5,760	D	\$19.495	.4956 ⁽²⁾		28,084		D		
		Т	able II								sposed of , converti				wned				
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any		4. Transa	ransaction		umber ivative urities uired or posed D) tr. 3, 4		Exerc	cisable and ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. F Der Sec	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)
						v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to	\$1.86	01/02/2025				I (1)		5,760	(3)		09/30/2029	Common Stock	5,760	0	\$0	53,986		D	

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan previously adopted by the Reporting Person.
- 2. Represents the weighted average sale price. The lowest price at which shares were sold was \$18.91 and the highest price at which shares were sold was \$19.73. The Reporting Person undertakes to provide upon request to the staff of the Securities and Exchange Commission, the Issuer or its stockholders, full information regarding the total number of shares sold at each separate price within the range set forth
- 3. The option vested as to 1/4 of the total shares on September 9, 2020, and then 1/48 of the total shares vested monthly thereafter until the option was fully vested on August 9, 2023.

Remarks:

/s/ Daniel Burbach, as

Attorney-in-Fact for Christine 01/02/2025

Ring

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.