

Determined to realize a future in which
people with cancer live longer and
better than ever before



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This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Words such as "may," "will," "expect," "plan," "anticipate" and similar expressions (as well as other words or expressions referencing future events or circumstances) are intended to identify forward-looking statements. All statements other than statements of historical facts contained in this presentation, including statements regarding future operations, financial results and the financial condition of Syndax Pharmaceuticals, Inc. ("Syndax" or the "Company"), including financial position, strategy and plans, the progress, timing, clinical development and scope of clinical trials and the reporting of clinical data for Syndax's product candidates, and Syndax's expectations for liquidity and future operations, are forward-looking statements. Many factors may cause differences between current expectations and actual results, including unexpected safety or efficacy data observed during preclinical or clinical studies, clinical site activation rates or clinical trial enrollment rates that are lower than expected, changes in expected or existing competition, failure of our collaborators to support or advance collaborations or product candidates and unexpected litigation or other disputes. Moreover, Syndax operates in a very competitive and rapidly changing environment. Other factors that may cause our actual results to differ from current expectations are discussed in Syndax's filings with the U.S. Securities and Exchange Commission, including the "Risk Factors" sections contained therein. New risks emerge from time to time. It is not possible for Syndax's management to predict all risks, nor can Syndax assess the impact of all factors on its business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statement. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances discussed in this presentation may not occur and actual results could differ materially and adversely from those anticipated or implied. Except as required by law, neither Syndax nor any other person assumes responsibility for the accuracy and completeness of the forward-looking statements. Syndax undertakes no obligation to update publicly any forward-looking statements for any reason after the date of this presentation to conform these statements to actual results or to changes in Syndax's expectations.

Syndax investment highlights

Entinostat IO

Combined with anti-PD-1:

- Signal in melanoma
- Expanded into CRC
- Ongoing trials in NSCLC, Mel, TNBC, Ovar
- Multiple near term readouts

Entinostat HR+ Breast Cancer

Combined with exemestane:

- Breakthrough designation
- Phase 3 ongoing

SNDX-6352

CSF1-R antibody:

- Phase 1 ongoing
- Broad clinical potential

Strong management team and cash position

CRC - colorectal cancer; NSCLC - non-small cell lung cancer; Mel - melanoma; TNBC - triple negative breast cancer; Ovar - ovarian cancer

Recent progress on ENCORE 601



Enrollment accelerated

Melanoma cohort
enrollment
anticipated to
complete in 3Q17
(vs. 4Q17)



ASCO abstract presentation

Will highlight data
from phase 2, stage 1
melanoma cohort



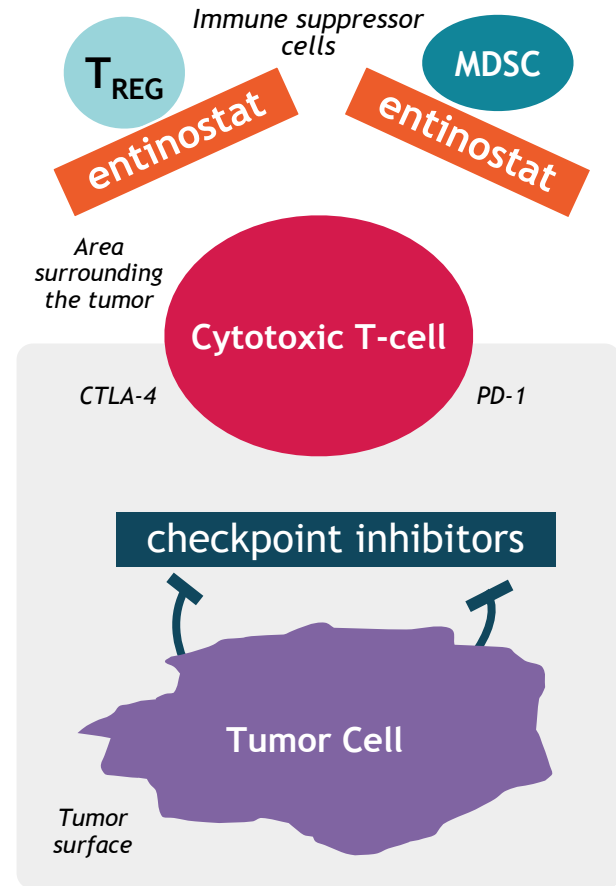
Expanding ENCORE 601

Now includes
microsatellite stable
colorectal cancer
(MSS CRC)

Strong rationale for combining entinostat with PD-1 antagonists

Entinostat

- Class I selective HDAC inhibitor
- Oral, once weekly
- Well tolerated in combinations
- Blocks MDSCs and Tregs
- Preclinical efficacy combined with anti-PD-1

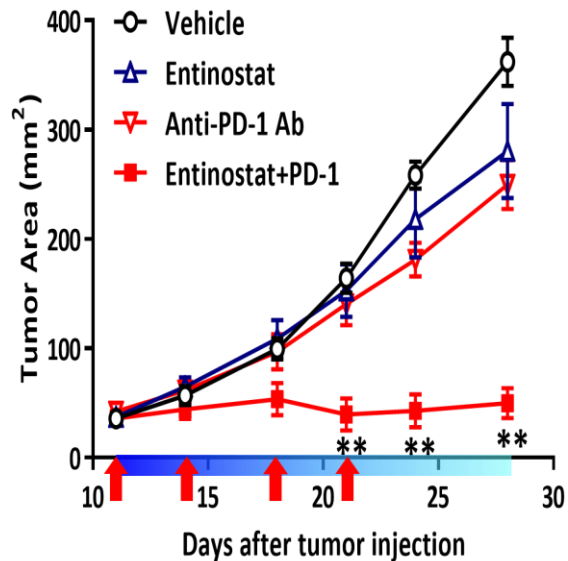


Hypothesis: Entinostat can reverse resistance to PD-1 antagonists

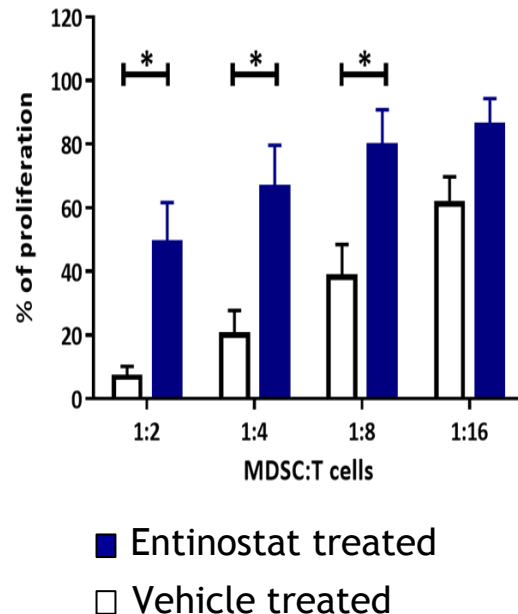
HDAC - histone deacetylase; MDSC - myeloid derived suppressor cell; Treg - regulatory T lymphocyte

Entinostat synergizes with anti-PD-1 through MDSC inhibition

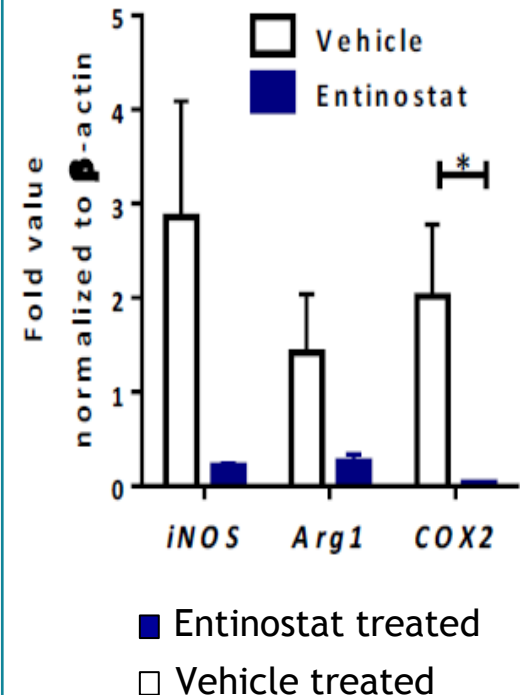
Tumor growth



MDSC function



MDSC mRNA expression

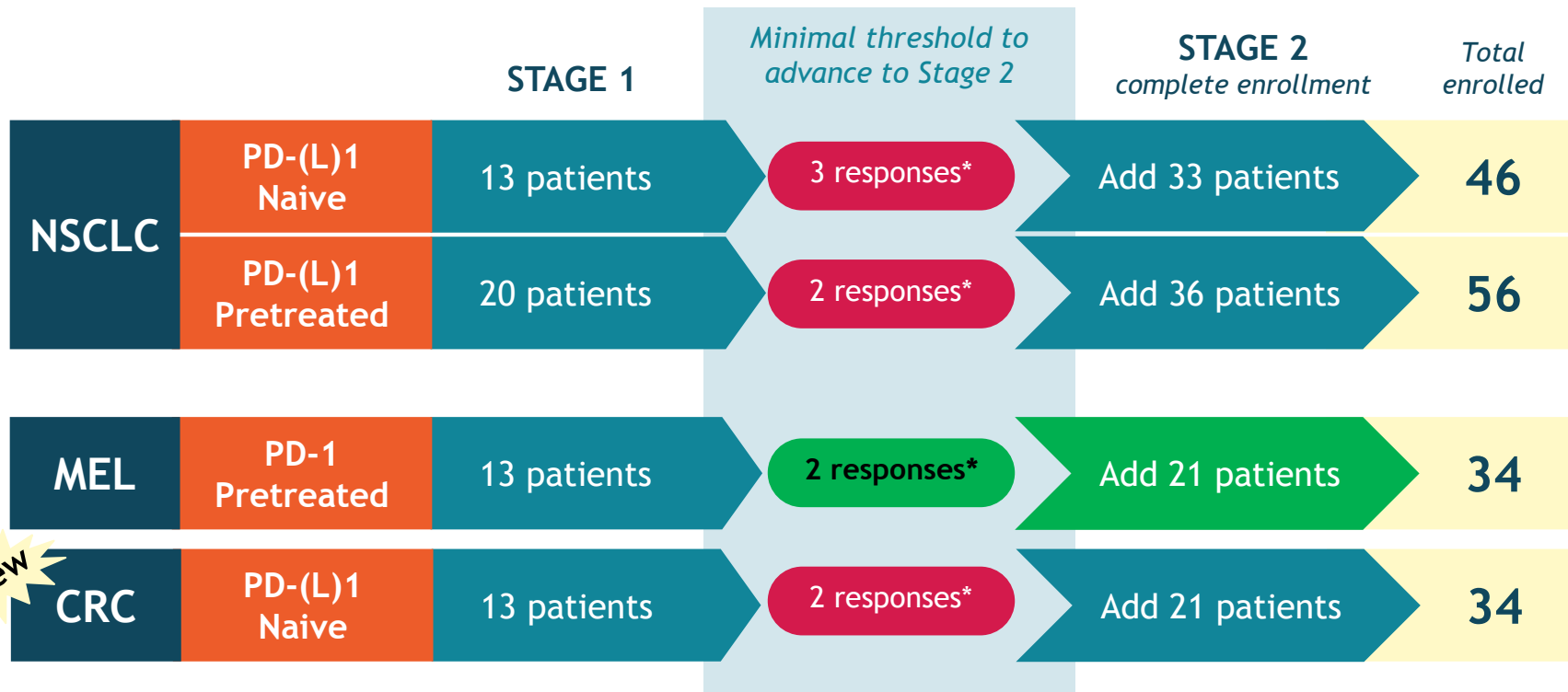


Hashimoto et al AACR 2016

ENCORE 601/Keynote 142 expanded to include patients with colon cancer

Entinostat + KEYTRUDA®

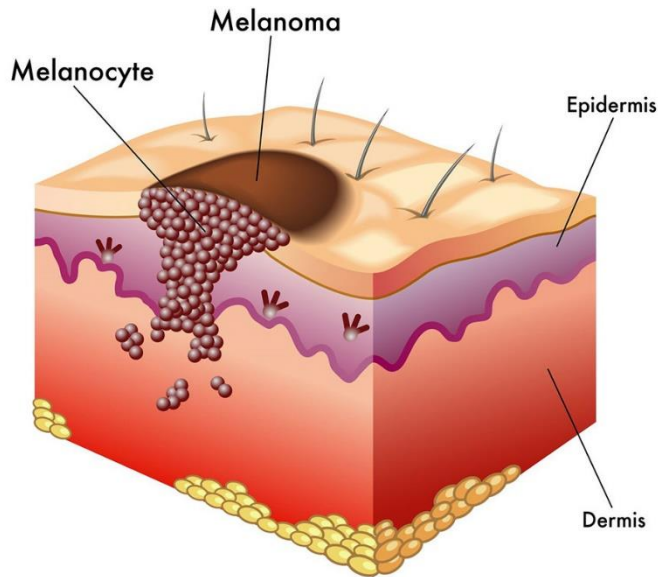
Phase 2: Simon 2-stage design



* Response defined as confirmed PR or CR

Entinostat-PD-1 antagonist promising combination for PD-1 resistant melanoma

Encore 601 melanoma cohort milestones



1Q17 Re-opened enrollment in cohort

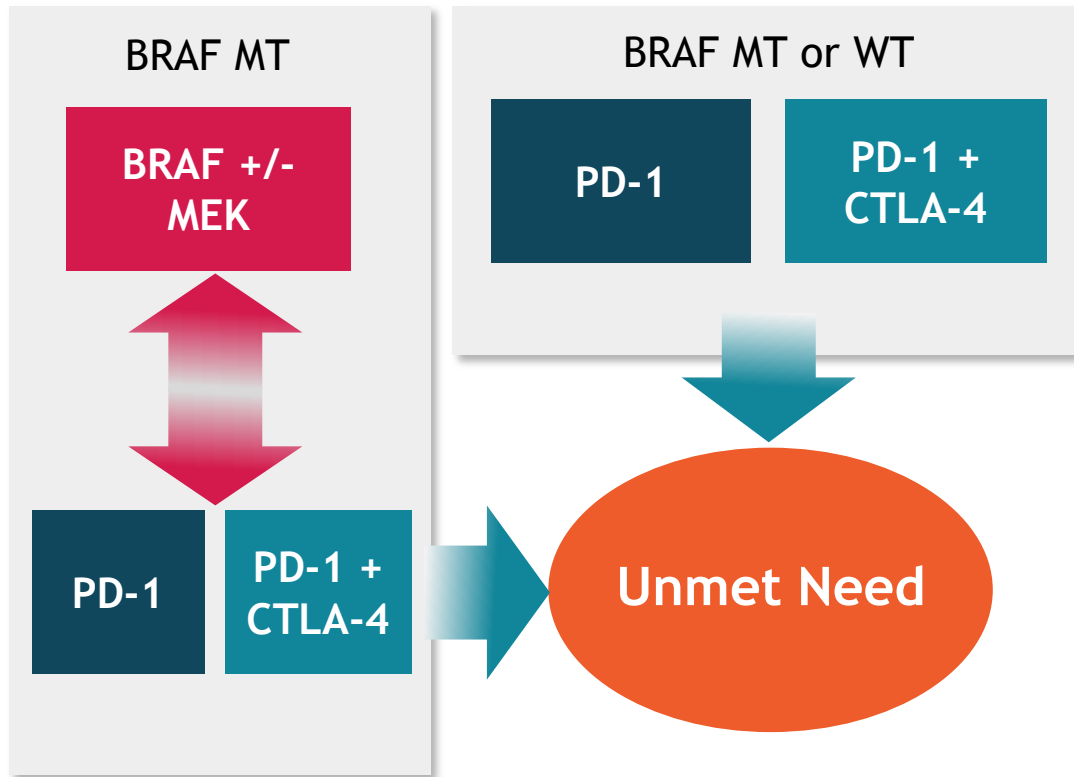
UPCOMING MILESTONES

2Q17 Present stage 1 data at ASCO

2Q17 FDA meeting; development path

3Q17 Complete stage 2 enrollment

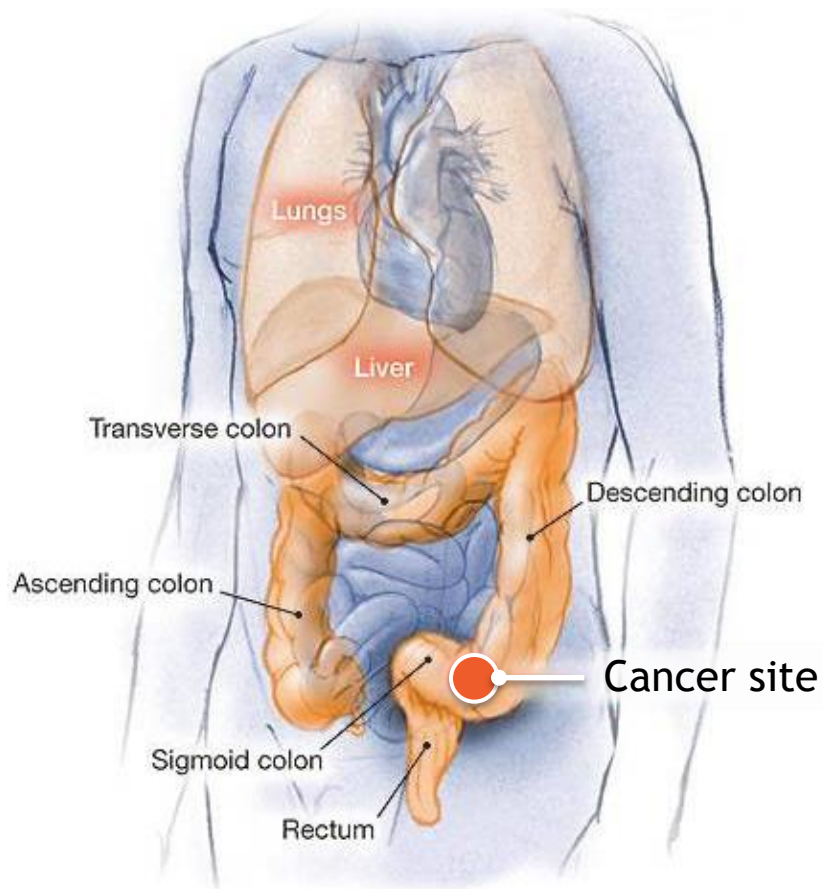
Despite important advances, unmet need exists for melanoma patients



- ENCORE 601 enrolls patients progressed on a PD-1 antagonist
- Approx. 10,000 US patients expected to require treatment after PD-1 antagonist

Source: Trial Trove, SEER data, Kantar 2016 Treatment Architecture report

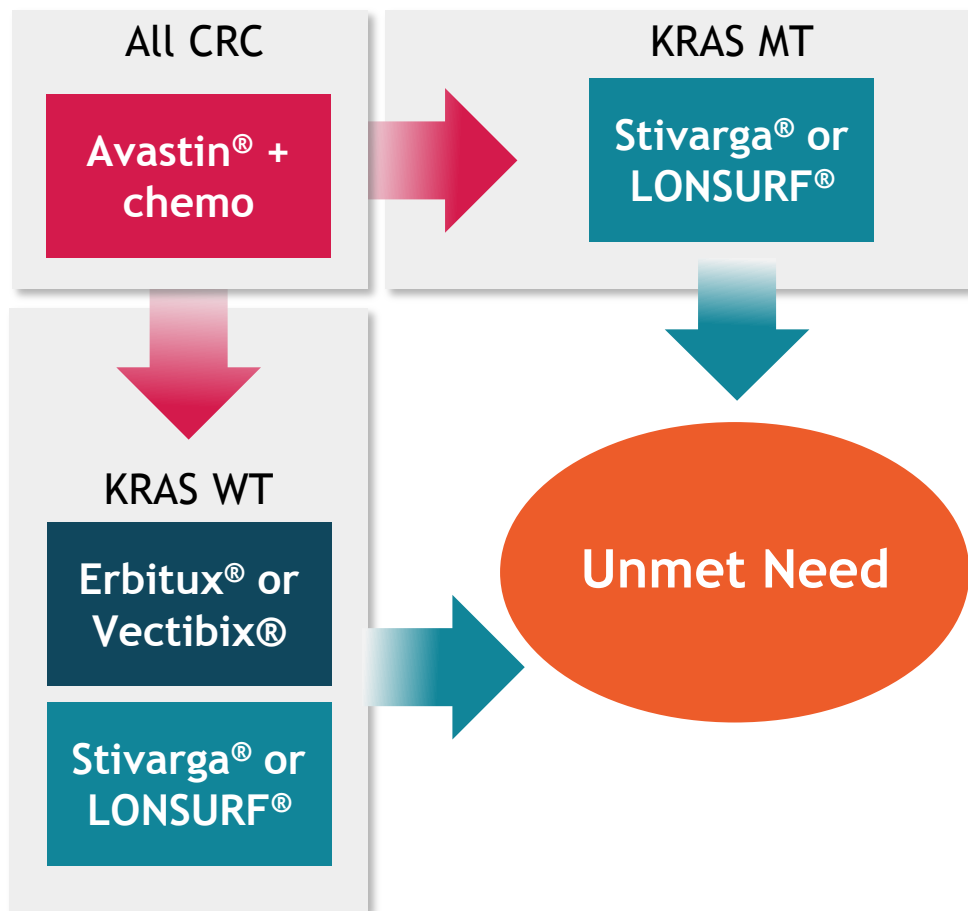
Rationale for expansion into CRC



- High unmet need population
- ENCORE 601 melanoma results suggest potential to impact immune subtypes¹
- Rapid read out

1. Dienstmann, R., *Nat Rev Cancer*, 2017 17, 79 - 92

Need to improve therapy for MSS CRC patients



- Approx. 23,000 3L (8,000 4L) treated patients are MSS¹
- PD-(L)1 monoTx has shown minimal activity in MSS CRC²

1. Trial Trove, SEER data, DataMonitor, Kantar 2016 Treatment Architecture report; assumes 85% of CRC are MSS

2. Abstract LBA100 ASCO 2015, Abstract 479P ESMO 2016; Abstract 3502 ASCO 20161

ENCORE 602: Entinostat + TECENTRIQ® for TNBC

Genentech
A Member of the Roche Group

Phase 1b:
Open-label

TNBC
dose
determination
(n=6-18)

Completed

Phase 2:
Randomized, double-blind

TECENTRIQ® +
entinostat
(n=35)

TECENTRIQ® +
placebo
(n=35)

Enrolling at 5mg

Primary Endpoints

- Phase 1b: Phase 2 dose
- Phase 2: PFS

Secondary Endpoints

- Overall response rate (ORR)
- Overall survival (OS)

Primary Trial Center: **UCLA** Health

CRO: Translational Research in
Oncology Group (TRIO)

Target enrollment completion end of 2017

ENCORE 603: Entinostat + BAVENCIO® for ovarian cancer



Phase 1b:
Open-label

Ovarian
cancer -
safety of
combination

Enrolling



Phase 2:
Randomized, double-blind

BAVENCIO® +
entinostat
(n=80)

BAVENCIO® +
placebo
(n=80)

Primary Endpoints

- Phase 1b: Phase 2 dose
- Phase 2: PFS

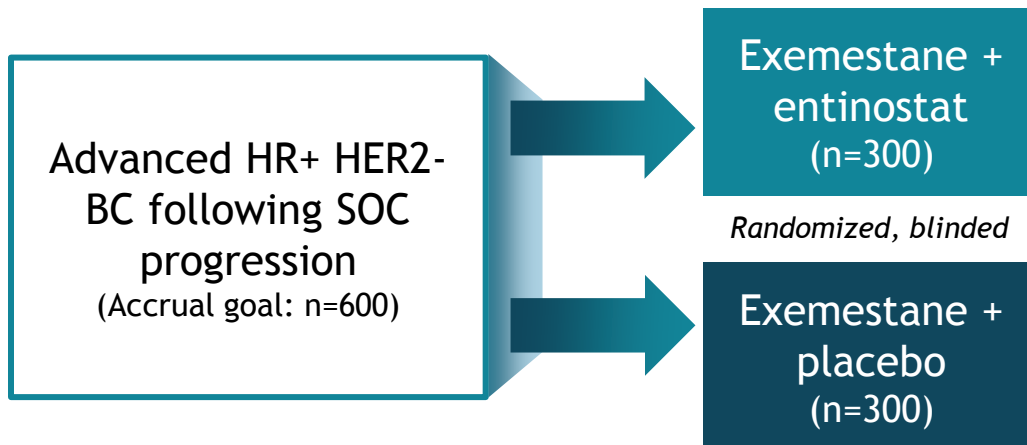
Secondary Endpoints

- ORR
- OS

Anticipate Phase 2 to begin in 3Q17

E2112: Phase 3 registration trial in advanced HR+, HER2- breast cancer

Exemestane +/- entinostat



Treatment cycle (28 days)

- Exemestane (25mg):
PO, days 1-28
- Entinostat or placebo (5mg):
PO, days: 1, 8, 15, 22

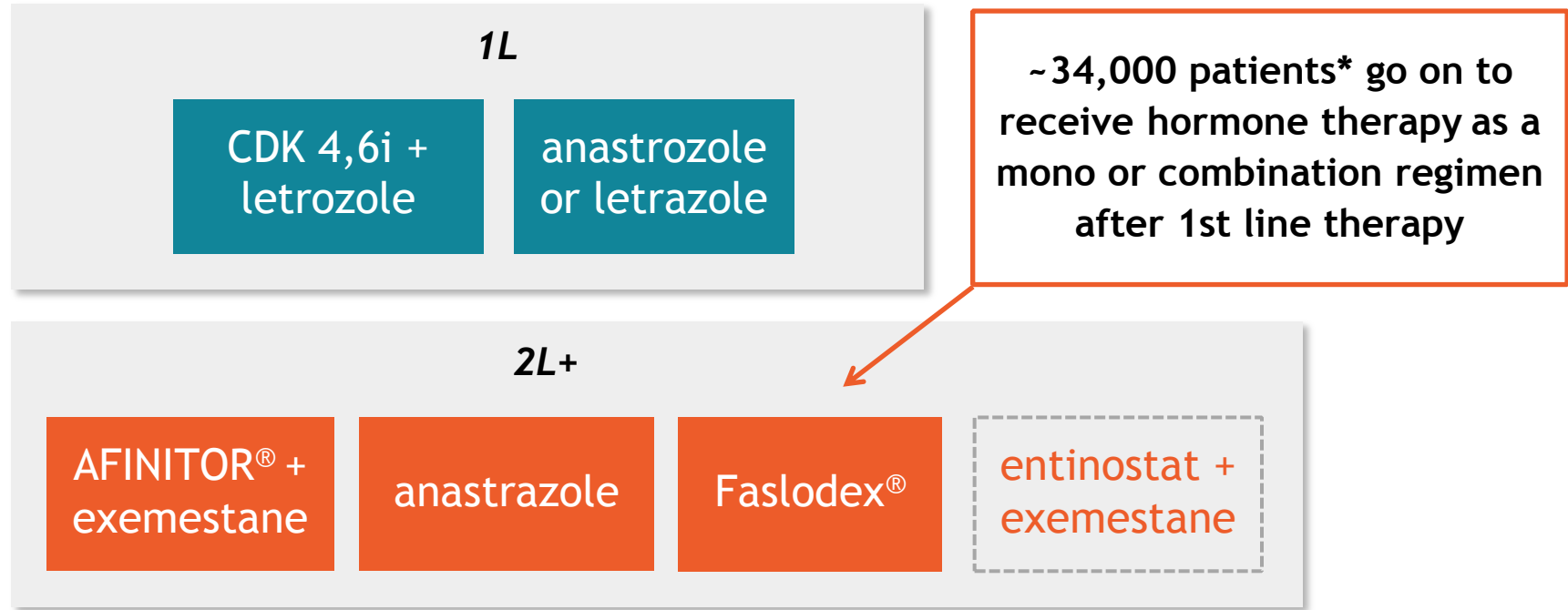
**GRANTED FDA
BREAKTHROUGH THERAPY
DESIGNATION**

- Two primary endpoints - PFS and OS
- Potential NDA filing 2018 based upon positive PFS data
- Per ECOG-ACRIN, enrollment completion and PFS data analysis anticipated in 1H18

Entinostat: Blockbuster potential as 2nd/3rd line therapy for HR+, HER2- metastatic breast cancer

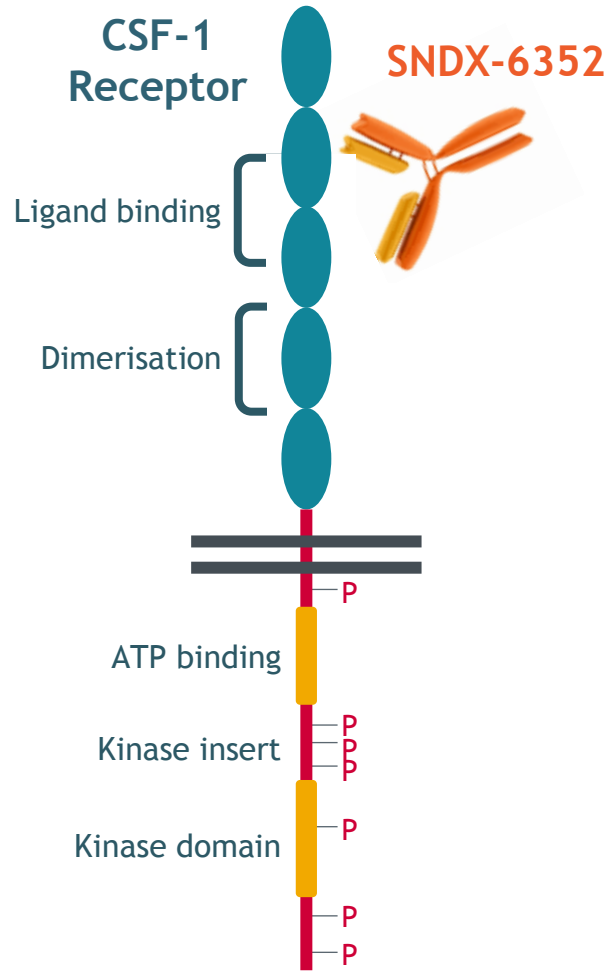
First novel MOA in HR+ BC with Phase 3 data since CDK4/6

Leading treatment options - HR+, HER2- advanced breast cancer



Source: DataMonitor 2016 Breast cancer: HR+/HER2- Disease Coverage Report

SNDX-6352: Anti-CSF-1R Ab targeting TAMs to increase tumor infiltrating lymphocytes



- High affinity, IgG4 ($K_D = 4-8$ pM)
- Broad potential clinical utility
- Phase 1, single ascending dose (SAD) trial initiated 4Q16
 - First 3 cohorts completed dosing
- Initiate multiple ascending dose (MAD) trial (cancer patients) 3Q17

TAM - tumor associated macrophage; CSF-1R - colony stimulating factor -1 receptor

Source : Ordentlich, P. et al SITC 2016

1Q17 Financial highlights and 2017 guidance

Ticker	SNDX (NASDAQ)	
As of March 31, 2017		
Cash and short-term investments	\$92.8 million	
Common shares O/S	18.2 million	
2017 Operating Expense Guidance		
	<u>Q2</u>	<u>2017</u>
R&D	\$11-13 M	\$52-57 M
Total Operating Expenses	\$15-17 M	\$68-73 M

Upcoming milestones

ENTINOSTAT (Class 1 specific HDAC inhibitor)	1Q17	2Q17	3Q17	4Q17	1H18
ENCORE 601 - NSCLC (PD-1 preTx) decision to re-open Phase 2		●			
ENCORE 601 - NSCLC (PD-1 naive) decision to re-open Phase 2		●			
ENCORE 601 - Complete enrollment in melanoma cohort (stage 2)			● ←	●	
➤ ENCORE 601 - Present stage 1 melanoma data at ASCO		●			
➤ ENCORE 601 - FDA Type B meeting melanoma development path		●			
ENCORE 602 - Complete enrollment Phase 2 TNBC study				●	
E2112 - Per ECOG, complete Phase 3 enrollment; release PFS					●

SNDX-6352 (anti-CSF-1R mAB)	1Q17	2Q17	3Q17	4Q17	1H18
Initiate MAD trial (cancer patients)			●		
Anticipate SAD trial data presentation (healthy volunteers)				●	

➤ NEW Milestone

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Thank you. Questions?

Syndax 