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

Syndax

2Q22 EARNINGS PRESENTATION – AUGUST 8, 2022

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Revumenib and axatilimab on-track for potential filings in 2023 with several opportunities for expansion

Revumenib
Menin-MLL disruption

Expand within acute leukemia and beyond to solid tumors

- AUGMENT-101 pivotal trial data in acute leukemias expected beginning in 1H23
- Front-line combination trials ongoing; MRD+ treatment trial to begin in 4Q22
- Initiate MSS CRC Phase 1 trial 4Q22

Axatilimab
Anti-CSF-1R

Expand into earlier lines of cGVHD and fibrotic disease

- AGAVE-201 pivotal trial data in cGVHD expected in 1H23
- Initiate front-line combination trial in cGVHD in 4Q22
- Initiate IPF Phase 2 trial in 4Q22

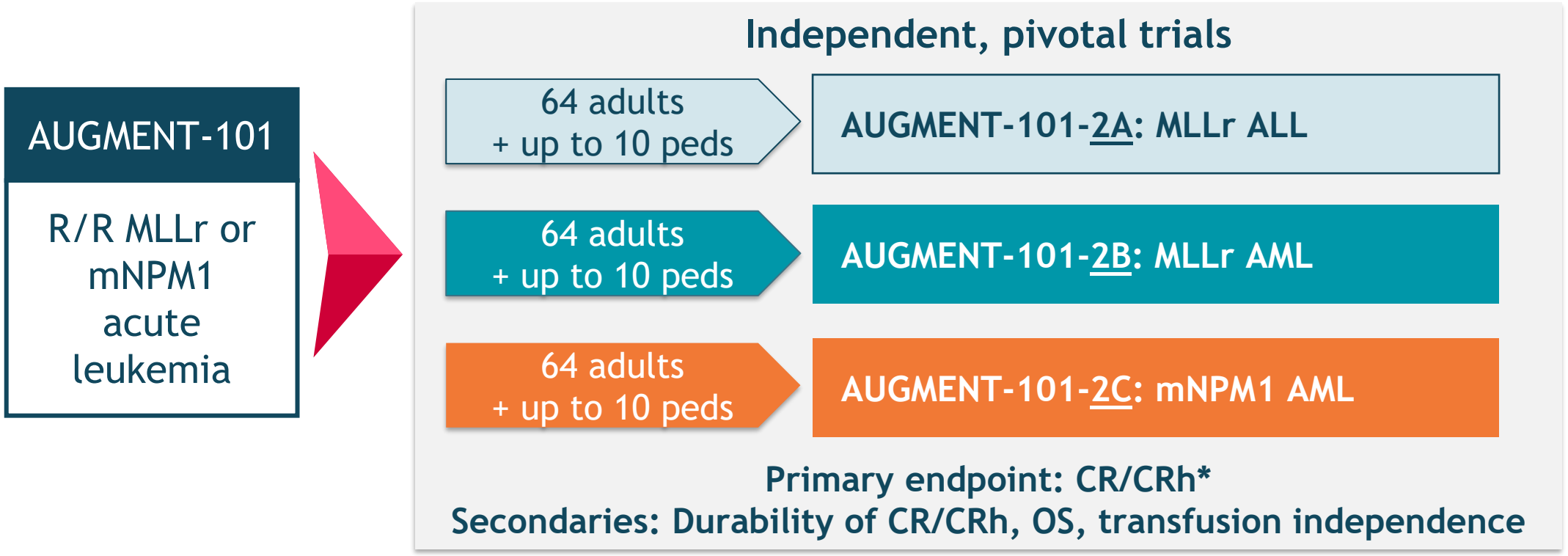
Pipeline expansion

Expand pipeline through BD

- Targeting assets in late pre-clin to Phase 1
- Strong balance sheet to support BD efforts

MSS CRC = Microsatellite Stable Colorectal Carcinoma, IPF = Idiopathic Pulmonary Fibrosis, cGVHD = chronic Graft-Versus-Host Disease.

AUGMENT-101: Revumenib pivotal trials in 3 distinct acute leukemia populations are ongoing; data expected beginning in 1H23



** Patients taken to HSCT can restart treatment with revumenib post-transplant*

Targeted strategy to expand revumenib into earlier lines of therapy is underway

	Relapsed/Refractory	Front-Line	Maintenance
Revumenib Development	AUGMENT-101 AUGMENT-102	Beat AML acute myeloid leukemia	AUGMENT-101 INTERCEPT trial
Trial Description	Validates use of menin inhibition in NPM1 and MLLr acute leukemias	Combination with venetoclax/azacitidine	**AUGMENT-101**: allows pts to restart Tx post-transplant **INTERCEPT**: examining conversion of MRD+ to MRD-
Trial Purpose	**Establish leadership** as monotherapy and in combination with chemo	Validate combo with SOC; **Strengthen leadership position**	Generate data in maintenance; **Expand leadership position**

Revumenib expansion opportunities in acute leukemia and solid tumors have potential to add meaningful value

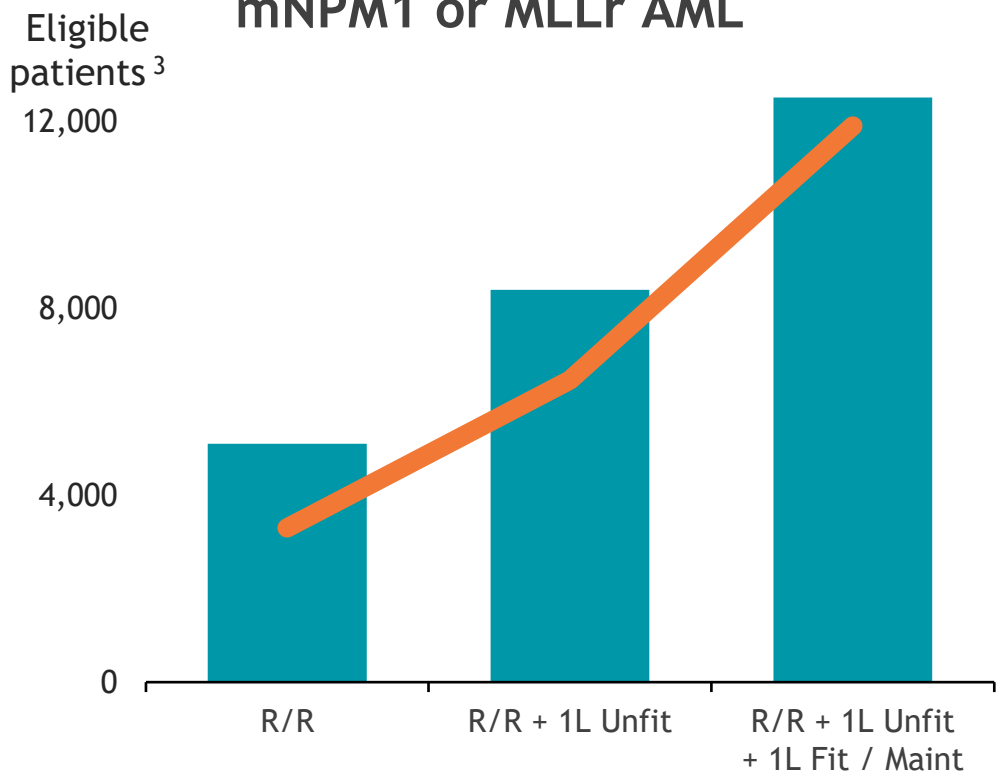
Potential first/best-in-class agent

- Clear efficacy in refractory, advanced mNPM1 and MLLr acute leukemia
- High percentage of MRD negative responses

Profile supports potential use in front-line and maintenance

- Well-tolerated safety profile, no discontinuations due to treatment related AE
- Preclinical data supports combos with venetoclax[1], chemotherapy[2]

Est. US market opportunity for mNPM1 or MLLr AML



Potential to expand to solid tumors with Ph 1 signal seeking trial in R/R MSS CRC

1. SMARTAnalyst 2020 1. Carter, B., et al., Blood 2021; 2. Data on file; 3. SEER + Roche IR presentation Sept 2020 AML incidence estimates.

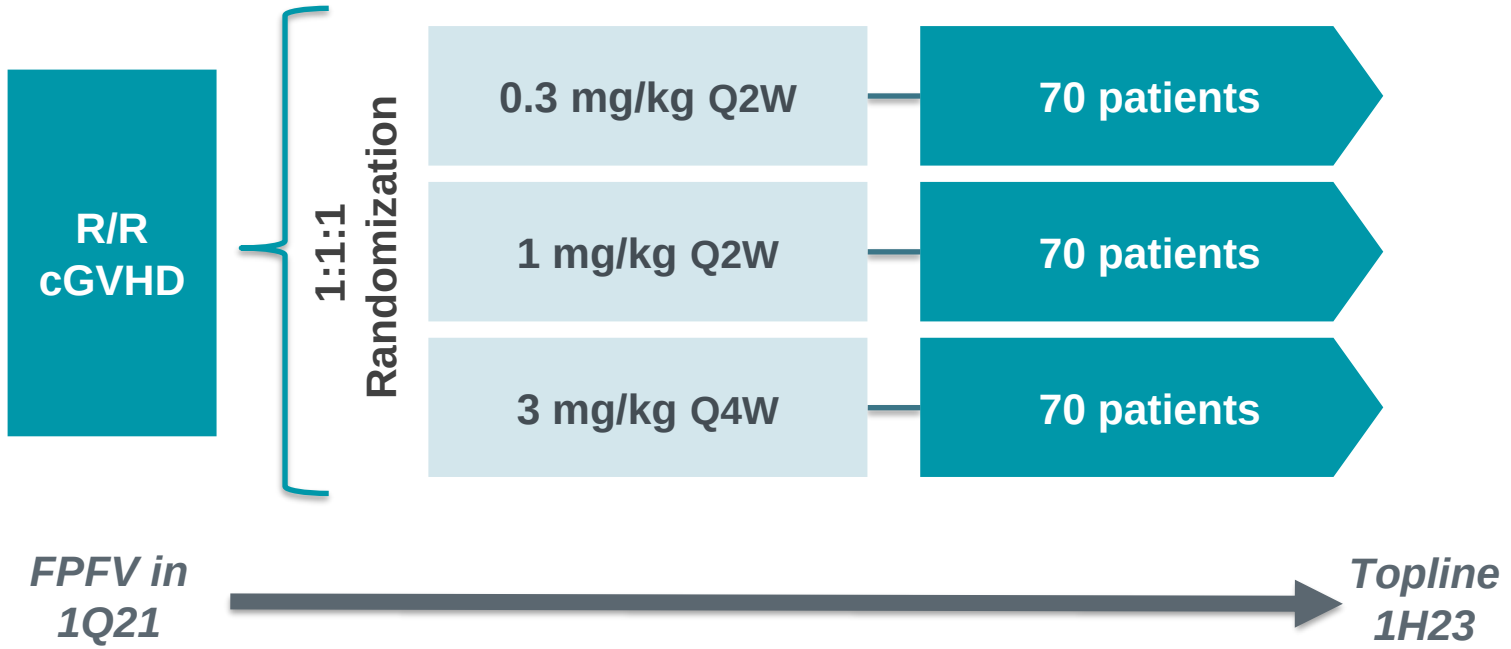
AGAVE-201: Axatilimab pivotal trial currently enrolling patients; data expected in 1H23

Inclusion criteria:

- 2 years and older[1]
- Recurrent or refractory active cGVHD after ≥ 2 lines of systemic therapy

Stratification factors:

- Prior therapy (ibrutinib, ruxolitinib, belumosudil)
- Severity of cGVHD



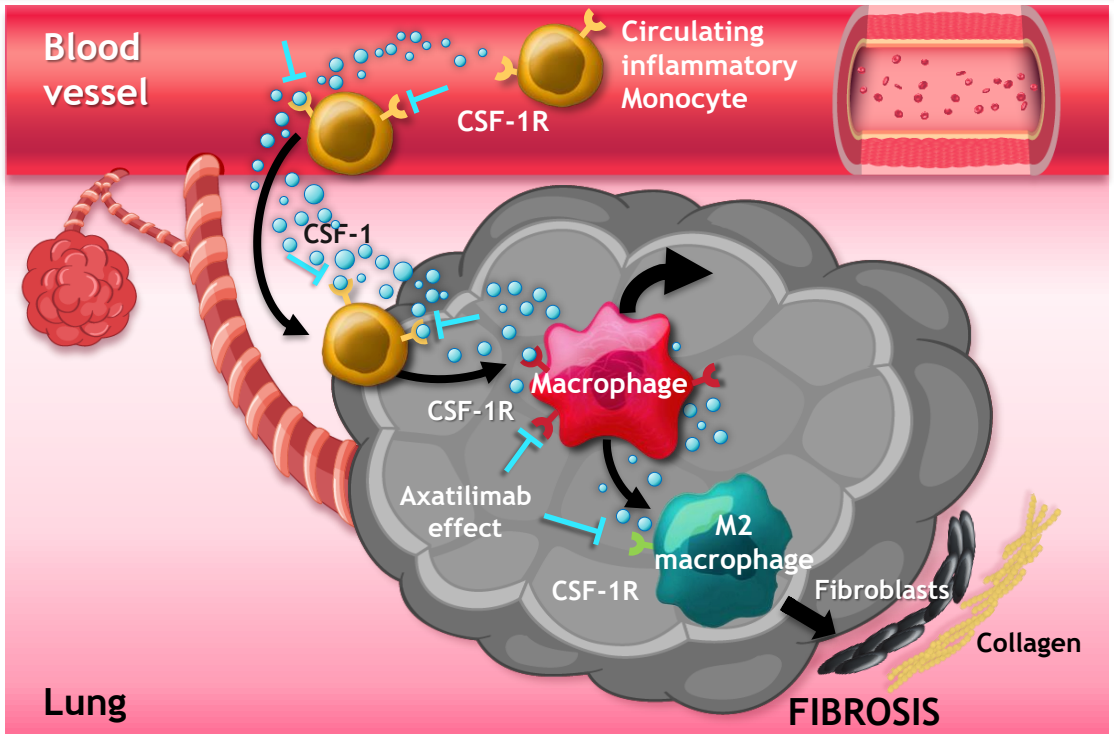
Initiation of front-line combination trials expected in 4Q22

[1] *Age inclusion criteria differs by country*

Primary Endpoint: Objective Response Rate (ORR) by 2014 NIH GVHD Criteria; Key Secondaries: Duration of response, improvement in modified Lee Symptom Scale

Axatilimab mediated monocyte / macrophage depletion may control inflammatory and fibrotic processes in the lung

Axatilimab Effect in Idiopathic Pulmonary Fibrosis (IPF)

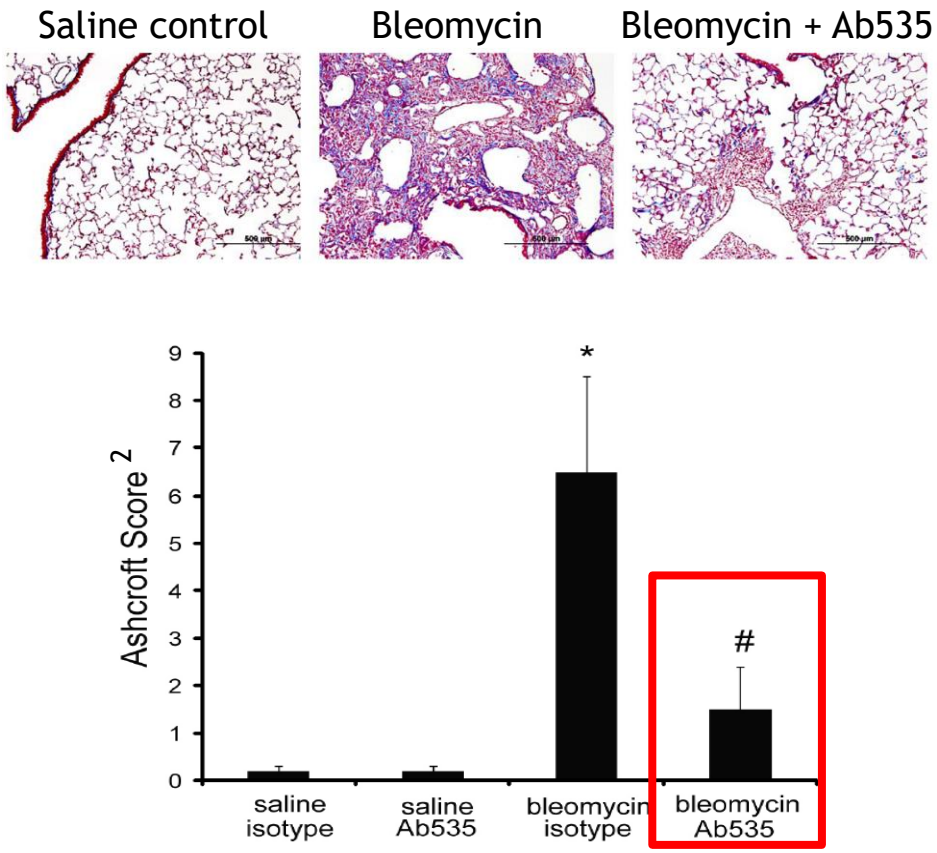


- IPF is a chronic fibrosing lung disease
- Development and progression associated with secretion of fibrotic and inflammatory mediators
- US prevalence estimated at 184,000 in 2026
- Monocyte-derived alveolar macrophages drive lung fibrosis
- Preclinical data indicates CSF-1R inhibition prevents pulmonary fibrosis by depletion of interstitial macrophages
- Axatilimab driven improvement in pulmonary cGVHD supports testing in IPF

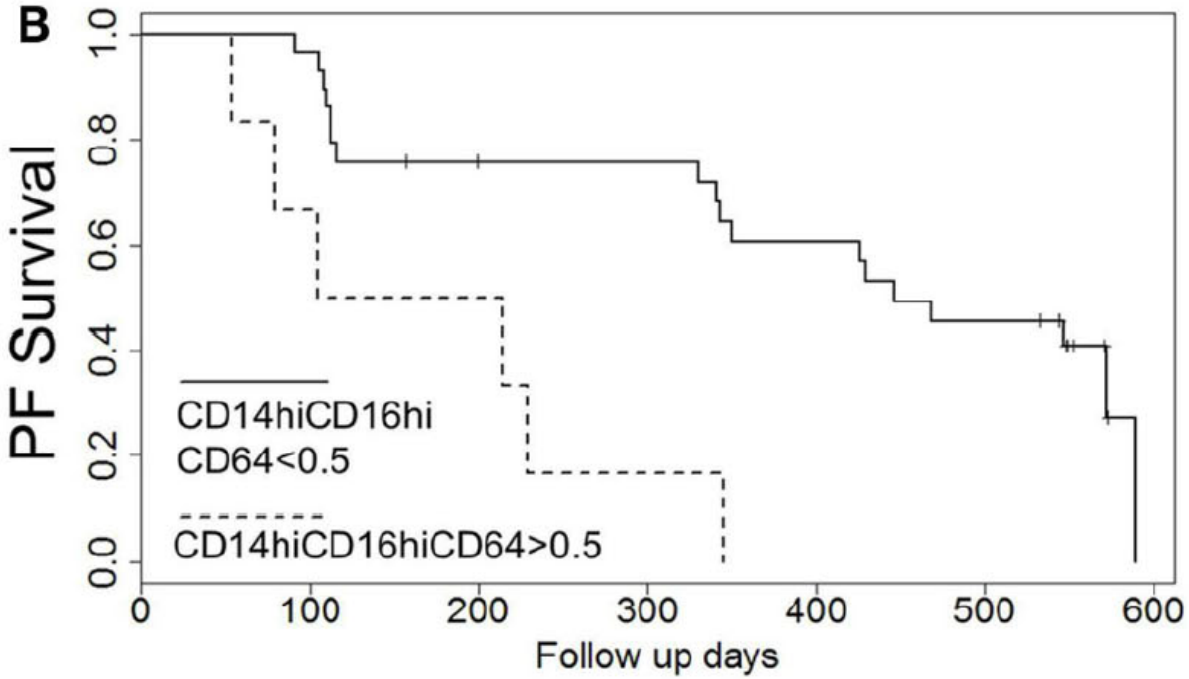
Source: Figure Adopted from MacDonald, K.P.A. et al., BLOOD. 5 (129) 13-21 and Tay, M.Z. et al, 2020 Nature Reviews Immunology.; Misharin et al 2017; Joshi et al 20 20; Meziani et al 2018

Anti-fibrotic effects of CSF-1R blockade extend to lung fibrosis

Pre-clinical model shows significant reduction in lung fibrosis[1]



High levels of monocytes predicts poor clinical outcome[3]



Axatilimab % monocyte decreases	Non-classical (CD14+CD16++)	Intermediate (CD14+CD16+)	Classical (CD14+CD16-)
	>93%	55% - 75%	20% - 35%

1. Intra-tracheal bleomycin model; Ab535 - anti-CSF1R (UCB patent application WO2015028454); 2. Histopathological Fibrosis Score; 3. Moore et al 2014; Frontiers in Med

Axatilimab Phase 2b Global IPF trial planned for 4Q22; robust trial design includes key elements of a Phase 3 trial

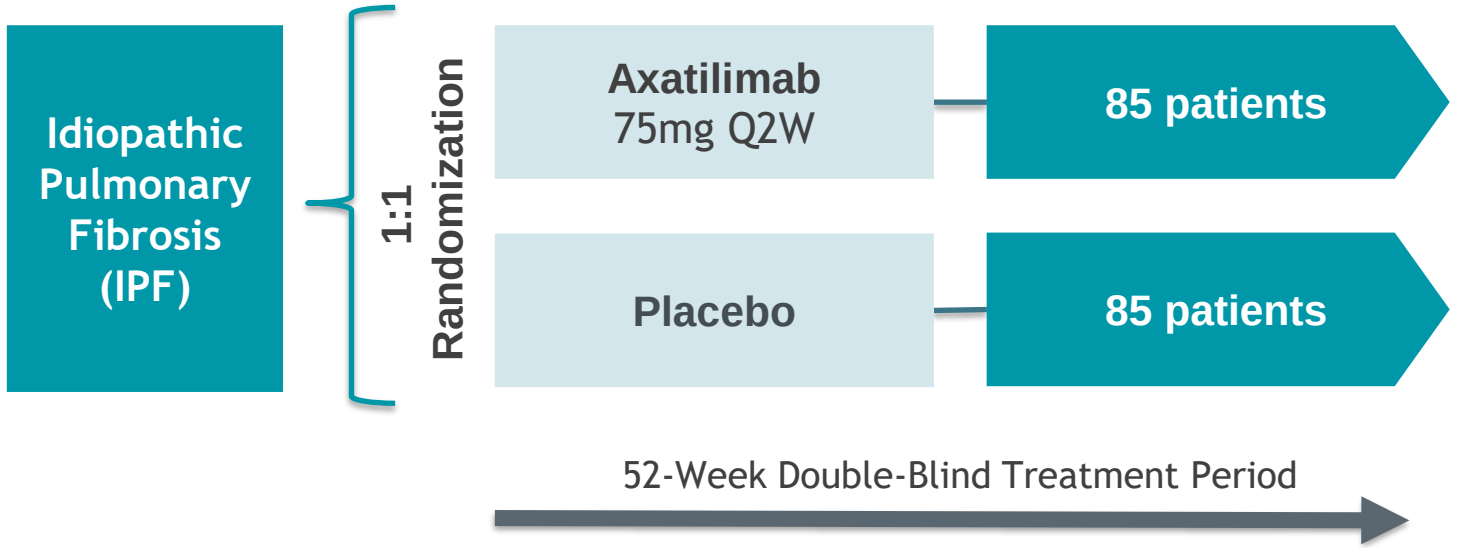
Key inclusion criteria:

- FVC ≥ 45% predicted N
- FEV1/FVC ≥ 0.7
- DLCO ≥30% PN
- Walk ≥ 150m during 6MWT

Stratification factor:

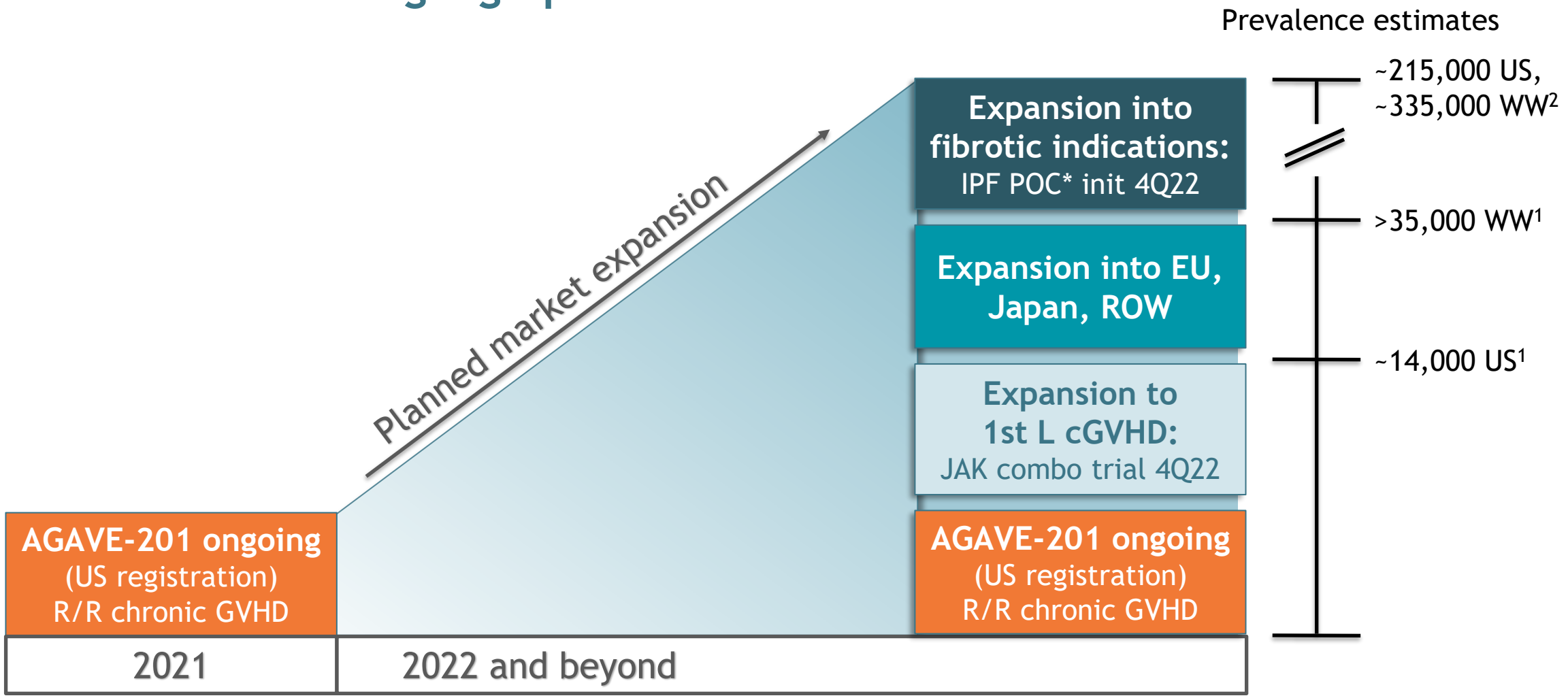
- Background IPF medication (nintedanib, pirfenidone, neither)

Patients continue treatment on standard of care



Primary endpoint: FVC
Secondary endpoints: Disease progression, SGRQ, change in FVC % predicted, 6MWT, DL_{CO}

Axatilimab has the potential to expand into additional high value indications and new geographies



1. SmartImmunology Insights cGVHD report March 2020; 2. SmartImmunology Insights IPF report March 2020 ** IPF trial will be conducted and funded by Syndax*

Financial highlights, 3Q 2022 and FY 2022 financial guidance

Ticker	SNDX (NASDAQ)
Cash, short- and long-term investments (as of June 30, 2022)	$378.9 million
Shares Outstanding* (as of June 30, 2022)	60.4 million

2022 Operating Expense Guidance		
	Q3 2022	FY 2022
Research and Development	$25 - 30 million	$130 - 140 million
Total Operating Expenses^	$35 - 40 million	$160 - 170 million

* *Includes 56.4 million common shares and pre-funded warrants to purchase 4.0 million common shares;*
^ *Includes ~$15 million non-cash stock compensation expense for the full year*

Thank you. Questions?

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