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

Syndax

1Q22 EARNINGS PRESENTATION

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Revumenib and axatilimab on-track for potential filings in 2023

Revumenib* Menin-MLL disruption

- Expand within acute leukemia and beyond to solid tumors
  - Pivotal trials (AUGMENT) ongoing in NPM1 / MLLr acute leukemia
  - BEAT-AML(Ven/Aza), AUGMENT-102 (chemo) trials initiated
  - Initiate MSS CRC Phase 1 trial 4Q22

Axatilimab Anti-CSF-1R

- Expand into earlier lines of cGVHD and fibrotic disease
  - Pivotal (AGAVE-201) trial ongoing
  - Initiate IPF Phase 2 trial 4Q22
  - Incyte global partnership with 50:50 US profit split

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

* SNDX-5613

AUGMENT-101 registration trials underway in 3 distinct patient populations

AUGMENT-101

R/R MLLr or mNPM1 acute leukemia

Dose: 163mg BID with any strong CYP3A4 inhibitor

Independent, pivotal trials

- 64 adults + up to 10 peds → **AUGMENT-101-2A: MLLr ALL**
- 64 adults + up to 10 peds → **AUGMENT-101-2B: MLLr AML**
- 64 adults + up to 10 peds → **AUGMENT-101-2C: NPM1 mut AML**

Primary endpoint: CR/CRh*
Secondaries: Durability of CR/CRh, OS, transfusion independence

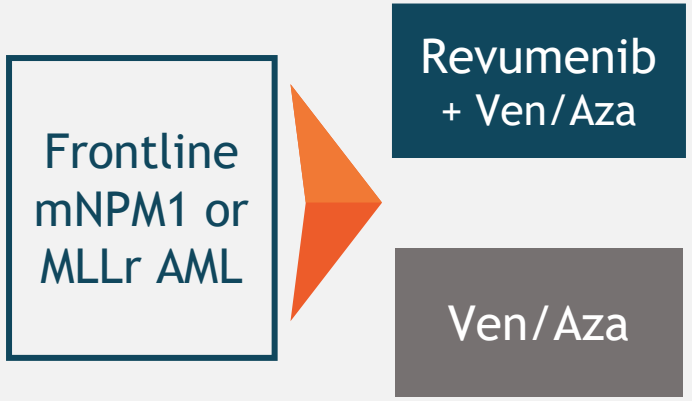
**** Patients taken to HSCT can restart treatment with revumenib post-Transplant***

Expanding development into new populations with initiation of BEAT-AML and AUGMENT-102, INTERCEPT to follow in 2Q22

BEAT-AML: Frontline Ven/Aza combo

Phase 1/3; Frontline
mNPM1 or MLLr AML

Revumenib + Ven/Aza

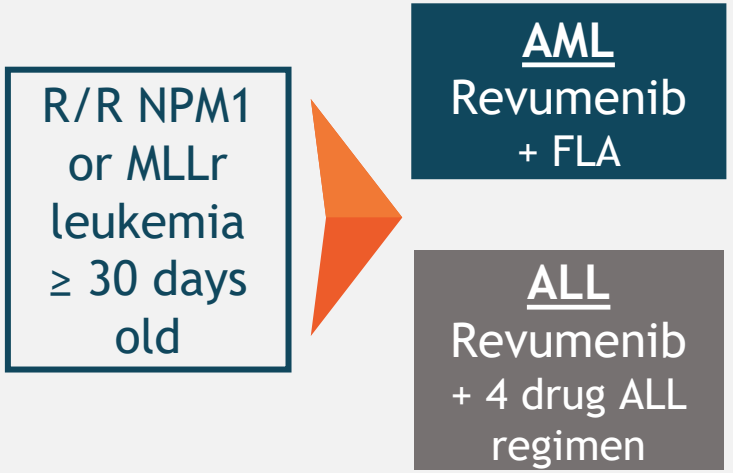


Primary Endpoints:
- RP2D of combo
- CR/CRh rate, MRD- rate, OS

AUGMENT-102: R/R Chemo combo

Phase 1; Relapsed or refractory
mNPM1 or MLLr AML/ALL

Revumenib + chemo

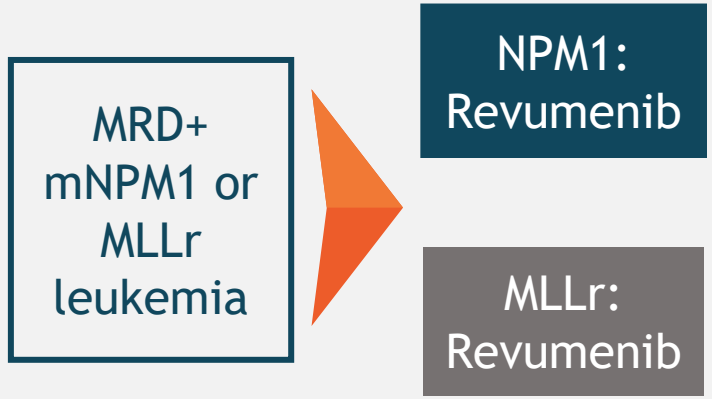


Primary Endpoints:
- Safety, tolerability, RP2D of combo

INTERCEPT: MRD-progression in AML

Phase 1; Post-frontline setting
mNPM1 or MLLr AML/ALL

Revumenib monotherapy



Primary Endpoints:
- MRD- rate

Moving into frontline treatment meaningfully expands market potential

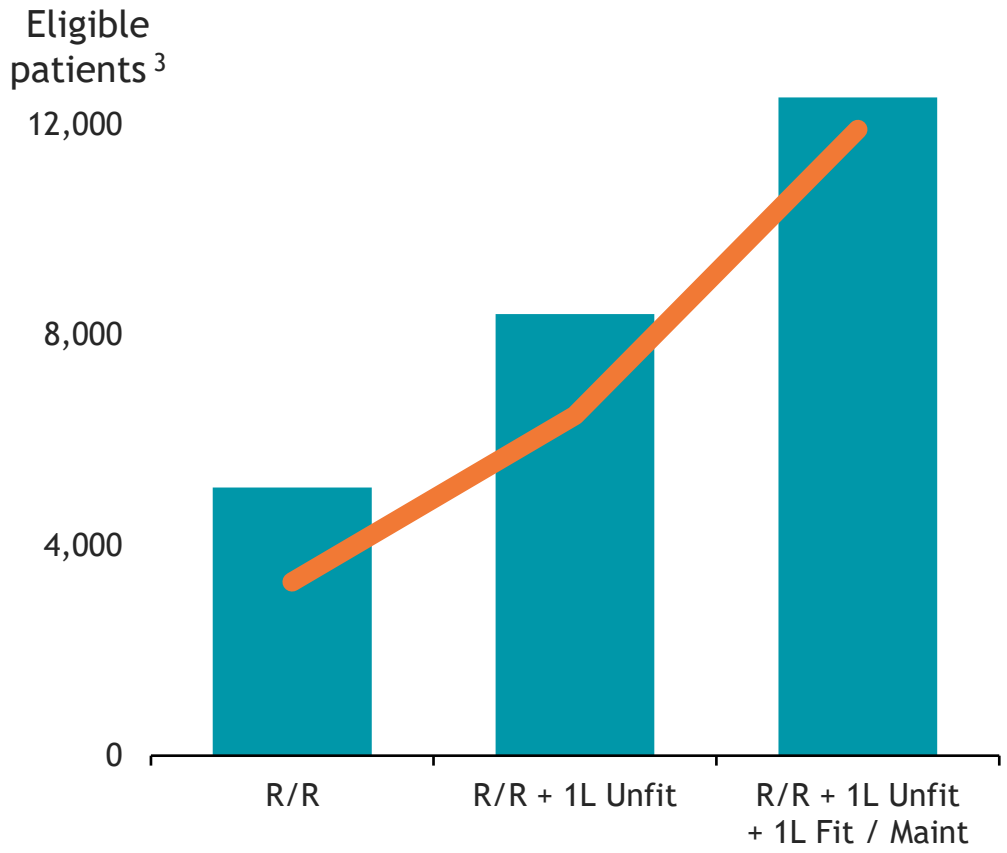
Potential first/best-in-class agent

- Clear efficacy in refractory, advanced NPM1 and MLLr acute leukemia
- High percentage of MRD negative responses

Profile supports potential use in frontline and maintenance

- Well-tolerated safety profile, no discontinuations due to treatment related AE
- Preclinical data supports combos with venetoclax[1], chemotherapy[2]; Phase 1 combo trials initiated
- Pediatric formulation established

Est. US market opportunity for mNPM1 or MLLr AML

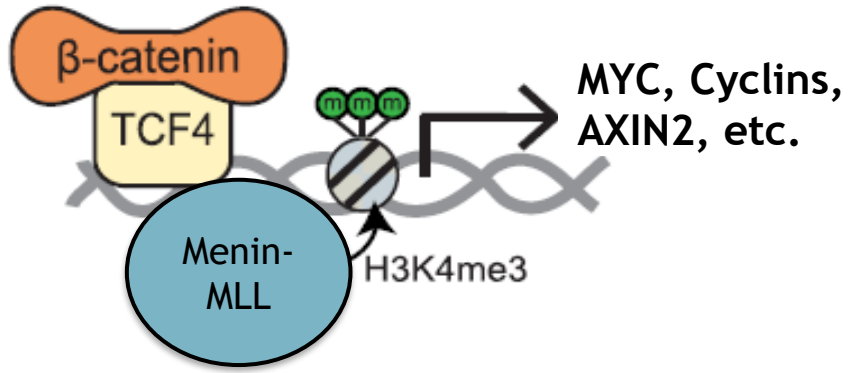


1. Carter, B., et al., Blood 2021; 2. Data on file; 3. SEER + Roche IR presentation Sept 2020 AML incidence estimates

MLL1 regulates β-catenin driven transcription of CRC growth and resistance genes

- CRC: 3rd most frequently diagnosed cancer and 2nd leading cause of cancer deaths[1]
- **Significant need for novel targeted agents that improve survival in metastatic disease**
  - More than 55,000 patients per year diagnosed with unresectable metastatic microsatellite stable colorectal carcinoma (MSS CRC)[1,2]

- Activated Wnt/β-catenin is a key driver of growth and resistance across multiple cancers[3]
- MLL1 identified as a transcriptional mediator of activated Wnt/β-catenin signaling[4,5]
- Menin inhibitors displace MLL1 from β–catenin target genes and block growth of Wnt/β-catenin driven CRC tumors[4]

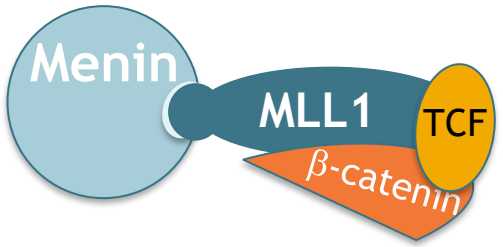


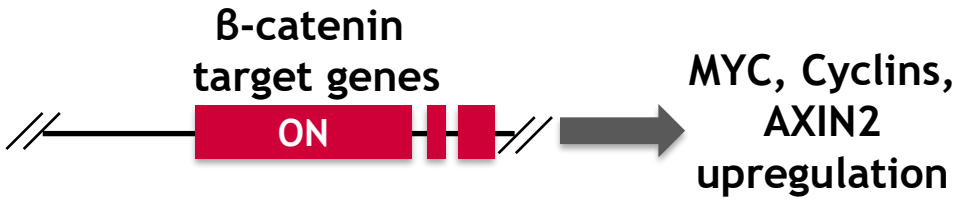
Activated Wnt/β-catenin upregulates transcription of CRC growth and resistance genes

1. SmartOncology Tumor Insights report July 2021; 2. Gatalica, et. al., Fam Cancer. 2016; 15: 405–412; 3. Zhong, et al., Mol Pharmacol 97:72–89, February 2020; 4. Wan et al., Sci. Adv. 2021; 7: eabf2567; 5. Grinat, J., *et al. Nat Commun* **11,** 6422 (2020).

Menin-MLL interaction may be required for β-catenin driven tumors

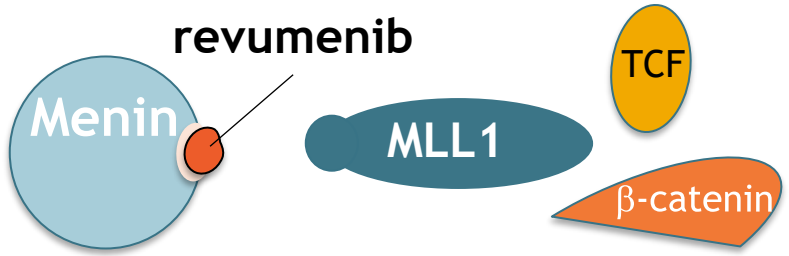
β-catenin driven CRC

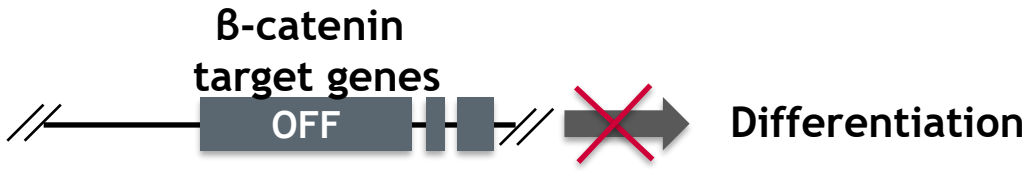




Gene transcription ON

Menin inhibition with revumenib



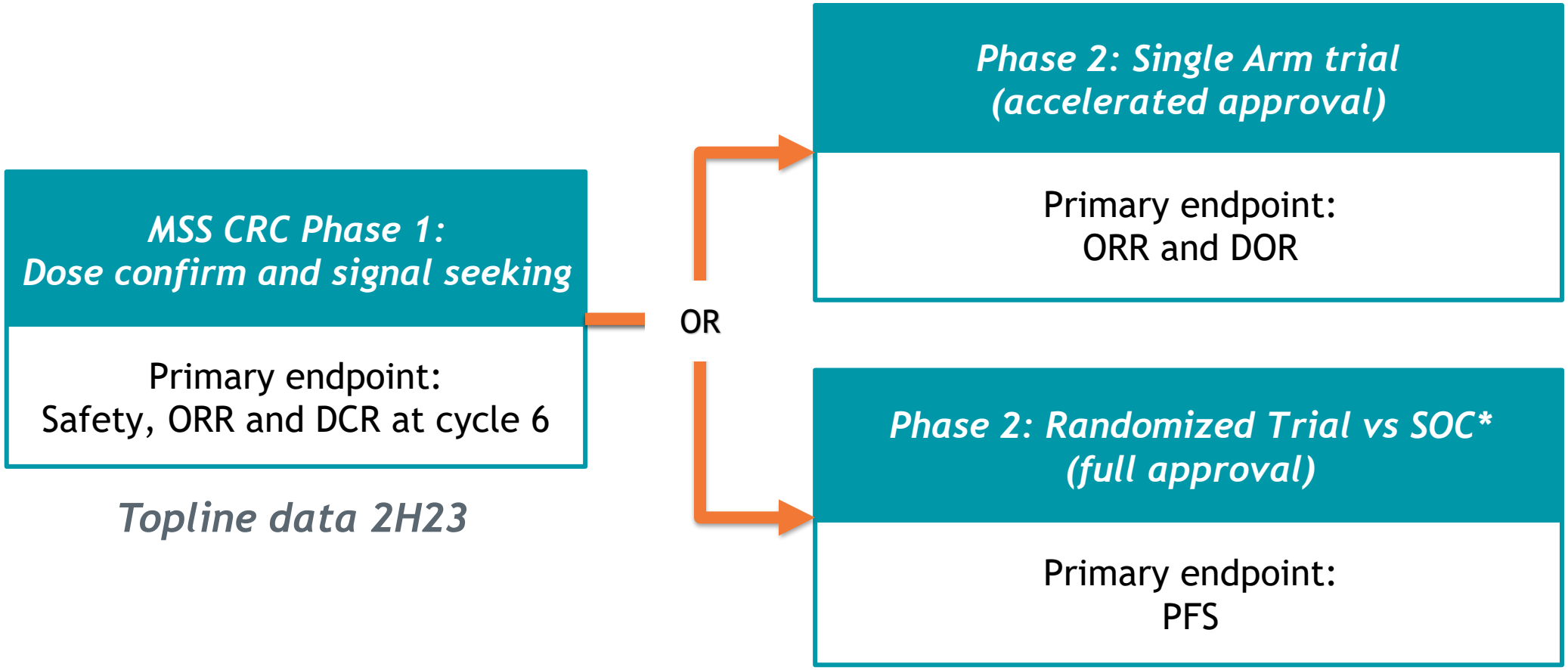


Gene transcription OFF

1. Zhu et al., 2019, Cell Reports 26, 415–428; 2. Wan et al., Sci. Adv. 2021; 7: eabf2567; 3. Grinat, J., *et al. Nat Commun* **11,** 6422 (2020).

Phase 1 signal seeking trial to assess efficacy in MSS CRC

Initiation expected 4Q22

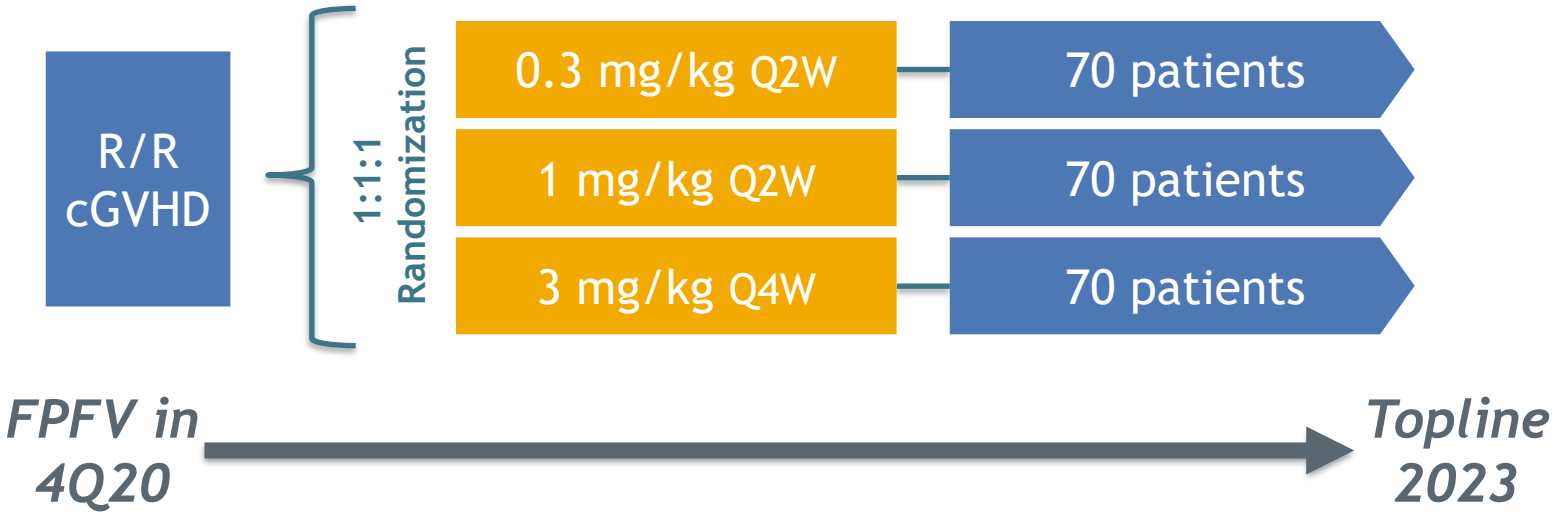


ORR = Overall Response Rate, DCR = Disease Control Rate, DOR = Duration of Response; *SOC = Stivarga or Lonsurf

AGAVE-201 : ongoing global pivotal trial for axatilimab in chronic GVHD

Inclusion criteria:

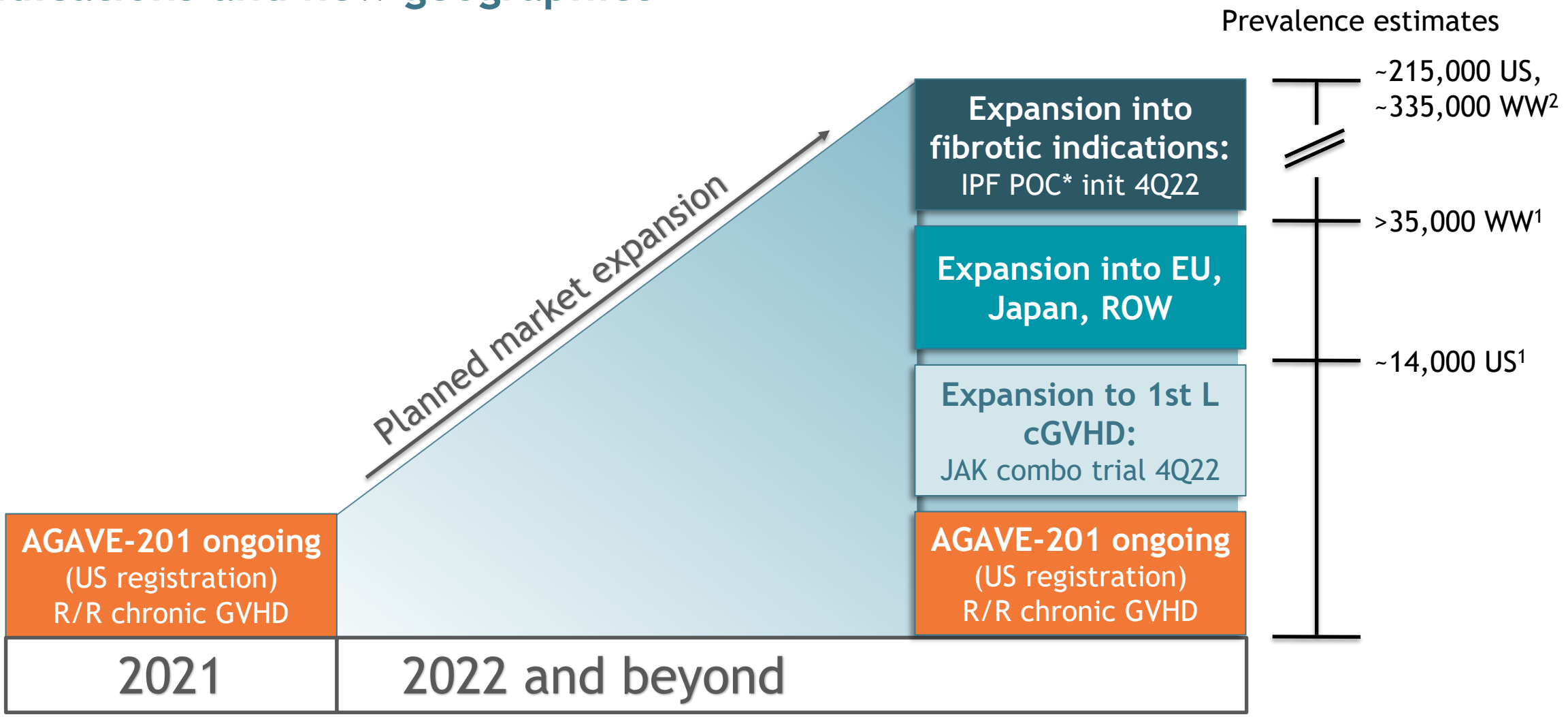
- 2 years and older
- Recurrent or refractory active cGVHD after at least 2 lines of systemic therapy



Primary Endpoint: Objective Response Rate (ORR) by 2014 NIH GVHD Criteria

Key Secondaries: Duration of response, improvement in modified Lee Symptom Scale

Partnership with Incyte enables expansion 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

Proven ability to build the pipeline

Business development continues to be a core strength of our business

Clinical development leadership enables competitive advantage

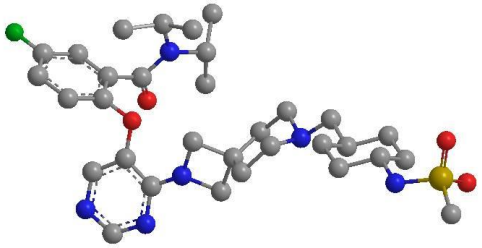
Established relationships enhance identification and access to quality assets

From UCB

Axatilimab

From Allergan/Vitae

Menin-MLL inhibitors



Financial highlights, 1Q 2022 and FY 2022 financial guidance

Ticker	SNDX (NASDAQ)
Cash and short-term investments (as of March 31, 2022)	$397.9 million
Shares Outstanding* (as of March 31, 2022)	59.0 million

2022 Operating Expense Guidance		
	Q2 2022	FY 2022
Research and Development	$30-35 million	$130-140 million
Total Operating Expenses^	$38-42 million	$160-170 million

* *Includes 55.0 million common shares and pre-funded warrants to purchase 4.0 million common shares;*
^ *Includes ~$14 million non-cash stock compensation expense for the full year*

Thank you. Questions?

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