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

Syndax

CORPORATE PRESENTATION | MARCH 2022

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2021: Transformative year for Syndax

Initiated AGAVE-201 and AUGMENT-101 pivotal trials

Signed global partnership with Incyte for axatilimab

Presented robust data for SNDX-5613 & axatilimab at ASH

Completed $86.5 M financing

High value growth through pipeline development and continued asset acquisition

SNDX-5613: Menin-MLL disruption

Expand beyond R/R acute leukemia

- Pivotal trials (AUGMENT) ongoing in NPM1 / MLLr acute leukemia
- Initiate combo trials (ven/aza, chemo), explore maintenance

Axatilimab: Anti-CSF-1R

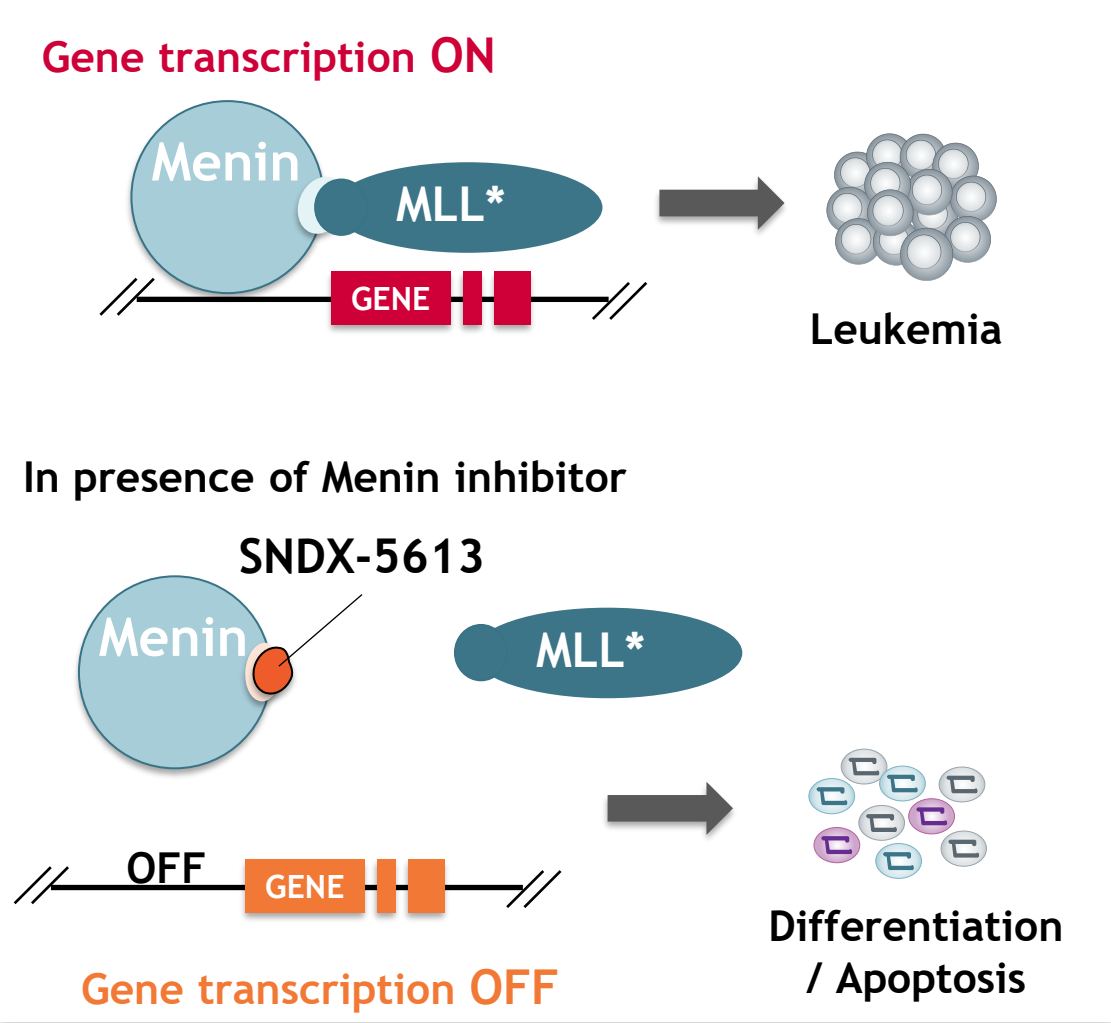
Expand into earlier lines of cGHVD and fibrotic disease

- Pivotal (AGAVE) trial ongoing
- Initiate Phase 2 IPF trial
- Est. 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

SNDX-5613 turns off leukemic transcriptional programs offering potential therapeutic option in patients with clear need



MLLr and mNPM1 Acute Leukemia

Annual global incidence ~25,000

35-40% AML

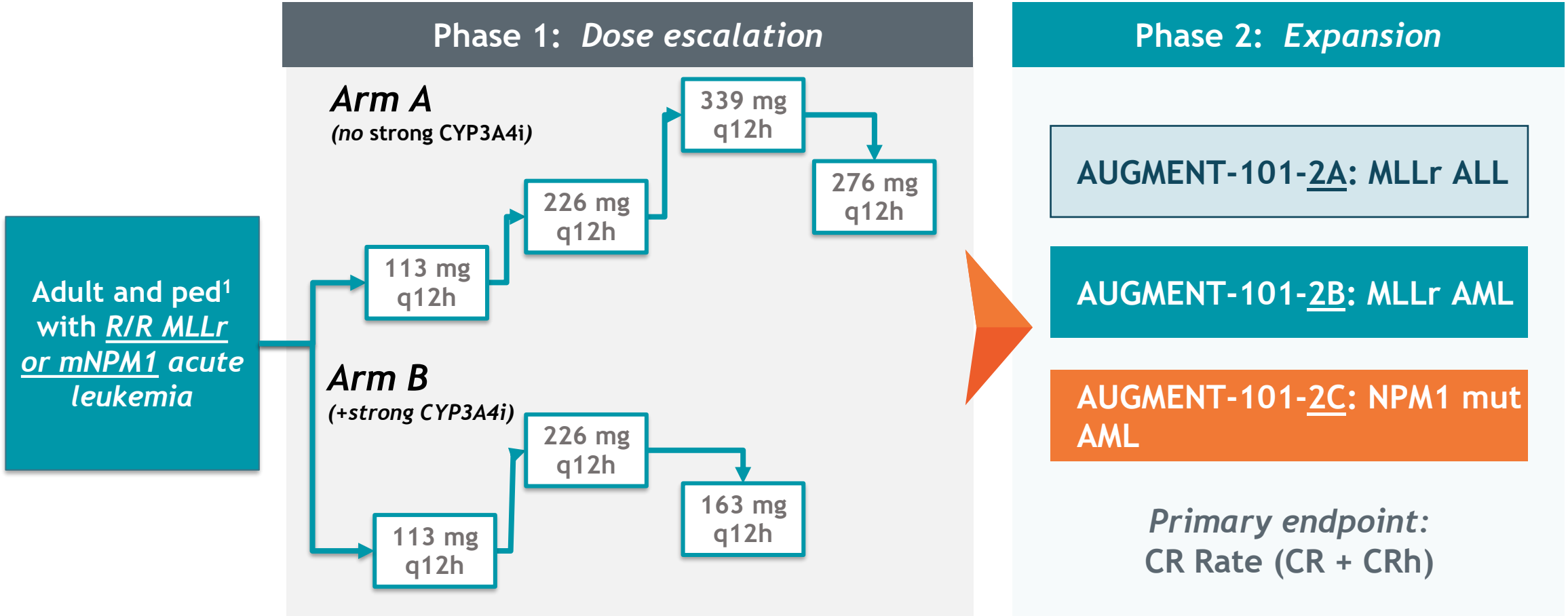
10-15% ALL

- 5-year OS for Adult MLLr <25%
- 5-year OS for Adult NPM1c AML 50%
- Known NPM1c co-mutations offer rational combination approaches

Both subtypes readily diagnosed

MLL* = MLLr or MLL1 wildtype; Adopted from: Uckelmann HJ, et al. Presented at ASH Annual Meeting, 2018

AUGMENT-101: Phase 1/2 trial of SNDX-5613, in patients with acute leukemia



Oral presentation of results from Phase 1 portion presented at ASH on 12/13/21

[1]Allows patients ≥30 days of age; Abbreviations: MLLr = mixed lineage leukemia rearranged; mNPM1 = mutated nucleophosmin

SNDX-5613 was well-tolerated across all doses

Any-grade treatment-related AE (≥5%)	Safety Pop n=59
	All Grade
≥1 treatment-related AE, n(%)	46 (78)
ECG QTc prolonged	29 (49)
Nausea	16 (27)
Vomiting	10 (17)
Differentiation syndrome	8 (14)
Diarrhea	7 (12)
Dysgeusia	5 (8)
Decreased appetite	4 (7)
Fatigue	3 (5)
Hyperphosphatemia	3 (5)
Neutropenia	3 (5)
Thrombocytopenia	3 (5)

≥Grade 3 treatment-related AE	Safety Pop n=59
≥Gr 3 treatment-related AE, n(%)	11 (19)
ECG QTc prolonged	7 (12)
Diarrhea	2 (3)
Anemia	1 (2)
Asthenia	1 (2)
Fatigue	1 (2)
Febrile neutropenia	1 (2)
Hypokalemia	1 (2)
Neutropenia	1 (2)
Thrombocytopenia	1 (2)
Tumor lysis syndrome	1 (2)

7% of pts (3/43) reported Gr 3 QTc prolongation at doses meeting criteria for RP2D

Data cutoff: 18Oct2021

SNDX-5613 demonstrates promising antileukemic activity in relapsed/refractory MLLr and mNPM1 leukemias

	Best Response	Efficacy Population n = 51 (%)
Response	**Overall Response Rate[1]**	**28/51 (55%)**
	CR	8 (16%)
	CRh	4 (8%)
	CRp	7 (14%)
	MLFS	9 (18%)
MRD^{neg}	**CRc MRD^{neg} Rate[2]**	**16/51 (31%)**
	within CR/CRh MRD^{neg}	11/12 (92%)
	within CR/CRh/CRp MRD^{neg}	16/19 (84%)
MLLr	**Overall Response Rate[1]**	**23/38 (61%)**
	CR/CRh	9/38 (24%)
mNPM1	**Overall Response Rate[1]**	**5/13 (38%)**
	CR/CRh	3/13 (23%)

CR/CRh 12 (24%)

[1]Overall Response Rate = CR + CRh + CRp + MLFS; [2]CR + CRh + CRp; MRD status assessed locally by PCR or MCF

Data cutoff: 18Oct2021

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

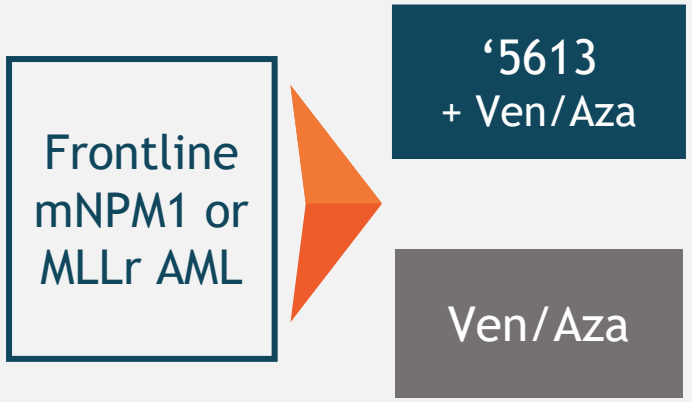
FPFV in 3Q21 → *Topline 2023*

** Patients taken to HSCT can restart treatment with SNDX-5613 post-Transplant*

Trials testing expanded opportunities for SNDX-5613 to initiate in 1H22

BEAT-AML: Frontline Ven/Aza combo

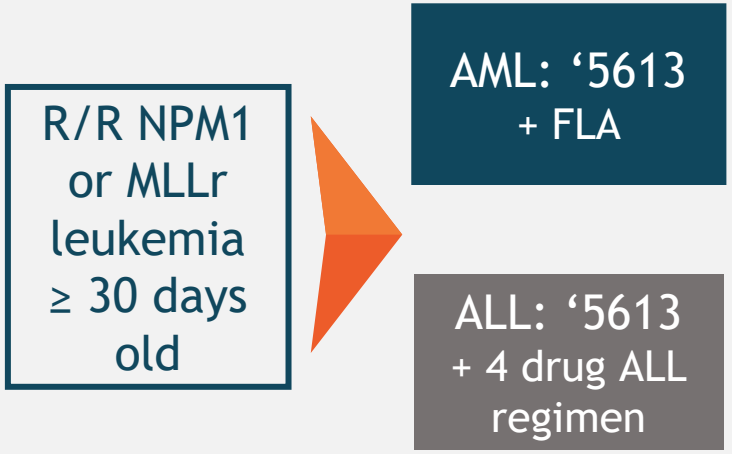
Phase 1/3; Frontline
mNPM1 or MLLr AML
SNDX-5613 + Ven/Aza



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

AUGMENT-102: R/R Chemo combo

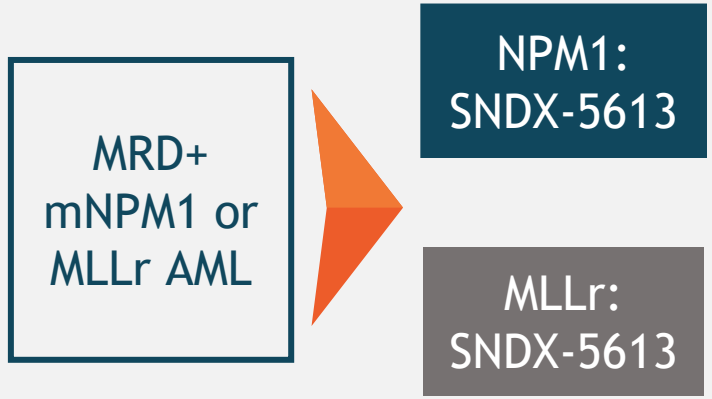
Phase 1; Relapsed or refractory
mNPM1 or MLLr AML/ALL
SNDX-5613 + chemo



Primary Endpoints:
- Safety, tolerability, RP2D of combo

INTERCEPT: MRD-progression in AML

Phase 1; MRD positive
mNPM1 or MLLr AML
SNDX-5613 monotherapy



Primary Endpoints:
- MRD- rate

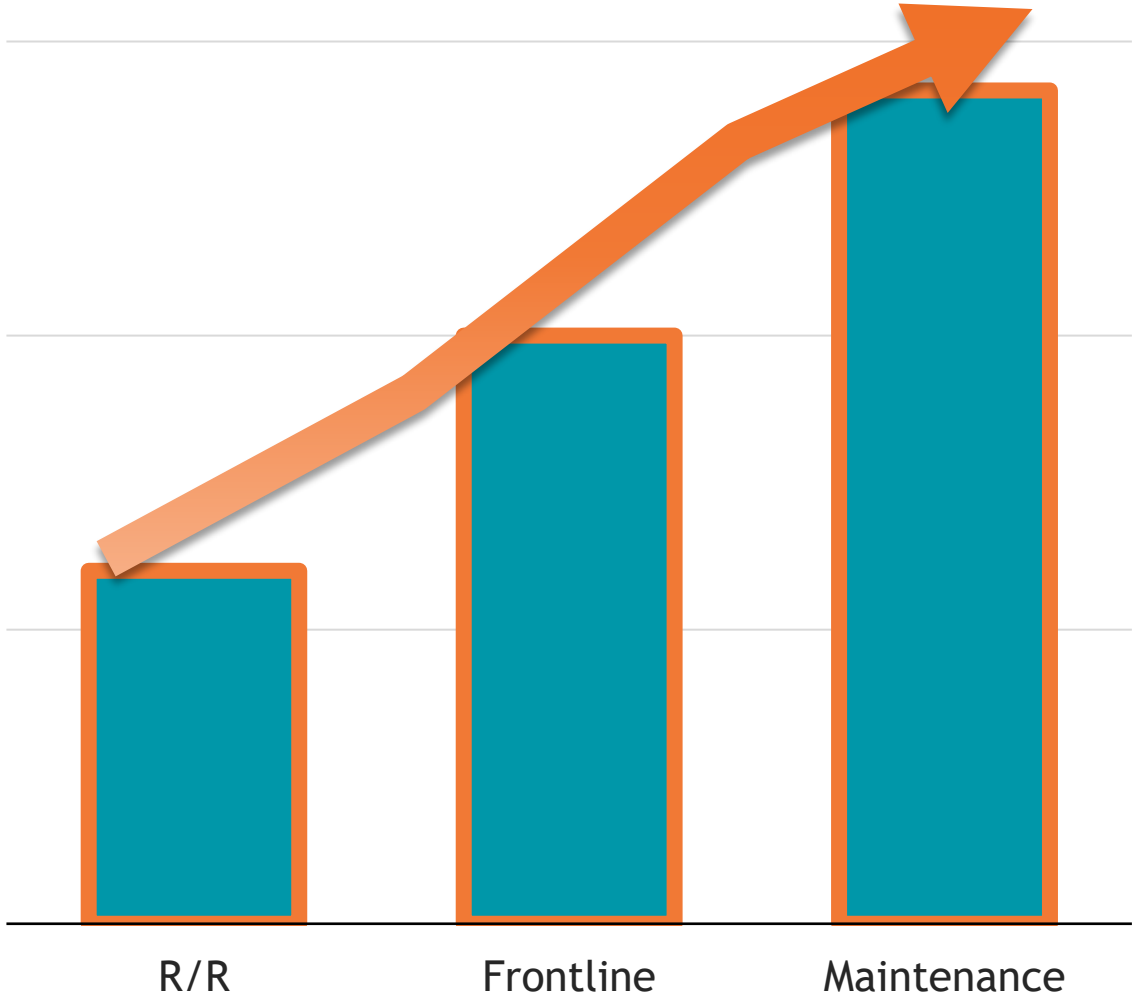
SNDX-5613: moving into frontline meaningfully expands market potential with additional patients and increasing duration of Tx

Potential best/first-in-class agent

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

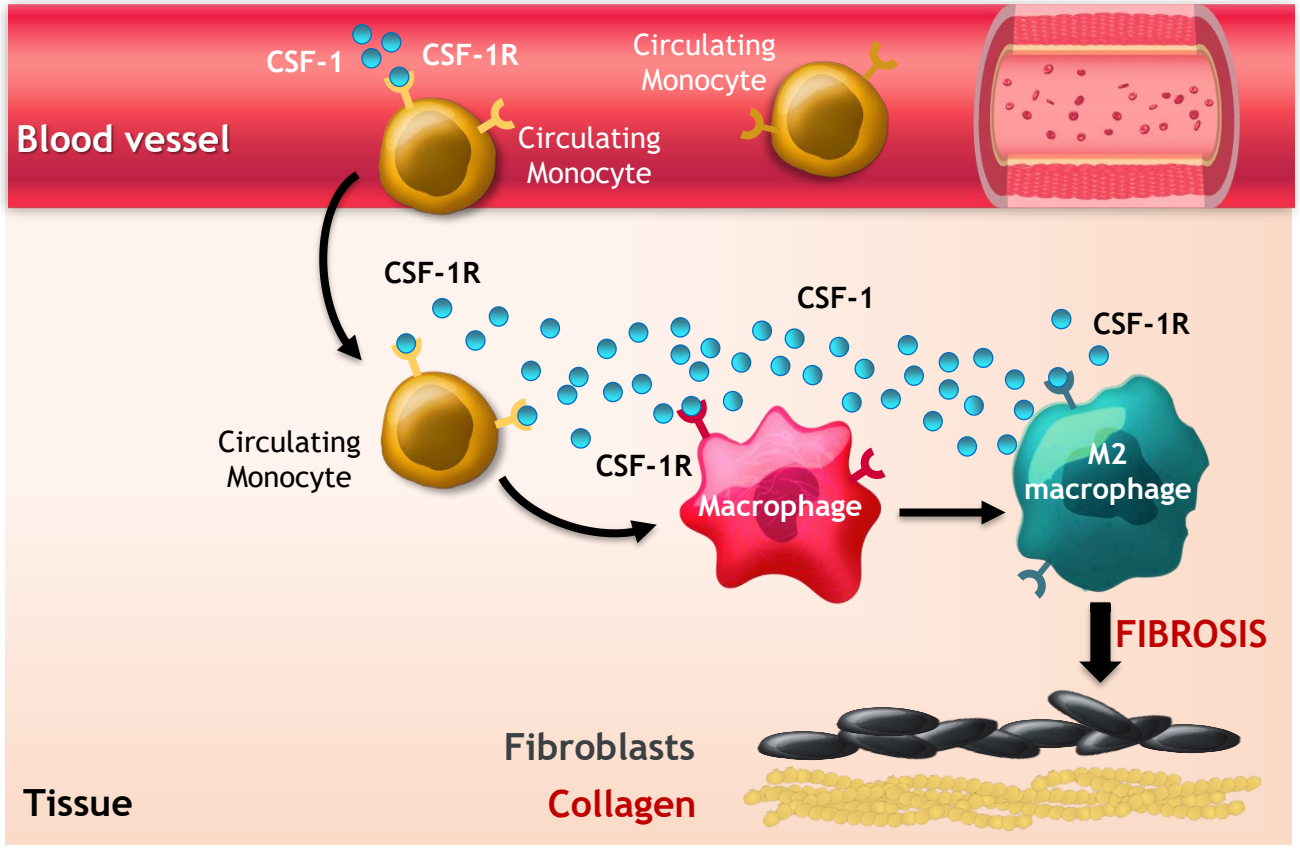
Profile supports use in frontline and maintenance

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



1. Carter, B., et al., Blood 2021, 2. Data on file

Axatilimab inhibition reduces pathogenic monocytes and macrophages

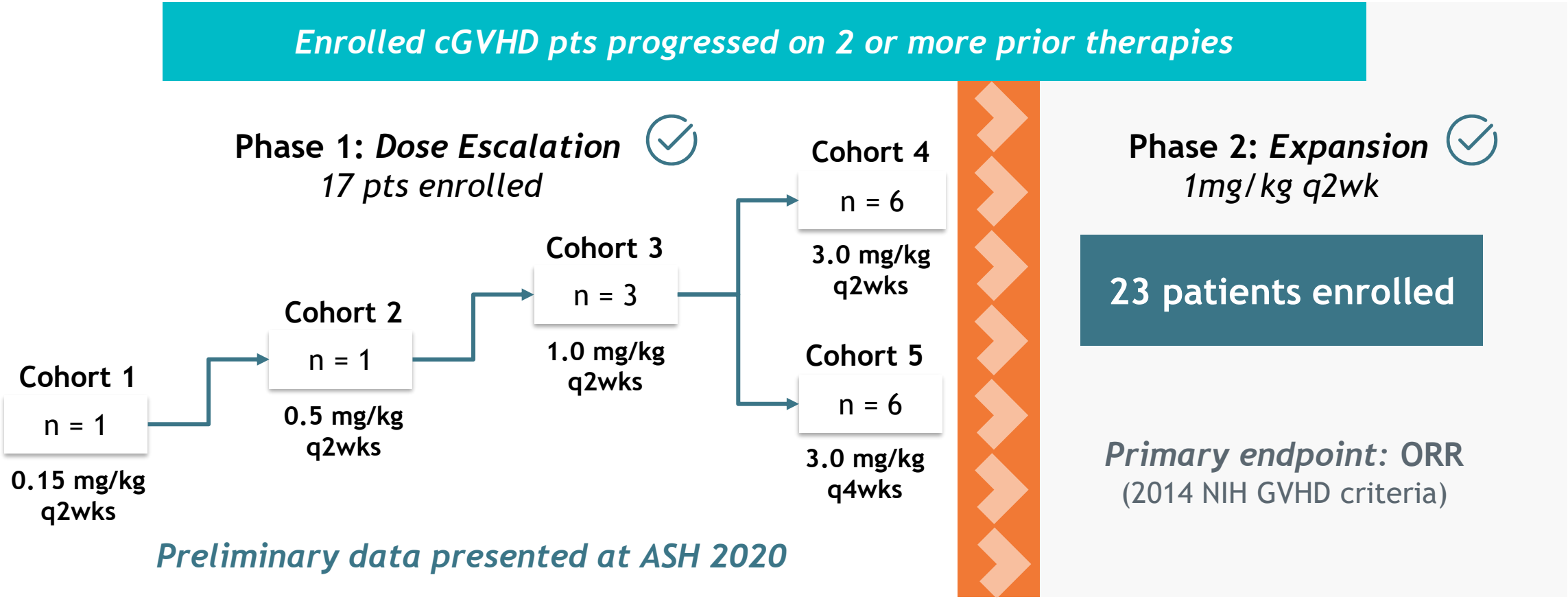


Chronic graft versus host disease:

- Develops in 40% of HSCT[1]; estimated US prevalence ~14,000[2]
- Immune mediated systemic disease with inflammatory and fibrotic features
- Manifests in multiple organs, with skin and lung being most common
- Preclinical models suggest symptoms driven by CSF-1 dependent circulating monocytes and macrophage

1. SMARTAnalyst 2020 cGVHD report; 2. Bachier, CR., ASH 2019 abstract #2109. Figure Adopted from MacDonald, K.P.A. et al., BLOOD, 5 (129) 13-21; HSCT - Hematopoietic stem cell transplantation.

Axatilimab: CSF-1R mAb with potential best-in-class profile



Oral presentation of results for all Phase 1/2 patients presented at ASH on 12/11/21

Incidence of related AEs demonstrates tolerability

All related Grades in ≥20%

	1mg/kg Q2W n=26	3 mg/kg Q4W n=6	All patients N=40
Related TEAE, n (%)	**17 (65)**	**5 (83)**	**29 (73)**
AST increased	6 (23)	3 (50)	14 (35)
CPK increased	3 (12)	4 (67)	13 (33)
ALT increased	3 (12)	2 (33)	10 (25)
Lipase increased	3 (12)	3 (50)	9 (23)
Amylase increased	4 (15)	--	9 (23)
Fatigue	6 (23)	2 (33)	12 (30)
Periorbital edema	3 (12)	3 (50)	8 (20)

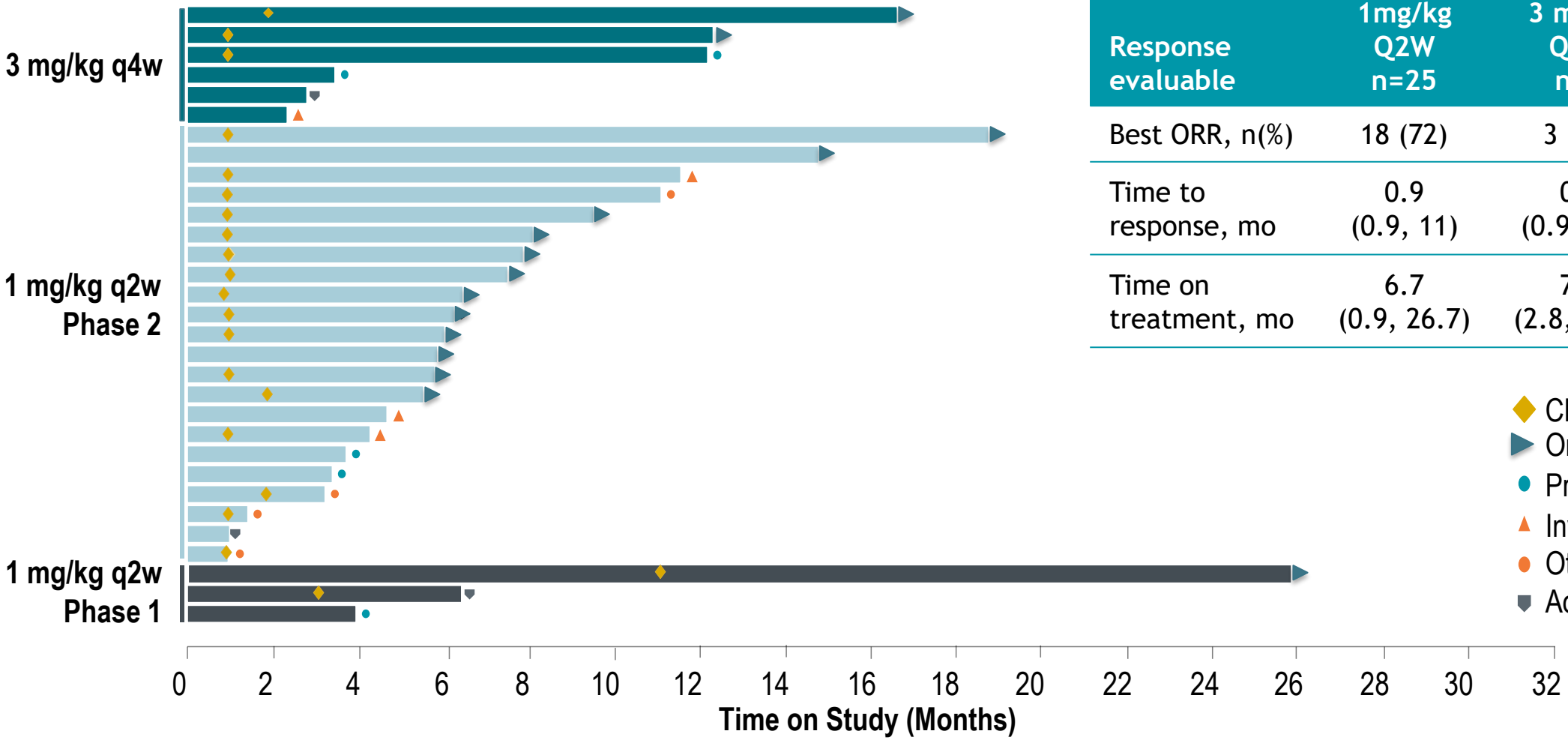
All related Grade 3/4

	1mg/kg Q2W n=26	3 mg/kg Q4W n=6	All patients N=40
Related Gr 3/4 TEAE, n (%)	**2 (9)**	**2 (33)**	**8 (20)**
CPK increased	--	1 (17)	3 (8)
Lipase increased	--	1 (17)	2 (5)
Hypersensitivity	1 (4)	--	1 (3)
Periorbital edema	--	1 (17)	1 (3)
Septic arthritis	1 (4)	--	1 (3)

- Serum enzyme elevations likely reflect on-target effect of axatilimab on Kupffer cells in the liver
- No evidence of end-organ damage, myositis/pancreatitis with enzyme elevations

Data cutoff 22Oct2021; extract is from an active database

Rapid and durable responses in doses advanced to pivotal trial



Response evaluable	1mg/kg Q2W n=25	3 mg/kg Q4W n=6	Total N=31
Best ORR, n(%)	18 (72)	3 (50)	21 (68)
Time to response, mo	0.9 (0.9, 11)	0.9 (0.9, 1.9)	0.9 (0.9, 11)
Time on treatment, mo	6.7 (0.9, 26.7)	7.7 (2.8, 17.5)	6.7 (0.9, 26.7)

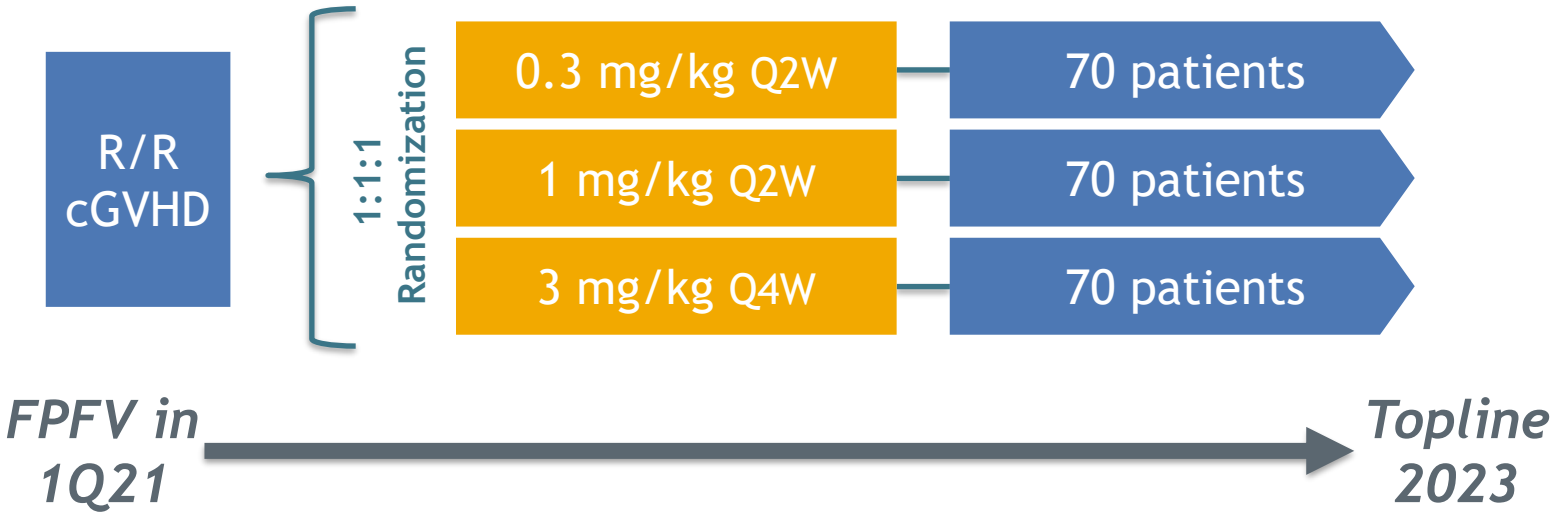
[1] Inclusive of patients treated in Phase 1 (1mg/kg Q2W n=3, 3mg/kg Q4W n=6) and Phase 2 (1mg/kg Q2W n=23) [2]One patient did not have a post-baseline response assessment at time of data cutoff.

Abbreviation: CR=complete response, PR=partial response, Q=every; Data cutoff 22Oct2021; extract is from an active database

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

Inclusion criteria:

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

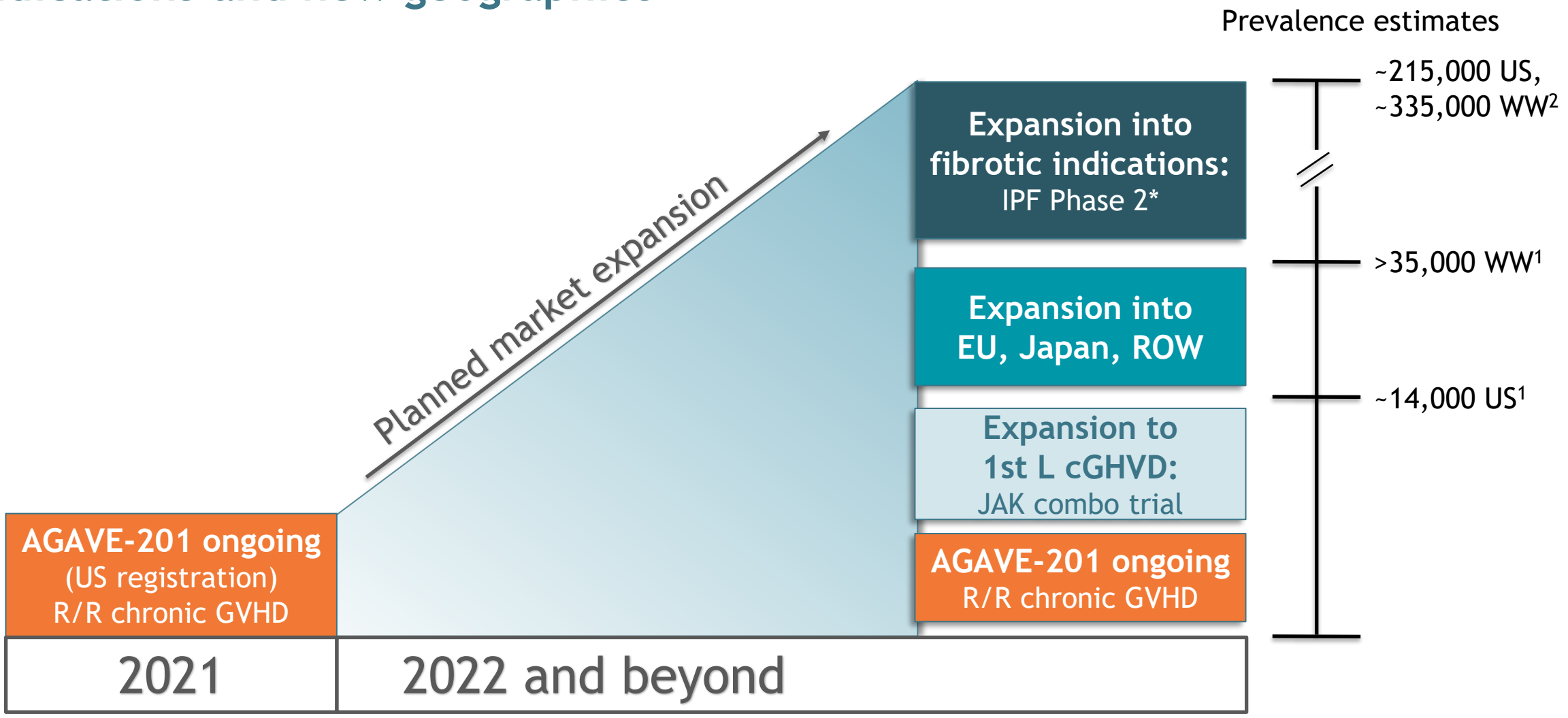


Primary Endpoint: Objective Response Rate (ORR) by 2014 NIH GVHD Criteria

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

[1]*Age inclusion criteria varies by country*

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*

Business development: core strength of our business

Active search for late pre-clin / phase 1 targeted oncology assets

Established relationships enhance identification and access to quality assets

Expertise in translational medicine and clinical development enables competitive advantage

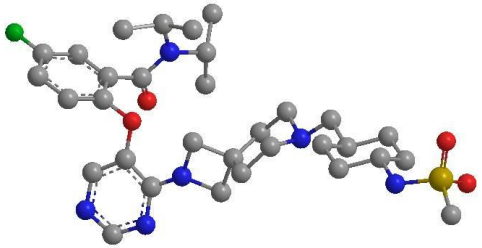
Proven ability to build the pipeline

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 December 31, 2021)	$439.9 million
Shares Outstanding* (as of December 31, 2021)	59.0 million

2022 Operating Expense Guidance		
	Q1 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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