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Reimagining Cancer Treatment

SNDX Second Quarter 2023 Results / August 3, 2023

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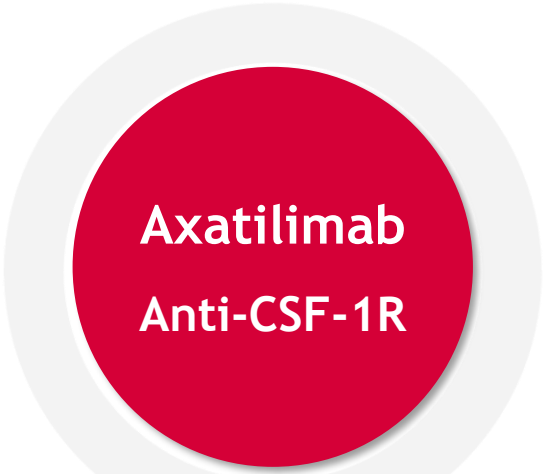
Revumenib and axatilimab on-track to file an NDA and BLA in 2023 with several opportunities for franchise expansion

Expand within acute leukemia and beyond to solid tumors

- Expect AUGMENT-101 pivotal data beginning in 3Q23
- Front-line and R/R combo trials ongoing with initial data by YE23
- Initial MSS CRC Phase 1 update by YE23



Expand into earlier lines of cGVHD and fibrotic disease

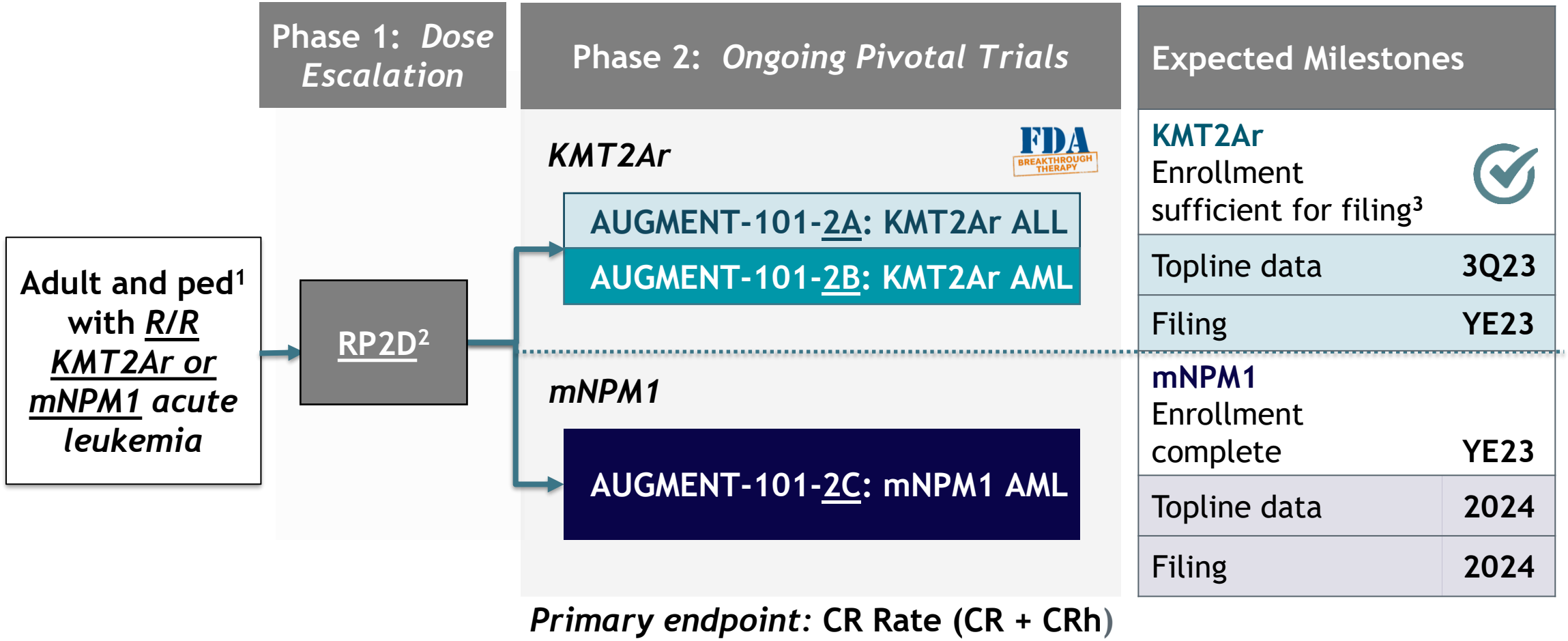
- Presentation of AGAVE-201 pivotal cGVHD data at medical meeting
- Initiate cGVHD combo trial with Jakafi® by YE23
- Initiate IPF Phase 2 trial by YE23

Expand pipeline through business development

- Targeting assets in late pre-clin to Phase 1
- Well-capitalized with $418M in cash and no debt

MSS CRC = Microsatellite Stable Colorectal Carcinoma, IPF = Idiopathic Pulmonary Fibrosis, cGVHD = chronic Graft-Versus-Host Disease, R/R = relapsed/refractory
Cash as of June 30, 2023; includes cash, cash equivalents and short- and long-term investments

Pivotal AUGMENT-101 trial: Expecting KMT2Ar topline data in 3Q23, enrollment completion for mNPM1 by YE23



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Note: Patients taken to HSCT can restart treatment with revumenib post-transplant; Abbreviations: KMT2Ar = KMT2A rearrangement; mNPM1 = mutated nucleophosmin
*[1]Allows patients ≥30 days of age [2]*276mg q12h or 163mg q12h w/ strong CYP3A4 inhibitor *[3]Completed enrollment of a sufficient number of KMT2Ar patients to support a registration filing*

AUGMENT-101 Phase 1 data supports best-in-class profile for revumenib

Topline data from pivotal portion of AUGMENT-101 for KMT2Ar acute leukemia patients expected 3Q23

53%	Overall response rate in Phase 1
27%	CR/CRh rate in KMT2Ar*
27%	CR/CRh rate in mNPM1*
78%	MRD- CR/CRh rate in Phase 1

RP2D identified with and without concomitant strong CYP3A4i

Median duration of CR/CRh of 9.1 mos

Median overall survival of 7.0 mos

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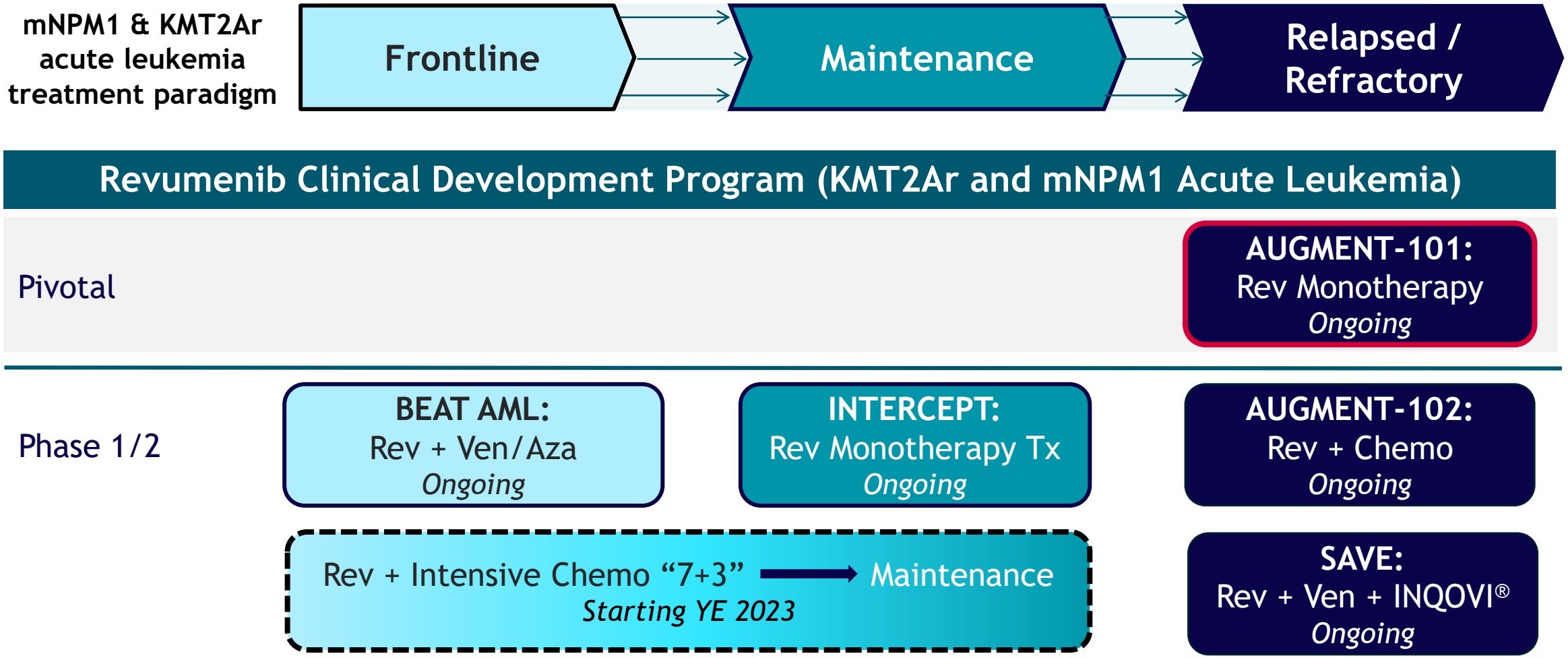
Data cutoff: March 31, 2022; Source: Issa NATURE, March 15. Issa, G.C., *et al.* The menin inhibitor revumenib in *KMT2A*-rearranged or *NPM1*-mutant leukaemia. *Nature* **615**, 920-924 (2023)
** CR/CRh rate observed at RP2Ds; ORR = overall response rate*

Revumenib could provide significant benefit in mNPM1 and KMT2Ar acute leukemias across the treatment paradigm



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

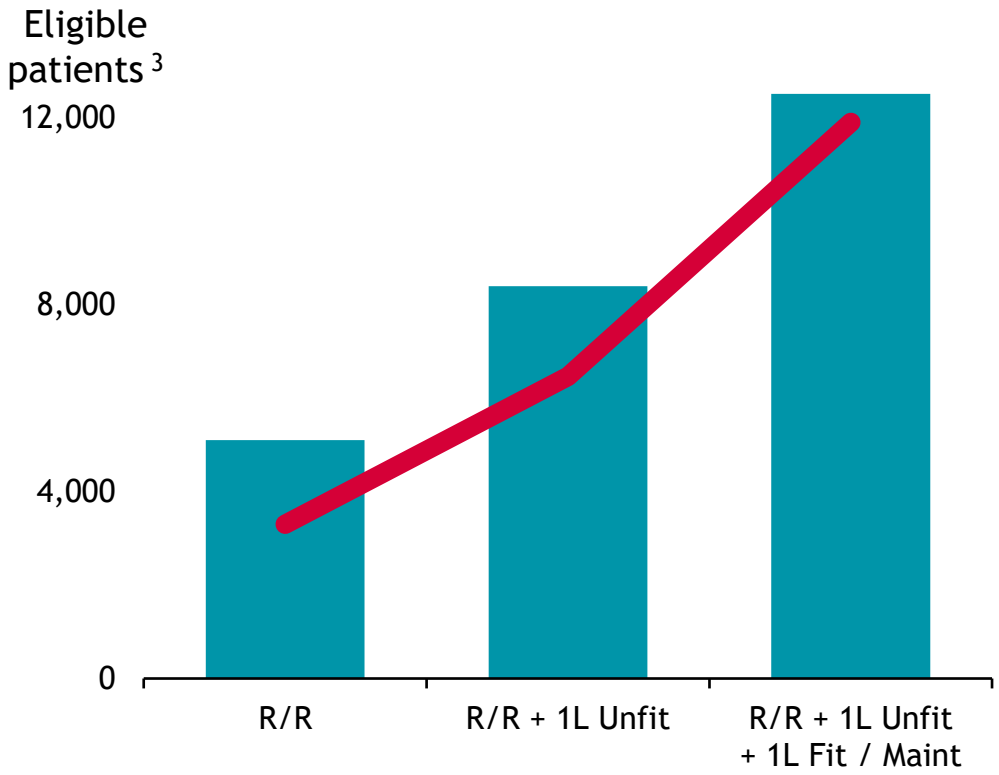
Potential first/best-in-class agent

- Clear activity in refractory, advanced mNPM1 and KMT2Ar 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]

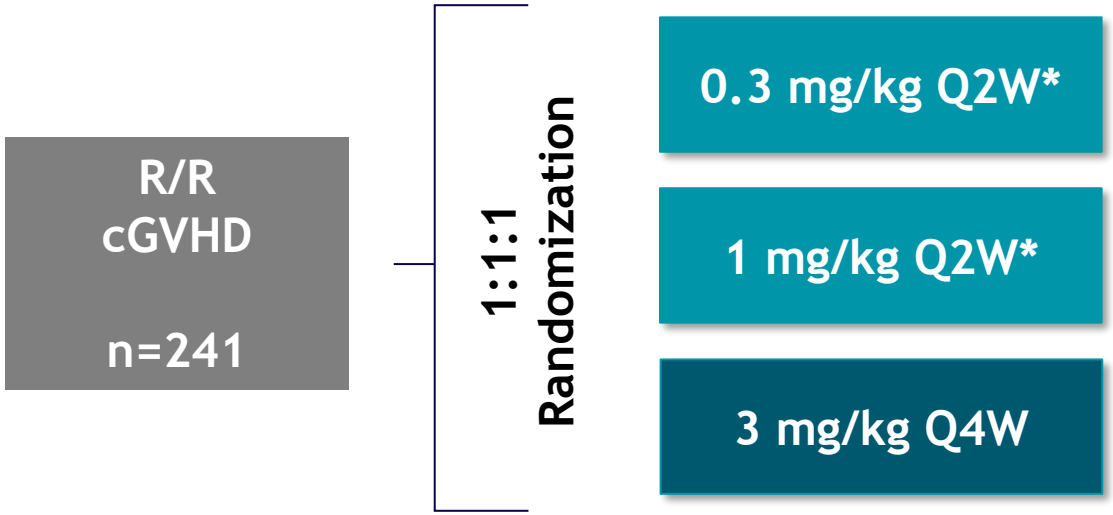
Est. US market opportunity for mNPM1 and KMT2Ar AML



Expansion into solid tumors represents another significant opportunity for value

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

AGAVE-201, a global pivotal trial designed to identify an optimal dose of axatilimab in chronic GHVD patients



Inclusion criteria:

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

Stratification factors:

- Prior treatment with ibrutinib, ruxolitinib or belumosudil
- Severity of cGVHD

Primary Endpoint: ORR[2] by Cycle 7 Day 1

- Statistical significance achieved if lower bound of the 95% CI of ORR exceeds 30%

Secondary Endpoints:

- Duration of response
- Modified Lee cGVHD Symptom Scale assessment
- Percent reduction in daily steroid dose
- Organ specific response rates

[1] *Age inclusion criteria differs by country*
[2] *Overall response rate was assessed using the 2014 NIH Consensus Criteria for cGVHD*
* *Patients had the option to switch to cohort specific Q4W dose after 6 months on trial*

AGAVE-201 results support axatilimab's promising safety and efficacy profile

Reinforces its potential as a first-in-class CSF-1R monoclonal antibody in cGVHD

0.3 mg/kg every 2 weeks data highlights

74%	ORR by cycle 7 day 1 (95% CI [63, 83])
60%	Of responders maintained a response at 1 year
55%	Of patients had a >7 point decrease in mLSS

AGAVE-201 met its primary endpoint in cGVHD across all three cohorts

Responses were durable with a reduction in symptom burden

Well tolerated and the most common adverse events were consistent with on target effects and prior trials

Syndax and Incyte intend to file a BLA by year-end 2023; full data presentation at a future medical meeting

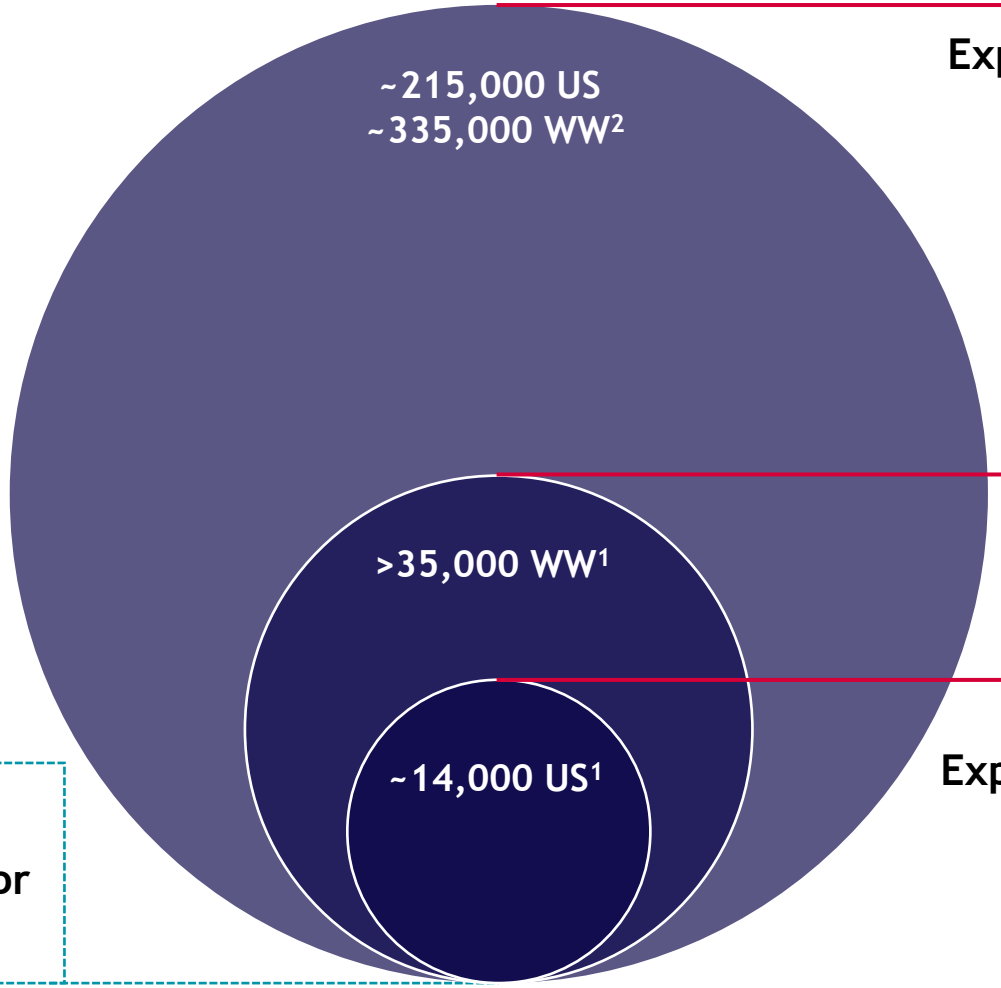
AGAVE-201 positive results observed in a heavily pretreated, late stage cGVHD population

Population (ITT)	ROCKSTAR N=132	AGAVE-201 N=241
Age median (min, max), years	56 (21, 77)	53 (7, 81)
Median time since cGVHD diagnosis	25.3 months	48 months
≥ 4 organs involved	52%	54%
% Patients with lung manifestations	36%	45%
% patients with NIH severe cGVHD	67%	80%
Median prior therapies	3	4
≥ 4 prior lines of treatment	49%	65%
Prior ruxolitinib	29%	74%
Prior ibrutinib	34%	31%
Prior belumosudil	N/A	23%

AGAVE-201 Differentiation
Significantly longer time since diagnosis
More severe cGVHD
More reflective of real-world treatment

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

2024 & Beyond



2024
Potential approval for R/R chronic GVHD

Expansion into fibrotic indications: IPF POC* init YE23

Expansion into EU, Japan, ROW

Expansion into 1st L chronic GVHD: Jakafi® combo trial init YE23

R/R chronic GVHD: BLA submission expected YE23

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 and financial guidance

Ticker	SNDX (NASDAQ)
Cash and equivalents✦ (at 30 June 2023)	$418.3 million
Shares outstanding* (at 30 June 2023)	69.7 million

2023 Operating Expense Guidance		
	3Q 2023	FY23 (no change)
Research and development	$39 – $43 million	$160 – $175 million
Total operating expenses^	$57 – $62 million	$225 – $240 million

* *Includes pre-funded warrants to purchase 1.1 million common shares (rounded)*
^ *Includes an estimated $30 million in non-cash stock compensation expense for the full year 2023*
✦ *Includes short- and long-term investments*


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