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

Syndax

3Q22 INVESTOR PRESENTATION – NOVEMBER 3, 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 data in acute leukemias expected beginning in 3Q23
- Front-line and R/R combo trials ongoing; MRD+ treatment trial to begin in 4Q22
- Initiate MSS CRC Phase 1 trial in 4Q22

Axatilimab
Anti-CSF-1R

Expand into earlier lines of cGVHD and fibrotic disease

- AGAVE-201 pivotal trial data in cGVHD expected in mid-2023
- Initiate front-line combination trial in cGVHD in 1Q23
- 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, R/R = relapsed/refractory

AUGMENT-101: Revumenib pivotal trials in 3 distinct acute leukemia populations are enrolling

AUGMENT-101

R/R MLLr or mNPM1 acute leukemia

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: mNPM1 AML

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

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

ASH 2022: Positive updates to Phase 1 portion of AUGMENT-101 trial

Abstract #63 – Presentation on December 10th (9:30 – 11:00 AM CT)

	Best Response[1]	Efficacy Population n = 60 (%)
Response	**Overall Response Rate[2]**	**32/60 (53%)**
	CR	12 (20%)
	CRh	6 (10%)
	CRp	5 (8%)
	MLFS	9 (15%)
MRD^{neg}	**CRc MRD^{neg} Rate[3]**	**18/60 (30%)**
	within CR/CRh MRD^{neg}	14/18 (78%)
	within CR/CRh/CRp MRD^{neg}	18/23 (78%)
MLLr	**Overall Response Rate[2]**	**27/46 (59%)**
	CR/CRh	15/46(33%)
mNPM1	**Overall Response Rate[2]**	**5/14 (36%)**
	CR/CRh	3/14 (21%)

CR/CRh 18 (30%)

Median duration of CR/CRh response of 9.1 mos

- No new safety signals identified; adverse event rates not materially different from prior disclosures
- No discontinuations due to treatment-related AEs

[1] *Data Cutoff of March 2022;* [2] *Overall Response Rate = CR + CRh + CRp + MLFS;* [3] *CRc = CR + CRh + CRp; MRD status assessed locally by PCR or MCF*

ASH 2022: Durable remissions in transplant patients treated in the Phase 1 portion of AUGMENT-101 trial

Abstract #376 – Presentation on December 10th (4:00 – 5:30 PM CT)

12 patients proceeded to HSCT[1]	
Patients who achieved MRD^{neg} status	10/12 (83%)
Remain in remission (1 receiving maintenance in CU[2]) Remained in remission > 1 year	9/12 (75%) 4/12 (33%)
Median follow-up	12.3 months

[1]*As of data cutoff in March 2022* [2]*CU = treated under compassionate use protocol*

2 additional patients were treated under CU[2] with revumenib maintenance post HSCT or stem cell boost, and continue in remission for > 1 year

Trials underway to establish revumenib as a backbone of treatment for mNPM1 or MLLr acute leukemia

	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, in monotherapy and chemotherapy combinations	Validates the use of menin inhibition with venetoclax/azacytidine, the commonly used regimen in older patients	**AUGMENT-101**: allows pts to restart Tx post-transplant **INTERCEPT**: examining conversion of MRD+ to MRD-

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

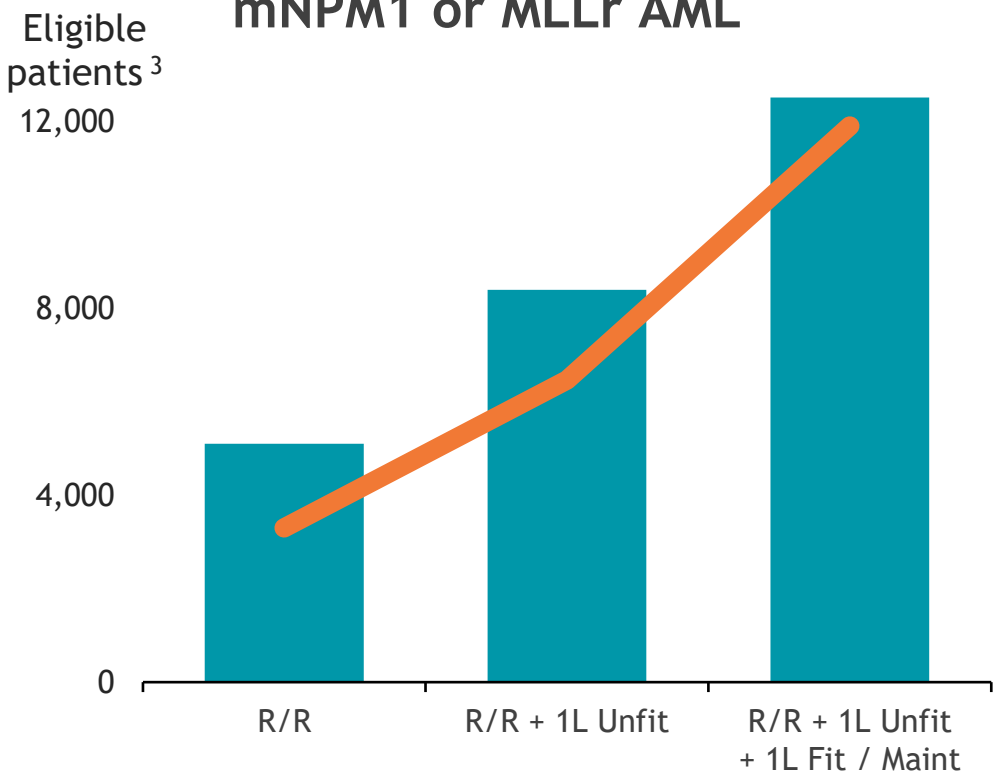
Potential first/best-in-class agent

- Clear activity 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



Expansion into solid tumors represents another significant opportunity for value

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

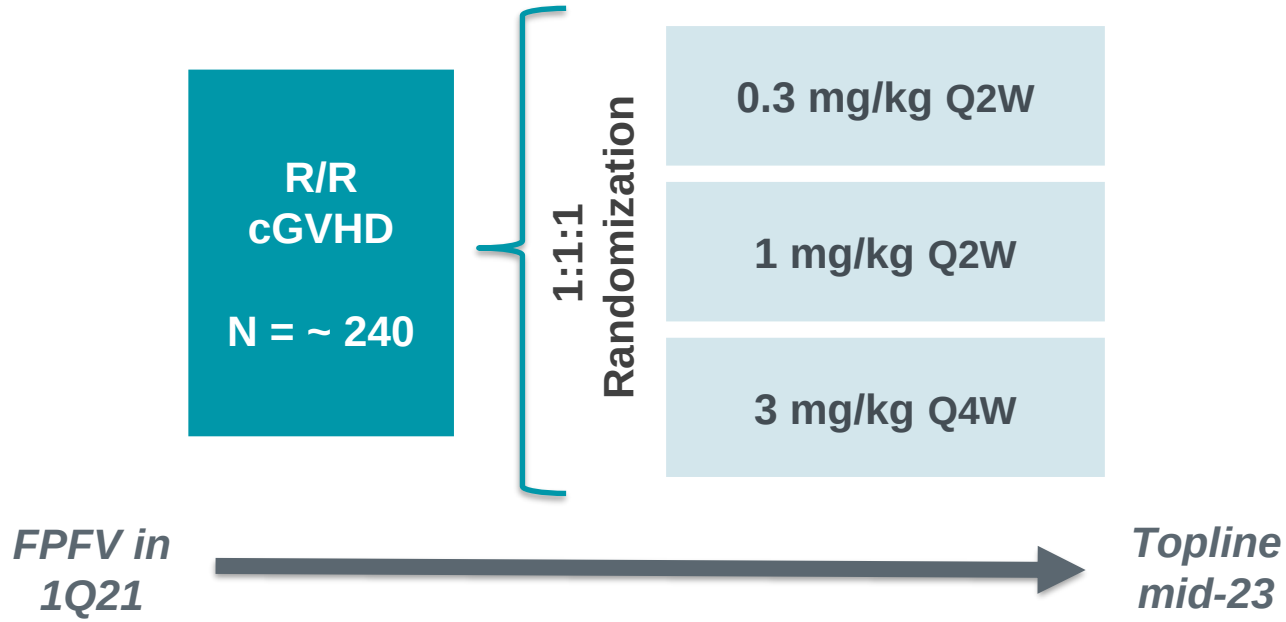
AGAVE-201: Axatilimab pivotal trial enrollment complete; data expected in mid-23

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

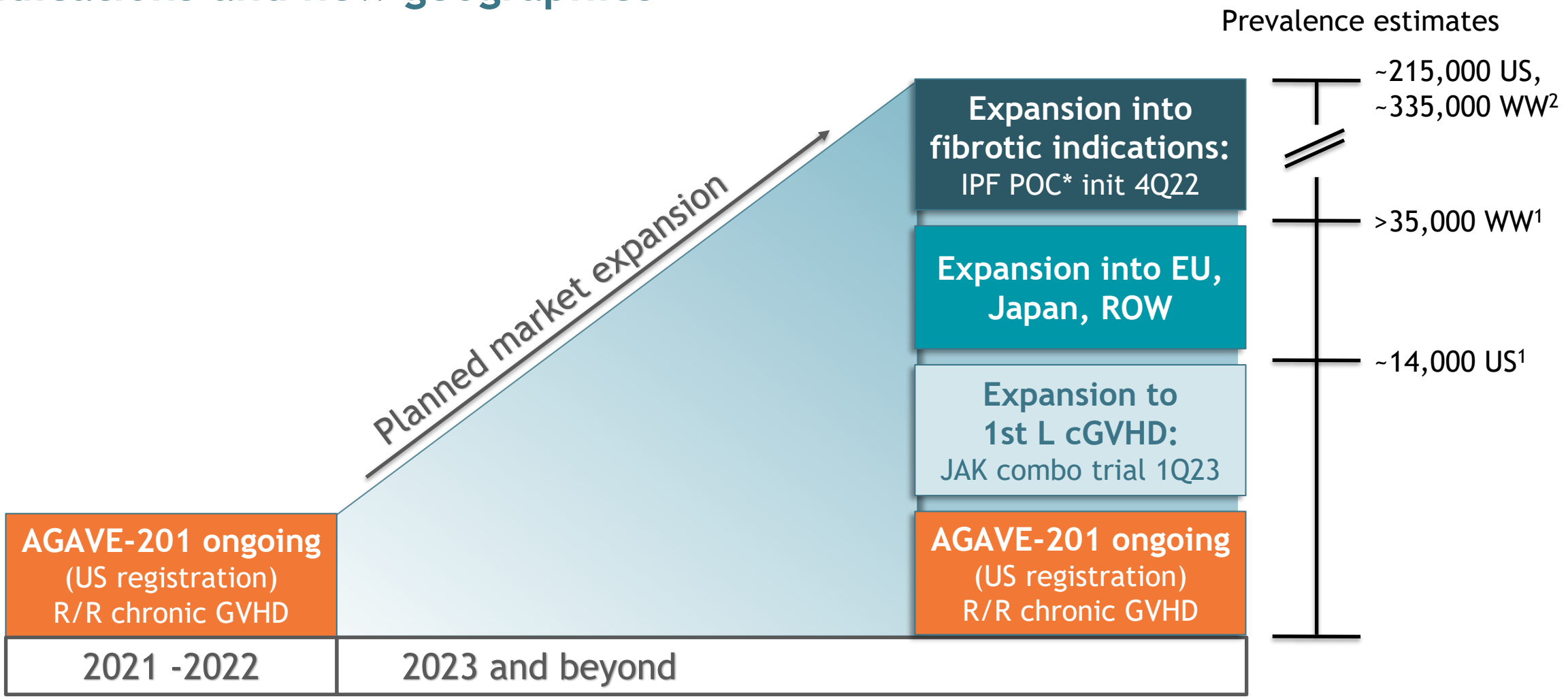


Initiation of front-line combination trial expected in 1Q23

[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 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 and FY 2022 financial guidance

Ticker	SNDX (NASDAQ)
Cash, short- and long-term investments (as of September 30, 2022)	$337.8 million
Shares Outstanding* (as of September 30, 2022)	61.3 million
2022 Operating Expense Guidance	
	FY 2022
Research and Development	$115 – 125 million
Total Operating Expenses^	$145 – 155 million

* *Includes 60.1 million common shares and pre-funded warrants to purchase 1.1 million common shares (rounded)*
^ *Includes ~$15 million non-cash stock compensation expense for the full year*

Thank you. Questions?

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