UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 30, 2024

KURA ONCOLOGY, INC.
(Exact name of Registrant as Specified in Its Charter)

Delaware	001-37620	61-1547851
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

12730 High Bluff Drive, Suite 400, San Diego, CA	92130
(Address of Principal Executive Offices)	(Zip Code)

Registrant's Telephone Number, Including Area Code: (858) 500-8800

N/A
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instructions A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.0001 per share	KURA	The Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition.

On January 30, 2024, Kura Oncology, Inc. (the "Company") announced that its preliminary unaudited cash, cash equivalents and short-term investments as of December 31, 2023 were approximately $424 million and that the net proceeds from its recent private placement that closed on January 26, 2024 were approximately $146 million.

The preliminary unaudited cash position discussed above is subject to the completion of financial closing procedures and other developments that may arise between now and the time the financial results for the fourth quarter of 2023 are finalized, as well as the completion of the audit of the 2023 financial statements. Therefore, actual results may differ materially from these estimates. In addition, the above estimates do not present all information necessary for an understanding of the Company's financial condition as of December 31, 2023.

The information contained in this Current Report on Form 8-K under Item 2.02 is being furnished and shall not be deemed to be "filed" for the purposes of Section 18 of the Securities and Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section and will not be incorporated by reference into any filing by the Company under the Securities Act of 1933, as amended, or the Exchange Act, unless specifically identified as being incorporated therein by reference.

Item 8.01 Other Events.

On January 30, 2024, the Company reported preliminary clinical data from the first 20 patients in KOMET-007, a Phase 1 dose-escalation trial of the Company's potent and selective menin inhibitor, ziftomenib, in combination with standards of care, including cytarabine/daunorubicin ("7+3") and venetoclax/azacitidine ("ven/aza"), in patients with NPM1-mutant ("NPM1-m") and KMT2A-rearranged ("KMT2A-r") acute myeloid leukemia ("AML").

The first 20 patients were enrolled in KOMET-007 between July 2023 and November 2023, including five newly diagnosed patients with adverse risk[1] NPM1-m or KMT2A-r AML and 15 patients with refractory/relapsed ("R/R") NPM1-m or KMT2A-r AML.

Continuous daily dosing of ziftomenib at 200 mg QD has been well tolerated and the safety profile is consistent with features of underlying disease and backbone therapies. No differentiation syndrome events of any grade were reported, and no dose-limiting toxicities, evidence of QTc prolongation, drug-drug interactions or additive myelosuppression were observed.

As of the data cutoff on January 11, 2024, all newly diagnosed patients treated with ziftomenib and 7+3 achieved a complete remission ("CR") with full count recovery, for a CR rate of 100% (5/5), including four patients with NPM1-m AML and one patient with KMT2A-r AML.

The overall response rate ("ORR") among R/R patients treated with ziftomenib and ven/aza was 53% (8/15). Among all patients treated with ziftomenib and ven/aza, 40% (6/15) received prior treatment with a menin inhibitor. The CR/CRh[2] rate in patients who were menin inhibitor naïve was 56% (5/9), including 60% (3/5) in patients with NPM1-m AML and 50% (2/4) in patients with KMT2A-r AML. The ORR in patients who received prior venetoclax was 40% (4/10), including 60% (3/5) in patients with NPM1-m AML.

As of the data cutoff, 80% (16/20) of patients remain on trial, including 100% (11/11) of all NPM1-m patients.

The 200 mg dose of ziftomenib has been cleared in the R/R ven/aza cohorts and enrollment at the 400 mg dose is ongoing. Upon determination of a recommended Phase 2 dose, the Company plans to initiate a Phase 1b dose validation/expansion in combination with ven/aza in newly diagnosed patients with NPM1-m (without adverse risk) or KMT2A-r AML.

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1 Age > 60 years and/or treatment-related AML and/or adverse risk cytogenetics per European LeukemiaNet

2 CR with partial hematologic recovery

The Company expects to complete enrollment of all 85 patients in KOMET-001, the Company's Phase 2 registration-directed trial of ziftomenib in patients with R/R NPM1-m AML, by the middle of this year.

The Company's current cash, cash equivalents and investments, including the proceeds from the Company's recently announced private placement, are expected to fund operations into 2027.

On January 30, 2024, the Company will host a virtual investor event and present certain materials related to the Company (the "Presentation"). A copy of the Presentation is attached hereto as Exhibit 99.1 and incorporated herein by reference.

Forward-Looking Statements

Statements contained in this Current Report on Form 8-K regarding matters that are not historical facts are "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements, including, but not limited to, statements regarding, among other things, the efficacy, safety and therapeutic potential of ziftomenib, potential benefits of combining ziftomenib with appropriate standards of care, plans regarding future clinical trials in the ziftomenib program, plans and expected timing for enrollment in the Phase 2 registration-directed trial of ziftomenib, and the Company's cash runway.

Any forward-looking statements in this Current Report on Form 8-K are based on management's current expectations of future events and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements. Risks that contribute to the uncertain nature of the forward-looking statements include: the risk that compounds that appeared promising in early research or clinical trials do not demonstrate safety and/or efficacy in later preclinical studies or clinical trials, the risk that the Company may not obtain approval to market its product candidates, uncertainties associated with performing clinical trials, regulatory filings, applications and other interactions with regulatory bodies, risks associated with reliance on third parties to successfully conduct clinical trials, risks associated with the Company's cash needs, the risks associated with reliance on outside financing to meet capital requirements, and other risks associated with the process of discovering, developing and commercializing drugs that are safe and effective for use as human therapeutics, and in the endeavor of building a business around such drugs, as well as those risks and uncertainties set forth more fully under the caption "Risk Factors" in the Company's Quarterly Report on Form 10-Q for the quarterly period ended September 30, 2023 filed with the Securities and Exchange Commission ("SEC") on November 2, 2023, as well as discussions of potential risks, uncertainties and other important factors in the Company's other filings and reports with the SEC. All forward-looking statements contained in this Current Report on Form 8-K speak only as of the date on which they were made. The Company undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit Number	Description
99.1	Presentation Materials of Kura Oncology, Inc.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

KURA ONCOLOGY, INC.

Date: January 30, 2024

By: /s/ Teresa Bair
Teresa Bair
Chief Legal Officer

Exhibit 99.1

KURA ONCOLOGY

DEVELOPING PRECISION MEDICINES FOR THE TREATMENT OF CANCER

Preliminary Data from KOMET-007 – January 30, 2024

KURA ONCOLOGY

WELCOME AND INTRODUCTION

Troy Wilson, Ph.D., J.D. – President & Chief Executive Officer, Kura Oncology

Forward-Looking Statements

This presentation contains forward-looking statements. Such statements include, but are not limited to, statements regarding our research, preclinical and clinical development activities, plans and projected timelines for ziftomenib, tipifarnib and KO-2806, plans regarding regulatory filings, our expectations regarding the relative benefits of our product candidates versus competitive therapies, our expectations regarding the therapeutic and commercial potential of our product candidates, our expectations regarding our cash runway, and our expectations regarding our intended use of the net proceeds from the private placement that closed on January 26, 2024. The words "believe," "may," "should," "will," "estimate," "promise," "plan", "continue," "anticipate," "intend," "expect," "potential" and similar expressions (including the negative thereof), are intended to identify forward-looking statements. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Risks that contribute to the uncertain nature of the forward-looking statements include: our preclinical studies and clinical trials may not be successful; the U.S. Food and Drug Administration (FDA) may not agree with our interpretation of the data from clinical trials of our product candidates; we may decide, or the FDA may require us, to conduct additional clinical trials or to modify our ongoing clinical trials; we may experience delays in the commencement, enrollment, completion or analysis of clinical testing for our product candidates, or significant issues regarding the adequacy of our clinical trial designs or the execution of our clinical trials may arise, which could result in increased costs and delays, or limit our ability to obtain regulatory approval; the commencement, enrollment and completion of clinical trials and the reporting of data therefrom; the COVID-19 pandemic may disrupt our business and that of the third parties on which we depend, including delaying or otherwise disrupting our clinical trials and preclinical studies, manufacturing and supply chain, or impairing employee productivity; our product candidates may not receive regulatory approval or be successfully commercialized; unexpected adverse side effects or inadequate therapeutic efficacy of our product candidates could delay or prevent regulatory approval or commercialization; we may not be able to obtain additional financing; risks associated with market conditions and the satisfaction of closing conditions related to the private placement; risks associated with our cash needs; and risks and uncertainties associated with our business and finances in general. Additional risks and uncertainties may emerge from time to time, and it is not possible for Kura's management to predict all risk factors and uncertainties.

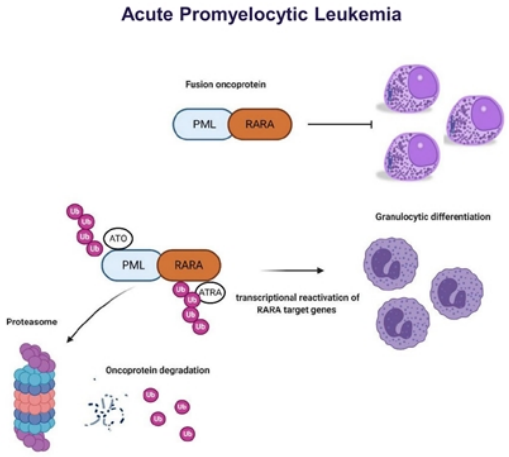
All forward-looking statements contained in this presentation speak only as of the date on which they were made. Other risks and uncertainties affecting us are described more fully in our filings with the Securities and Exchange Commission. We undertake no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

This presentation also contains statistical and clinical data obtained from and prepared by third parties. The recipient is cautioned not to give undue weight to such disclosures. Neither the Company nor any other person makes any representation as to the accuracy or completeness of such data or undertakes any obligation to update such data after the date of this presentation.

Targeting Foundational Mutations has Transformed Deadly Hematologic Cancers into Chronic Diseases

Acute Promyelocytic Leukemia (APL)

- APL arises from an abnormal fusion protein called PML/RARα, which is mechanistically similar to the menin-KMT2A complex in AML.
- ATRA/ATO therapy is a combination treatment of all-trans retinoic acid (ATRA) and arsenic trioxide (ATO).
- The mechanism of action of ATRA/ATO therapy is differentiation of promyelocytes, immature white blood cells.
- ATRA/ATO combinations have fundamentally transformed the treatment of APL.



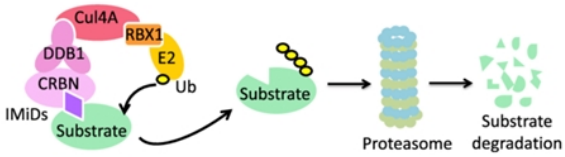
ATRA/ATO combinations demonstrate curative potential with 89% overall survival at 10 Years

Gurnari: APL in Children, A Model of Precision Medicine and Chemotherapy-Free Therapy: IJMS 2021

Targeting Foundational Mutations has Transformed Deadly Hematologic Cancers into Chronic Diseases

Multiple Myeloma

- Until the 2000's, there were few treatment options for multiple myeloma, and the median survival was 2–3 years.
- With the advent of immunomodulatory drugs (IMiDs) and proteasome inhibitors (PIs) in the 2000's, the outcomes of patients are now significantly improving.



- Many patients can now live with their disease > 10 years.
- **IMiDs have become a cornerstone of treatment for patients with multiple myeloma and are used in combinations at all stages of disease.**

IMiD combinations increased 5yr OS from 35% to > 65%; class generated ~$15B in revenues at peak

Holstein and McCarthy, *Drugs* (2017) 77(5), 505-520
Bird, S. and Pawlyn, C. *Blood* (2023) 142(2): 131-140

KURA ONCOLOGY

ZIFTOMENIB OPPORTUNITY AND INTRODUCTION TO KOMET-007 INVESTIGATORS

Stephen Dale, M.D. – Chief Medical Officer, Kura Oncology

Ziftomenib Demonstrates Potential to Become a Cornerstone of AML Therapy

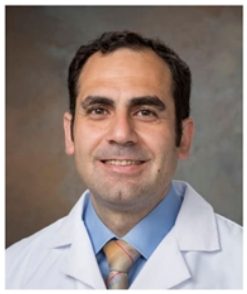
Targets foundational mutations at the core of up to 50% of AML cases

- **Compelling clinical data support frontline opportunity**
  - Good tolerability profile, enabling continuous administration in combination with SOC
  - Combinations appear to mitigate the risk of differentiation syndrome
  - No observed or predicted drug-drug interactions
  - Encouraging preliminary evidence of clinical activity
- **Strong investigator enthusiasm as evidenced by rapid enrollment across studies**
  - First 20 patients enrolled in KOMET-007 combination trial in less than four months
  - KOMET-001 monotherapy registrational trial expected to complete enrollment by mid-2024

KOMET-007 Investigators

Amir Fathi, M.D.

- Program Director, Center for Leukemia, Massachusetts General Hospital Cancer Center
- Associate Professor of Medicine, Harvard Medical School



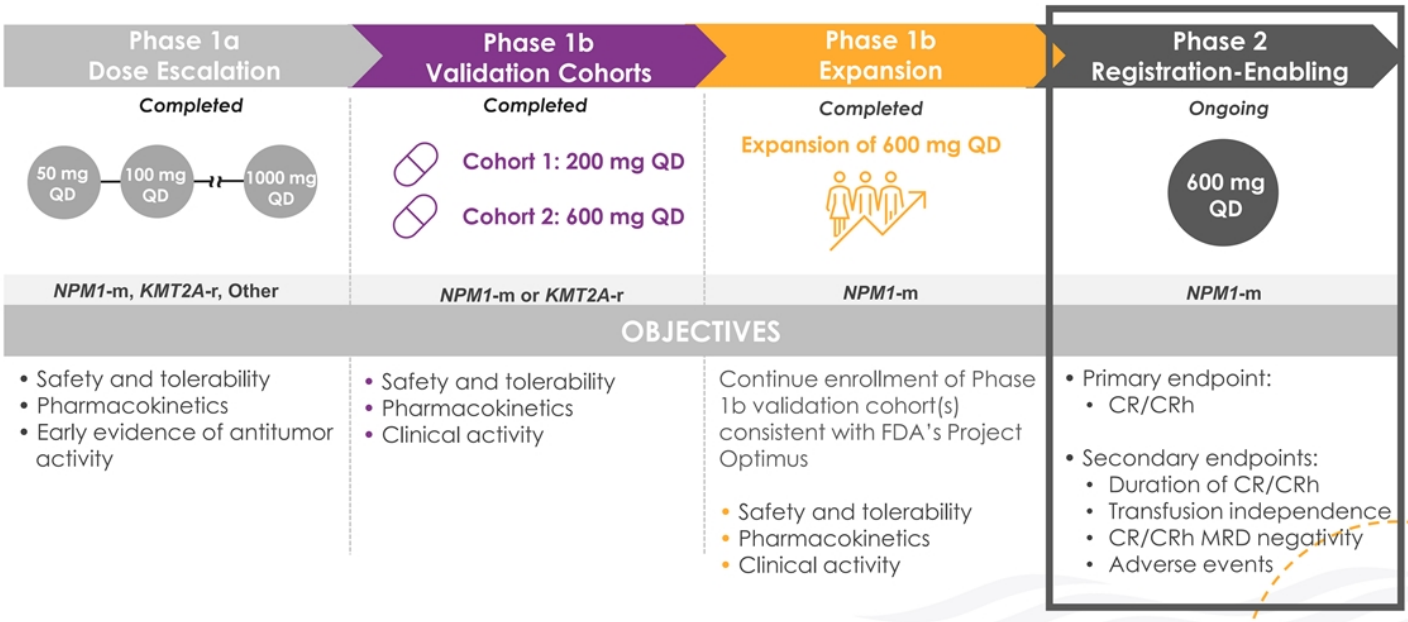
Amer Zeidan, MBBS

- Interim Chief, Division of Hematologic Malignancies, Director of Hematology Early Therapeutics Research, Yale Cancer Center
- Associate Professor of Medicine (Hematology), Yale University

ZIFTOMENIB AS MONOTHERAPY / OPPORTUNITY IN COMBINATION

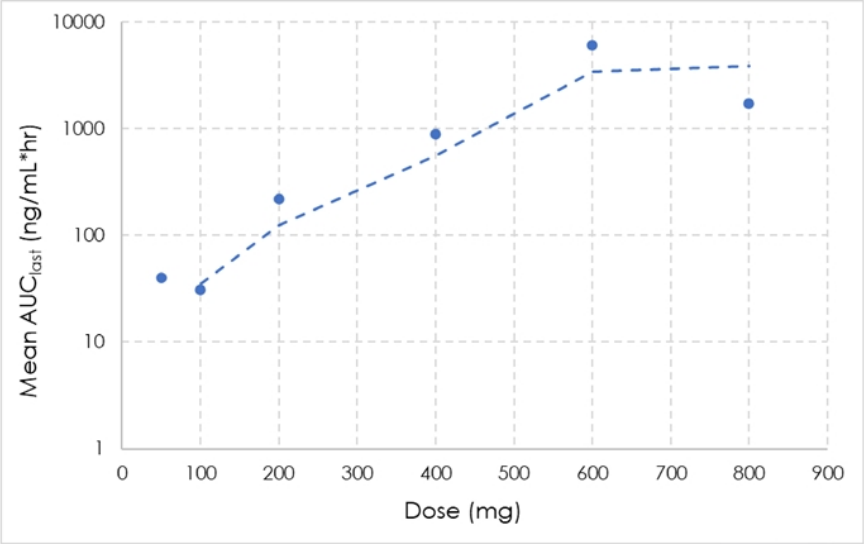
Amir Fathi, M.D. – Massachusetts General Hospital

KOMET-001 Phase 1/2 Study of Ziftomenib in Relapsed/Refractory AML



CR, complete remission; CRh, complete remission with partial hematological recovery; FDA, United States Food and Drug Administration; MRD, measurable residual disease; R/R, relapsed/refractory; RP2D, recommended phase 2 dose.

Dose-Proportional Increase in Ziftomenib Exposure Supports 600 mg Dose



AUC = area under the curve

Ziftomenib Demonstrates Encouraging Safety Profile in Phase 1b

- Differentiation syndrome (DS) appears manageable in NPM1-m monotherapy patients with mitigation strategy
  - 20% rate of mild to moderate DS
- Rates of DS in KMT2A-r monotherapy patients were 38.5% at 200 mg and 37.5% at 600 mg; potential to mitigate in combination
- DS is an on-target AE and represents evidence of clinical activity
- No reports of drug-induced QTc prolongation
- Maintained count recovery suggests no drug-induced myelosuppression

Fathi *et al*. EHA 2023 #LB2713 (preliminary data as of April 12, 2023)

Ziftomenib has Highly Differentiated Monotherapy Activity

40% of NPM1 patients achieved a CR during course of study

Best Overall Response	600 mg
NPM1-m Phase 1a + 1b	**(n=20)**
CR	**7 (35.0)**
CR/CRh	7 (35.0)
CRc	8 (40.0)
MRD negativity	4(50.0)[1]
ORR	9 (45.0)
KMT2A-r Phase 1a + 1b	**(n=18)**
CR/CRh	2 (11.1)
CRc	3 (16.7)
MRD negativity	3 (100.0)
ORR	3 (16.7)

(preliminary data as of April 10, 2023)

Differentiated CR Rates vs. SOC in Heavily Pretreated Patients

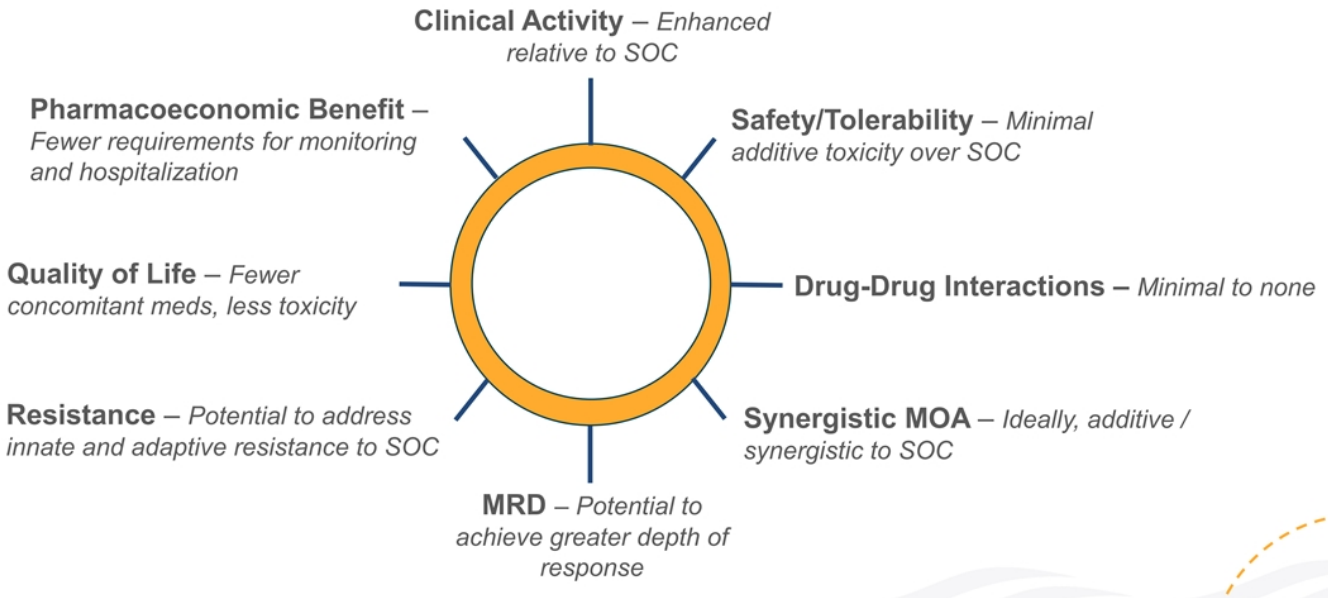
	MUTATION	CR %	mDOR	MEDIAN PRIORS
Ziftomenib 600mg QD	NPM1m	**35%**	**8.2** mo*	**3**
	FLT3m	**33%**	-	
	IDH 1/2	**50%**	-	
Gilteritinib	FLT3m	14.2%	14.8 mo	1
Enasidenib	IDH2	19%	8.2 mo	2
Ivosidenib	IDH1	25%	10.1 mo	2

*Median DoR for CRc without censoring at HSCT
Source: USPI's

- **High activity, durable responses and favorable profile suggest potential for ziftomenib to become a backbone therapy across the continuum of AML care**

[1] MRD was assessed for 6/8 CRc patients; 4 of those 6 patients (67%) tested were MRD negative
CRc includes CR, CRh, CRi, CRp; ORR includes CR, CRh, CRi, CRp, MLFS

Maximizing the Therapeutic Value of Menin Inhibitors Will Come Through Combinations



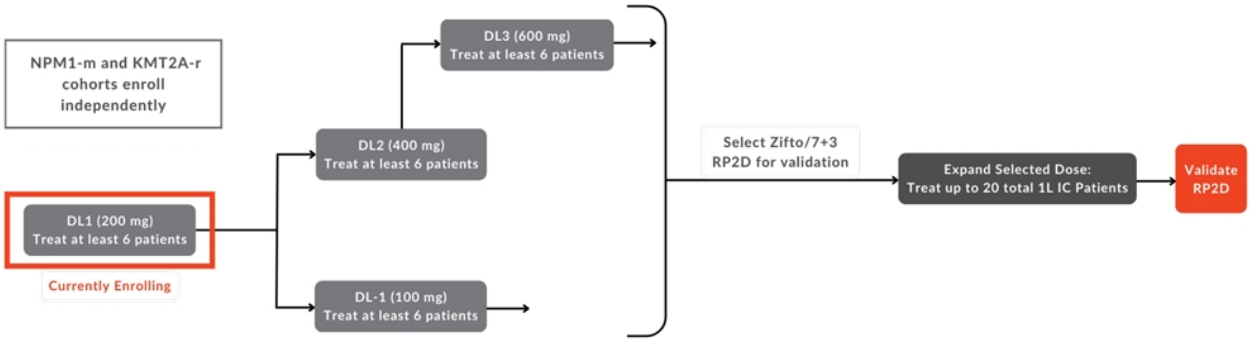
Holstein and McCarthy, *Drugs* 77(5), 505-520 (2017);
Bird, S. and Pawlyn, C. *Blood* (2023) 142(2): 131-140

PRELIMINARY COMBINATION DATA FROM KOMET-007 TRIAL

Amer Zeidan, MBBS – Yale Cancer Center
Disclosure: Honoraria or consultation fees provided by Kura Oncology

KOMET-007: Phase 1 Combination Trial of Ziftomenib in Patients with Newly Diagnosed or R/R AML

Ziftomenib/cytarabine/daunorubicin (7+3) combination

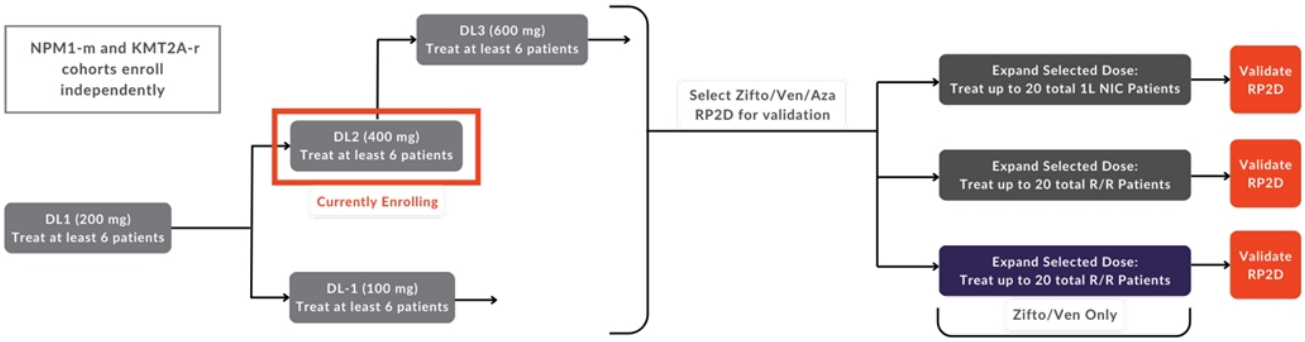


- Ziftomenib dosing will begin on Cycle 1 Day 8 and be administered continuously thereafter
- Cytarabine will be administered on C1 Day 1-7; administration of an additional cycle based on C1 bone marrow biopsy results
- Daunorubicin will be administered on C1 Day 1- 3; administration of an additional cycle based on C1 bone marrow biopsy results
- Dose escalation conducted in patients with adverse risk*

*Age > 60 years and/or treatment-related AML and/or adverse risk cytogenetics per ELN
DL = ziftomenib dose level; zifto = ziftomenib; 7+3 = cytarabine/daunorubicin; RP2D = recommended Phase 2 dose; 1L = first-line; IC = intensive chemotherapy

KOMET-007: Phase 1 Combination Trial of Ziftomenib in Patients with Newly Diagnosed or R/R AML

Ziftomenib/venetoclax/azacitidine combination



- Ziftomenib dosing will begin on Cycle 1 Day 8 and be administered continuously thereafter
- Venetoclax will be administered per label in 28-day cycles with adjustments to cycle length based on C1 bone marrow biopsy results
- Azacitidine will be administered per label on C1 Day 1-7 of each cycle with additional cycles based on bone marrow biopsy results

DL = ziftomenib dose level; zifto = ziftomenib; ven = venetoclax; ven = venetoclax; RP2D = recommended Phase 2 dose; NIC = non-intensive chemotherapy; 1L = first-line; R/R = relapsed/refractory

KOMET-007: Patient Demographics and Disposition

First 20 Patients Enrolled

- Relapsed/refractory patients with NPM1-m or KMT2A-r AML in combination with venetoclax/azacitidine
- Newly-diagnosed patients with adverse risk* NPM1-m or KMT2A-r AML in combination with cytarabine/daunorubicin (7+3)
- **80% (16/20) of patients remain on trial as of January 11, 2024, including 100% of patients with NPM1-m AML**

	All	Cohorts			
		R/R NPM1-m Ven/Aza	1L NPM1-m 7+3	R/R KMT2A-r Ven/Aza	1L KMT2A-r 7+3
Age, years (Median, range)	55.5 (23, 77)	55.0 (41, 77)	65.5 (43, 74)	52.5 (23, 71)	49.0 (49, 49)
Female (n, %)	13 (65)	4 (57)	2 (50)	6 (75)	1 (100)
Genetic Subtypes [n (%)]					
NPM1-m	11 (55)	7 (100)	4 (100)	N/A	N/A
KMT2A-r	9 (45)	N/A	N/A	8 (100)	1 (100)
ECOG PS [n (%)]					
0	4 (20)	1 (14)	3 (75)	0	0
1	11 (55)	5 (71)	0	5 (63)	1 (100)
2	5 (25)	1 (14)	1 (25)	3 (38)	0
Prior Therapies (Median, Range)	N/A	2 (1,12)	0	2 (1,6)	0
Prior Antineoplastic Therapy [n (%)]					
Stem Cell Transplant	7 (47)	4 (57)	N/A	3 (38)	N/A
Hypomethylating Agent (HMA)	8 (53)	4 (57)	N/A	4 (50)	N/A
Venetoclax	10 (67)	5 (71)	N/A	5 (63)	N/A
Menin Inhibitors	6 (40)	2 (29)	N/A	4 (50)	N/A

Preliminary data as of January 11, 2024

*Age > 60 years and/or treatment-related AML and/or adverse risk cytogenetics per European LeukemiaNet (ELN)

KOMET-007: Promising Safety and Tolerability Profile in Combination

Combinations mitigate risk of differentiation syndrome (DS)

Grade ≥ 3 TEAEs (≥ 10%)	n (%)
Patients with Grade ≥ 3 TEAEs	**18 (90)**
Platelet count decreased	6 (30)
Febrile neutropenia	5 (25)
White blood cell count decreased	4 (20)
Pneumonia	3 (15)
Hypoxia	2 (10)
Neutrophil count decreased	2 (10)
Sepsis	2 (10)
Thrombocytopenia	2 (10)

Grade ≥ 3 Ziftomenib-Related AEs (All)	n (%)
Patients with Grade ≥ 3 Ziftomenib-Related AEs	**6 (30)**
Platelet count decreased	3 (15)
Anemia	1 (5)
Febrile neutropenia	1 (5)
Leukopenia	1 (5)
Neutrophil count	1 (5)
Thrombocytopenia	1 (5)

- No DS events reported
- No dose-limiting toxicities (DLTs) observed to date, including delayed hematologic count recovery
- No QTc prolongation observed
- TEAEs consistent with underlying disease and backbone therapies

Preliminary data as of January 11, 2024
TEAEs = Treatment-emergent adverse events

100% CR rate with Ziftomenib and 7+3 in 1L Patients with Adverse-Risk AML*

- Anticipated CR/CRi rate with 7+3 in all-comer 1L adverse risk patients: 32-33%[1,2]

1L Adverse-Risk Group n=5	CR Rate (n)
Overall (NPM1-m + KMT2A-r)	100% (5)
NPM1-m only (n=4)	100% (4)
KMT2A-r only (n=1)	100% (1)

- All patients treated in initial dose cohort (200 mg) in combination with 7+3

Preliminary data as of January 11, 2024

[1] Lancet et al. *Blood*. 2014 May 22;123(21):3239-46.

[2] Lin et al. *Blood Adv*. 2021 Mar 23;5(6):1719-1728.

*Age > 60 years and/or treatment-related AML and/or adverse risk cytogenetics per ELN

Ziftomenib + Ven/Aza with Pronounced Activity in Menin Inhibitor Naïve Patients

- ~35-45% CR/CRi is expected in ven-naïve relapsed/refractory patients[1]
- Anticipated response rate in KMT2A-r relapsed/refractory AML <10% ORR[2]
- 53% ORR in mITT population (n=15, including six menin experienced patients)
- 40% (6/15) of patients treated with ven/aza received prior treatment with a menin inhibitor

Menin Inhibitor Naïve Group n=9	ORR (n)	CR/CRi Rate (n)	CR/CRh Rate (n)
Overall (NPM1-m + KMT2A-r)	78% (7)	67% (6)	56% (5)
NPM1-m (n=5)	100% (5)	80% (4)	60% (3)
KMT2A-r (n=4)	50% (2)	50% (2)	50% (2)

- All patients treated in initial dose cohort (200 mg) in combination with Ven/Aza
- Enrollment in 400 mg dose cohort ongoing

Preliminary data as of January 11, 2024
[1] Stahl, M. *et al.*, *Blood Advances* 5(5), 1552-1564 (2021)
[2] Issa, Syndax ASH Investor Event (Dec. 2023)
ORR includes CR, CRh, CRi, MLFS

Ziftomenib + Ven/Aza Able to Drive Responses in Venetoclax Failures

- Expected response rates following ven/aza ~ 0-20%[1-4]
- Anticipated response rate in KMT2A-r R/R AML < 10% ORR[4]

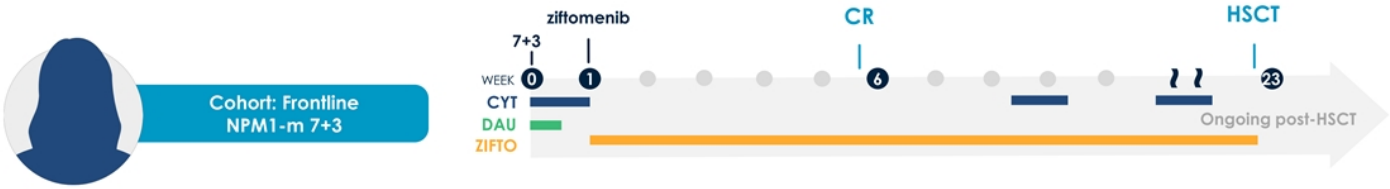
Venetoclax Experienced Group n=10	ORR (n)	CR/CRi Rate (n)	CR/CRh Rate (n)
Overall (NPM1-m + KMT2A-r)	40% (4)	30% (3)	30% (3)
NPM1-m (n=5)	60% (3)	40% (2)	40% (2)
KMT2A-r (n=5)	20% (1)	20% (1)	20% (1)

- All patients treated in initial dose cohort (200 mg) in combination with Ven/Aza
- Enrollment in 400 mg dose cohort ongoing

Preliminary data as of January 11, 2024

[1] Zainaldin, C. et al., Lymphoma 63(13):3245-3248 (2022);
[2] Chan, O. and Walker, A., *Hematology* 702-708 (2023);
[3] Maiti A, et al., Haematologica. 2021; 106(3):894-898;
[4] Issa, Syndax ASH Investor Event (Dec. 2023)
ORR includes CR, CRh, CRi, MLFS

Continued Use of Ziftomenib Following Successful Induction with 7+3

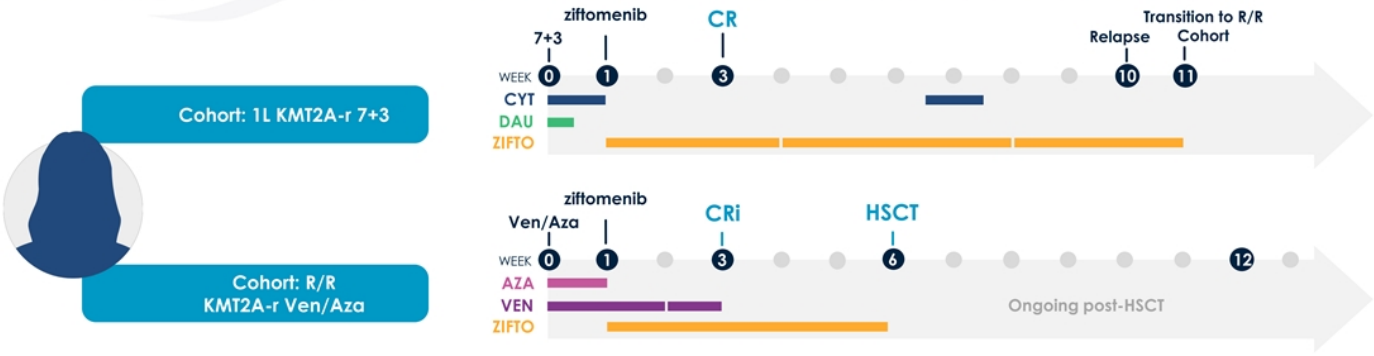


Patient Characteristics	
Demographics	66-year-old female
Mutational profile	*NPM1m, CBL, IDH2, NRAS, SRSF2*
Baseline bone marrow blasts	77%
Best overall response	CR

- CR after one cycle of induction (week 5-6)
- Maintained ziftomenib from induction through consolidation until conditioning for transplant (~5 months)
- Post-transplant ziftomenib maintenance planned

Preliminary data as of January 11, 2024

Ziftomenib Combinations Are Effective in Treating Aggressive Disease

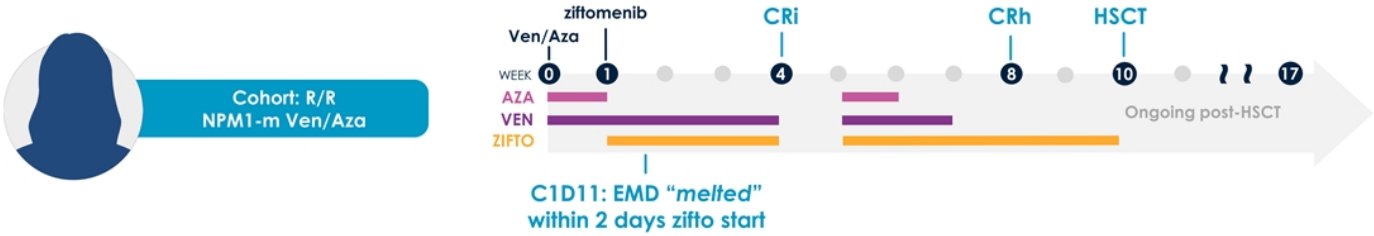


Patient Characteristics	
Demographics	49-year-old female
Mutational profile	*KMT2Ar, KRAS*
Baseline bone marrow blasts	10% (at relapse)
Best overall response	CR

- Patient with highly aggressive disease including KRAS at 79% VAF
- Initiated ziftomenib in 7+3 cohort: achieved CR post induction but relapsed post consolidation
- Continued ziftomenib in Ven/Aza cohort: achieved remission and proceeded to transplant
  - MRD negative for *KMT2Ar* and *KRAS* at time of transplant

Preliminary data as of January 11, 2024

Ziftomenib Eliminates Extramedullary Disease Unaffected by Prior Venetoclax in Heavily Pre-Treated Patient



Patient Characteristics	
Demographics	41-year-old female
Mutational profile	*NPM1, FLT3-ITD, DNMT3A and CBL*
Baseline bone marrow blasts	Extramedullary disease (EMD) only
Best overall response	CRh

Prior lines of therapies

- 5+1
- 2nd induction w/ etoposide, cytarabine and midostaurin
- Aza/**Ven**
- MUD Allo SCT followed by gilteritinib maintenance
- Decitabine and **Ven**
- DLI and **Ven**
- 2nd DLI

Preliminary data as of January 11, 2024

KURA ONCOLOGY

CLINICAL DEVELOPMENT PLAN

Mollie Leoni, M.D. – Executive Vice President, Clinical Development

Ziftomenib Clinical Development Path

DEVELOPMENT APPROACH	PLANNED	STUDY STARTUP	PHASE 1	REGISTRATION DIRECTED	TRIAL
MONOTHERAPY (Relapsed/refractory)	NPM1-mutant acute myeloid leukemia (AML)				komet-001 ACUTE LEUKEMIAS KURA KO-MEN-001
	Non- NPM1-m/KMT2A-r AML				
	KMT2A-rearranged ALL				
COMBINATION WITH VENETOCLAX + AZACITIDINE (Relapsed/refractory, frontline)	NPM1-mutant AML				komet-007 ACUTE LEUKEMIAS KURA KO-MEN-007
	KMT2A-rearranged AML				
COMBINATION WITH CYTARABINE + DAUNORUBICIN (7+3) (Relapsed/refractory, frontline)	NPM1-mutant AML				
	KMT2A-rearranged AML				
COMBINATIONS WITH GILTERITINIB, FLAG-IDA, LDAC (Relapsed/refractory)	NPM1-mutant AML				komet-008 ACUTE LEUKEMIAS KURA KO-MEN-008
	KMT2A-rearranged AML				
POST-TRANSPLANT MAINTENANCE	NPM1-mutant AML				Investigator / Company-sponsored studies
	KMT2A-rearranged AML				
COMBINATION WITH FLA	Pediatric AML & ALL				Investigator-sponsored studies
COMBINATION WITH BV-DAM	Pediatric ALL				

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MARKET OPPORTUNITY AND UPCOMING MILESTONES

Troy Wilson, Ph.D., J.D. – President & Chief Executive Officer, Kura Oncology

Ziftomenib Offers a Multi-Billion-Dollar Opportunity in AML and Beyond

Potential to Transform Outcomes Across the Continuum of Care

Relapsed / Refractory

- Initial approval represents **30% of potential patients**
- KOMET-001 registration-directed study for FDA full approval

Frontline / Maintenance

- Significant opportunity in 1L AML and Maintenance
- **Potential to drive > 50% revenue**
- Safety, tolerability and clinical activity anticipated to be ideal for combinations with SOC and with maintenance indication

Other Indications

- Compelling **additional opportunities beyond AML** offer multi-billion-dollar potential
- Early translational data supports potential in **solid tumor and non-oncology indications**

Upcoming Milestones for Ziftomenib in Acute Leukemia

MILESTONE	ESTIMATED TIME OF ACHIEVEMENT
Dose first patients in KOMET-008 trial in combination with FLT3 inhibitor gilteritinib, LDAC and FLAG-IDA	Q1 2024
Initiate post-transplant maintenance program	Q1 2024
Expand ziftomenib development to acute lymphoblastic leukemia (ALL)	Q1 2024
Complete enrollment of 85 patients in KOMET-001 registration-directed trial	Mid-2024
Determine recommended Phase 2 dose in combination with ven/aza	Mid-2024
Initiate dose validation/expansion in combination with ven/aza in 1L AML	Mid-2024
Provide next KOMET-007 combination update	2024

- **$570 million in pro forma cash* provides runway into 2027, enabling aggressive research, development and pre-commercial activities to maximize value of ziftomenib and other pipeline assets**

* Includes $424M in cash, cash equivalents and short-term investments as of 12/31/23 and estimated proceeds net of offering expenses of $146M from private placement closed on January 26, 2024

KURA ONCOLOGY

DEVELOPING PRECISION MEDICINES FOR THE TREATMENT OF CANCER

Preliminary Data from KOMET-007 – January 30, 2024