42nd Annual J.P. Morgan Healthcare Conference

Saqib Islam, Chief Executive Officer

January 8, 2024

SpringWorks THERAPEUTICS

Forward-Looking Statements

Note: Unless otherwise indicated, the information presented herein is as of January 2024 and made publicly available on January 8, 2024.

This presentation may contain “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, relating to our business, operations, and financial conditions, including but not limited to current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, our development and commercialization plans, our preclinical and clinical results, the market potential of OGSIVEO™ for adult patients with desmoid tumors, the potential for a Marketing Authorisation Application for nirogacestat with the European Medicines Agency, the potential for the results of the Phase 2b ReNeu clinical trial to support an NDA submission for mirdametinib, the potential for mirdametinib to become an important new treatment for patients with NF1-PN, our plans for seeking regulatory approval for and making mirdametinib available for NF1-PN patients, if approved, expectations regarding the timing and initial data from the Phase 2 trial evaluating nirogacestat in patients with recurrent ovarian granulosa cell tumors, our plans to initiate a Phase 1 trial of SW-682 in 1H 2024, our plans to report additional clinical data of nirogacestat in combination with BCMA-directed therapies and initiate additional planned Phase 1 collaborator studies, our expectations regarding the potential for the Phase 1b dose expansion phase of brimarafenib, expectations about whether our patents for our lead assets will adequately protect SpringWorks against competition, as well as relating to other future conditions. Words such as, but not limited to, “look forward to,” “believe,” “expect,” “anticipate,” “estimate,” “intend,” “plan,” “would,” “should” and “could,” and similar expressions or words, identify forward-looking statements. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. Any forward-looking statements in this presentation are based on management’s current expectations and beliefs and are subject to a number of risks, uncertainties and important factors that may cause actual events or results to differ materially from those expressed or implied by any forward-looking statements contained in this presentation, including, without limitation, risks relating to: (i) the success of our commercialization efforts with respect to OGSIVEO, (ii) our limited experience as a commercial company, (iii) our ability to obtain or maintain adequate coverage and reimbursement for OGSIVEO, (iv) the success and timing of our product development activities, including the initiation and completion of SpringWorks’ clinical trials, (v) our expectations regarding the potential clinical benefit of OGSIVEO for patients with desmoid tumors, (vi) the potential for OGSIVEO to become the new standard of care for patients with desmoid tumors, (vii) estimates regarding the number of adult patients who are diagnosed with desmoid tumors annually per year in the U.S. and the potential market for OGSIVEO, (viii) our expectations regarding the potential clinical benefit of mirdametinib for NF1-PN patients, (ix) the fact that topline or interim data from clinical studies may not be predictive of the final or more detailed results of such study or the results of other ongoing or future studies, (x) the success and timing of our collaboration partners’ ongoing and planned clinical trials, (xi) the timing of our planned regulatory submissions and interactions, including the timing and outcome of decisions made by the U.S. Food and Drug Administration (FDA), European Medicines Agency (EMA), and other regulatory authorities, investigational review boards at clinical trial sites and publication review bodies, (xii) whether FDA, EMA, or other regulatory authorities will require additional information or further studies, or may fail or refuse to approve or may delay approval of our product candidates, including nirogacestat and mirdametinib, (xiii) our ability to obtain regulatory approval of any of our product candidates or maintain regulatory approvals granted for our products, (xiv) our plans to research, discover and develop additional product candidates, (xv) our ability to enter into collaborations for the development of new product candidates and our ability to realize the benefits expected from such collaborations, (xvi) our ability to maintain adequate patent protection and successfully enforce patent claims against third parties, (xvii) the adequacy of our cash position to fund our operations through any time period indicated herein, (xviii) our ability to establish manufacturing capabilities, and our and our collaboration partners’ abilities to manufacture our product candidates and scale production, and (xix) our ability to meet any specific milestones set forth herein.

Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise. Although we believe the expectations reflected in such forward-looking statements are reasonable, we can give no assurance that such expectations will prove to be correct. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements.

For further information regarding the risks, uncertainties and other factors that may cause differences between SpringWorks’ expectations and actual results, you should review the “Risk Factors” section(s) of our filings with the Securities and Exchange Commission.

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and our own internal estimates and research. While SpringWorks believes these third-party sources to be reliable as of the date of this presentation, we have not independently verified, and make no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while we believe our own internal research is reliable, such research has not been verified by any independent source.

SpringWorks Therapeutics Is a Commercial-Stage Targeted Oncology Company Delivering New Advances for Patients

First and only FDA-approved therapy for desmoid tumors with launch of OGSIVEO™

Best-in-class data in NF1-PN expected to support NDA submission for potential second approval by 2025

Diversified pipeline of emerging programs under study in additional underserved patient populations

Strong financial position and durable IP protection for lead assets

SpringWorks THERAPEUTICS

2023 Was a Pivotal Year for SpringWorks

U.S. Launch of OGSIVEO	Began commercialization on November 27, 2023 as the first and only FDA-approved therapy for desmoid tumor patients with a broad label(1) and potential to become the standard of care
Positive ReNeu Topline Data	Positive data from Phase 2b trial of mirdametinib in NF1-PN, demonstrating best-in-class potential for children and adults, with NDA submission on track for 1H 2024
Progress Across Emerging Pipeline	Full enrollment of Phase 2 OvGCT trial, mechanism-validating data readouts from several BCMA combination studies, and advancement of biomarker-defined solid tumor programs
Strong Financial Position	Pro forma cash(2) of $700M+ expected to fully fund commercialization of two lead assets and advancement of earlier-stage pipeline

Note: NDA: New Drug Application; OvGCT: ovarian granulosa cell tumors.
(1) Indicated for adult patients with progressing desmoid tumors who require systemic treatment.
(2) Represents cash, cash equivalents and marketable securities balance as of September 30, 2023 pro forma, accounting for $299.2M in net proceeds received as a result of the $316.25M public equity offering including the full exercise of the underwriter over-allotment option closed on December 8, 2023; actual cash on-hand may vary from this estimate.

The First and Only FDA-Approved Therapy for Adult Patients With Desmoid Tumors Is Now Available

OGSIVEO is a gamma secretase inhibitor indicated for adult patients with progressing desmoid tumors who require systemic treatment

SpringWorks THERAPEUTICS

The Wait Is Over for Desmoid Tumor Patients

Aggressive, invasive, and highly debilitating soft tissue tumors

Can cause severe and chronic pain, loss of physical function, disfigurement, and anxiety

Complications can lead to nerve compression, intestinal obstruction, and internal bleeding

High rates of surgical recurrence and suboptimal outcomes with off-label systemic therapies left a critical unmet need

No FDA-approved therapies specifically for desmoid tumors prior to approval of OGSIVEO

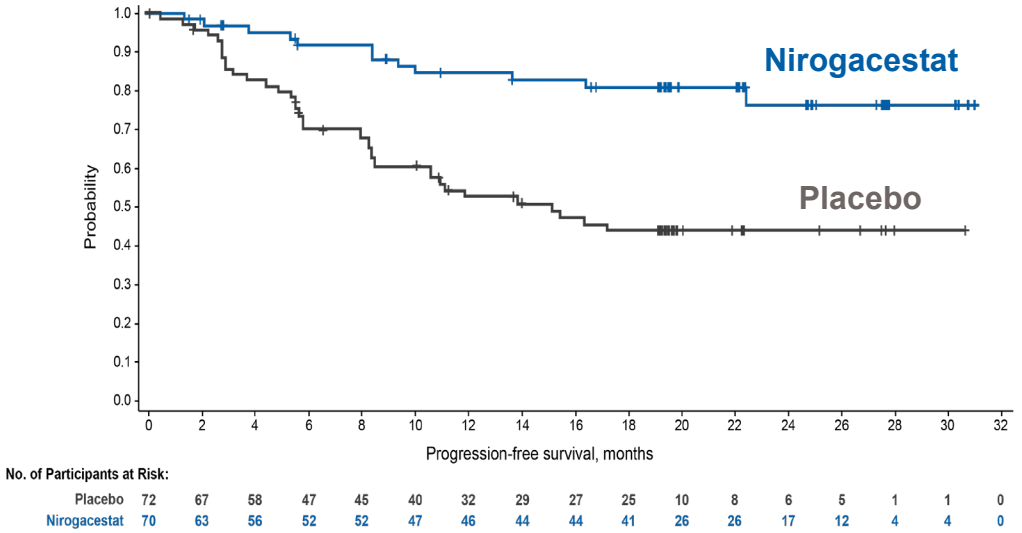
My desmoid tumor **wrapped around my nerves, veins and artery** behind my knee. I've had **ten surgeries total**, six to remove the tumor and four related to complications, and it **keeps growing back.**

- DeAnn, desmoid tumor patient

Strong Label Positions OGSIVEO to Become the Standard of Care for Desmoid Tumors

Efficacy Summary from USPI

	OGSIVEO (n=70)	Placebo (n=72)
Progression-Free Survival		
Number (%) of patients with event	12 (17)	37 (51)
Radiographic progression[a]	11 (16)	30 (42)
Clinical progression[a]	1 (1)	6 (8)
Death	0	1 (1)
Median (months) (95% CI)[b]	NR (NR, NR)	15.1 (8.4, NR)
Hazard ratio (95% CI)	0.29 (0.15, 0.55)	
p-value[c]	<0.001	
Objective Response Rate[a]		
ORR, n (%)	29 (41)	6 (8)
95% CI[d]	(29.8, 53.8)	(3.1, 17.3)
CR	5 (7)	0
PR	24 (34)	6 (8)
p-value[e]	<0.001	



"Progression-free survival results were supported by change from baseline in patient-reported worst pain favoring the OGSIVEO arm."

- OGSIVEO USPI

Safety Summary from USPI

Warnings and Precautions

- Diarrhea, ovarian toxicity, hepatotoxicity, non-melanoma skin cancers, electrolyte abnormalities, embryo-fetal toxicity

Most Common Adverse Reactions[f]

- Diarrhea, ovarian toxicity, rash, nausea, fatigue, stomatitis, headache, abdominal pain, cough, alopecia, upper respiratory tract infection, dyspnea

No Boxed Warnings, REMS Program, or Contraindications

Full prescribing information is available at www.OGSIVEO.com.; USPI: U.S. Prescribing Information; CI: confidence interval; ORR: objective response rate; CR: complete response; PR: partial response; NR: not reached.

a) Assessed by blinded independent central review.
b) Obtained using Kaplan-Meier Methodology.
c) p-value was from a one-sided stratified log-rank test with placebo as reference.
d) Obtained using exact method based on binomial distribution.
e) p-value was from a two-sided Cochran-Mantel-Haenszel test.
f) Reported in over 15% of patients.

SpringWorks THERAPEUTICS

OGSIVEO Can Address the Needs of Patients at All Stages of Their Desmoid Tumor Treatment

U.S. Patient Population

~1,000-1,650
new patients diagnosed annually

Incidence of 3 – 5 per million per year[1-3] with over 90% of patients receiving active intervention over the course of their disease

>70% of patients prefer medication over surgery

>75% of physicians believe OGSIVEO offers clinical benefits not offered by other treatments

~5,500-7,000
patients actively managed annually

Includes patients under continuous management since first diagnosis and those with tumor recurrence

>70% of physicians are aware of OGSIVEO

~90% of physicians expect to use OGSIVEO within the first year of approval

30,000+
total diagnosed prevalent patients

Meaningful proportion of the diagnosed prevalent population could be addressed with a new treatment option

>80% of physicians expect to recontact patients who are not under treatment / surveillance

We expect OGSIVEO will be the standard of care for adult desmoid tumor patients

Sources: SWTX Primary Research; (1) Van Broekhoven et al., Annals of Surgical Oncology, 2015; (2) Reitamo et al., American Journal of Clinical Pathology, 1982; (3) Anneberg et al., Cancer Epidemiology, 2022.

Launch Priorities for OGSIVEO

ADOPT

Position OGSIVEO as first or next systemic treatment and standard of care

SUPPORT

Provide comprehensive patient support to help maximize patient access and adherence

LEAD

Reinforce commitment to desmoid tumor community and improve patient outcomes

EXPAND

Educate physicians and patients to broaden the role of systemic therapy

Encouraging Early Progress for OGSIVEO Launch

Drug in channel and available within 5 business days of approval

First patient received OGSIVEO 6 business days after approval

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) updated to recommend nirogacestat (OGSIVEO) as an NCCN Category 1, Preferred treatment option for desmoid tumors within ~2 weeks of approval

Unmet need and clinical value recognized by payors early in launch, with Medicare coverage and confirmed reimbursement by PBMs covering ~90% of commercial lives(1)

Field team driving strong early demand from sarcoma centers of excellence, integrated health systems, and large community practices

Adoption of new desmoid tumor-specific ICD-10 codes is providing a broad and real-time view of desmoid tumor management

Note: PBM: Pharmacy Benefit Manager; NCCN: National Comprehensive Cancer Network® (NCCN®). Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Soft Tissue Sarcoma V.3.2023. © National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed January 5, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org.

(1) Based on actual reimbursement of OGSIVEO through December 2023 ahead of final published coverage criteria.

SpringWorks THERAPEUTICS

Desmoid Tumor Community Is Excited About the Availability of OGSIVEO

Prescribers

This is a **game changer**. Nirogacestat had **significant and lasting improvements** in various aspects of patients' lives. I cannot tell you how good it feels to be able to tell patients that we now have an **FDA-approved medication specifically targeted to their tumors…**

– Dr. Noah Federman, UCLA (DeFi Investigator)

Patients have been waiting for nirogacestat. When they see these outcomes and hear about the manageable side-effect profile, they have come to us **asking when nirogacestat will be available.** I am thrilled to be able to tell my patients that the FDA has approved this drug.

- Dr. Breelyn Wilky, University of Colorado (DeFi Investigator)

Patients

Tears of joy. This is a **watershed moment** for the desmoid community… Thank you to all my fellow trial participants, the doctors, the researchers, SpringWorks, and DTRF and all of its fundraisers and donors… **We all made this possible.**

– Amanda, Desmoid Tumor Patient (Phase 2 Participant)

Patient Advocacy Groups

The patient community is both **ecstatic and relieved** to **finally have a treatment** that has been rigorously studied and FDA-approved for desmoid tumors. The significance of having **OGSIVEO available to our community cannot be overstated.**

– Lynne Hernandez, Executive Director, DTRF

Note: DTRF: Desmoid Tumor Research Foundation.

Mirdametinib

NF1-PN

SpringWorks THERAPEUTICS

A Substantial Unmet Need Remains for a More Effective Treatment Option for Adult and Pediatric NF1-PN Patients

Disfiguring and highly morbid growth along nerves, often causing chronic, disabling pain

Significant impact on patient and caregiver quality of life with emotional and psychological burden

Surgery is difficult due to infiltrative growth along nerves and is viewed as an inadequate long-term solution

Challenging dosing / administration, tolerability, and label restrictions limit utility of currently approved MEK inhibitors

No approved options for adult NF1-PN patients

I was diagnosed with NF1 as a baby. I've had **18 surgeries. 24 hospital stays** and have been **on a ventilator since 2013**. I was told that my life expectancy would be short, but even so, I went to college, I have a good job, and **I continue to fight NF.**

- Antwan, NF1-PN patient

Positive Topline Results From Pivotal Phase 2b ReNeu Trial Demonstrate Mirdametinib's Potential Differentiation and Transformative Benefit for NF1-PN Patients

Potential best-in-class profile for both pediatric and adult NF1-PN patients

Deep and durable responses confirmed by BICR and statistically significant improvements in pain and physical functioning

Manageable safety profile with low rates of Grade 3+ toxicities and dose interruptions supports potential for extended treatment durations

Pediatric formulation and more convenient administration with no fasting requirement to enhance compliance

~100,000

Individuals with an NF1 diagnosis in the U.S.(1)

~40,000

Patients living with NF1-PN in the U.S.(2,3)

Note: BICR: Blinded Independent Central Review.

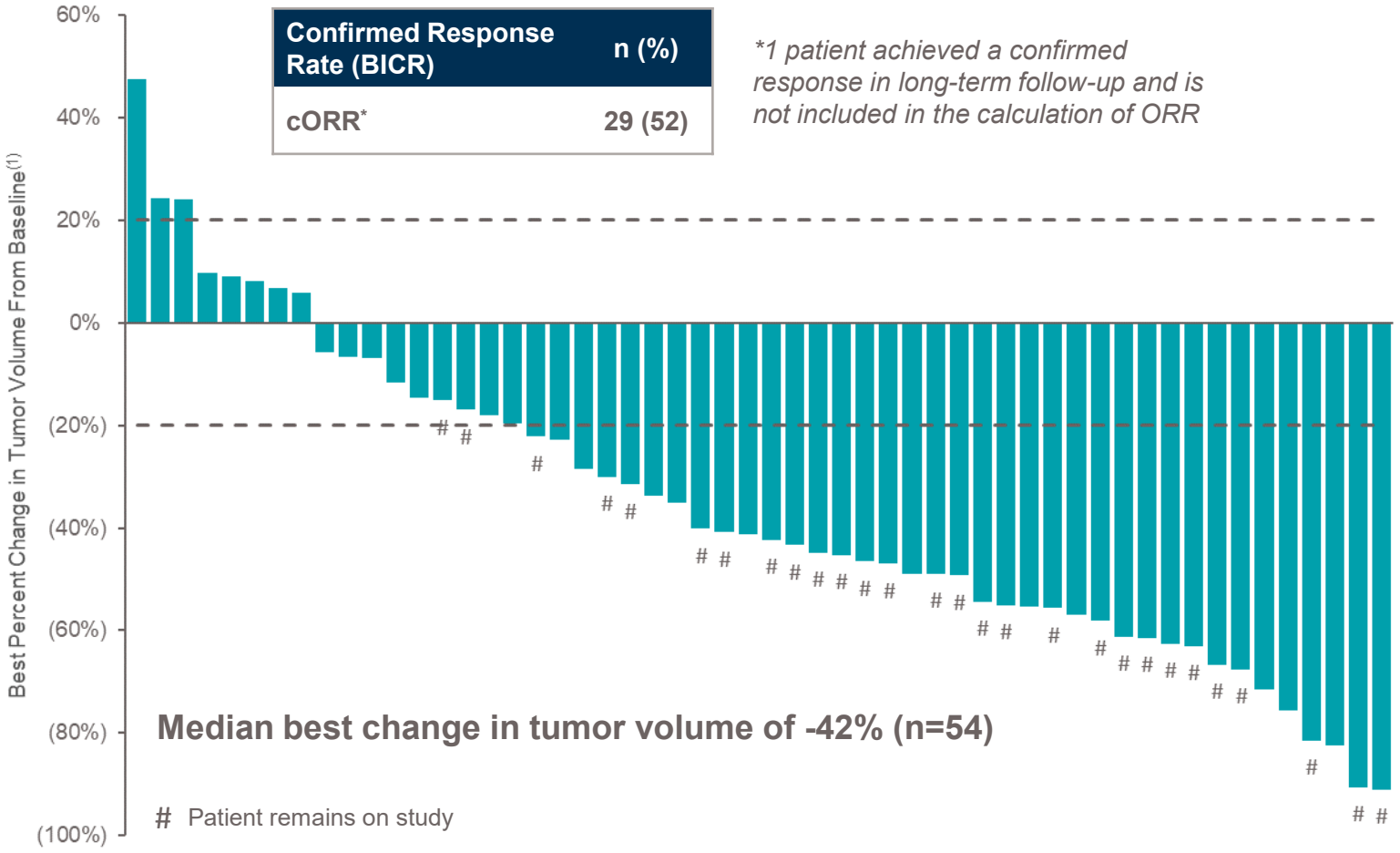
Sources: (1) Lammert et al., Arch Dermat, 2005. U.S. Census Data; (2) Fisher et al., Neuro-Oncology, 2022. (3) SpringWorks market research.

Phase 2b ReNeu Data Support Potential Best-In-Class Profile in Pediatric NF1-PN Patients

Pediatric Cohort (n=56)

Confirmed Response Rate (BICR)	n (%)
cORR*	29 (52)

**1 patient achieved a confirmed response in long-term follow-up and is not included in the calculation of ORR*



- Median duration of treatment was 22.0 months; median duration of response was not reached
- 85% of patients that completed the treatment phase chose to continue receiving treatment in LTFU
- Most frequently reported all-grade TEAEs were rash(2) (64%), diarrhea (55%), and vomiting (39%)
  - Majority were grade 1 or 2
  - 25% experienced a grade 3+ TRAE
- TEAEs leading to:
  - Dose interruption: 17 patients (30%)
  - Dose reduction: 7 patients (13%)
  - Discontinuation: 5 patients (9%)

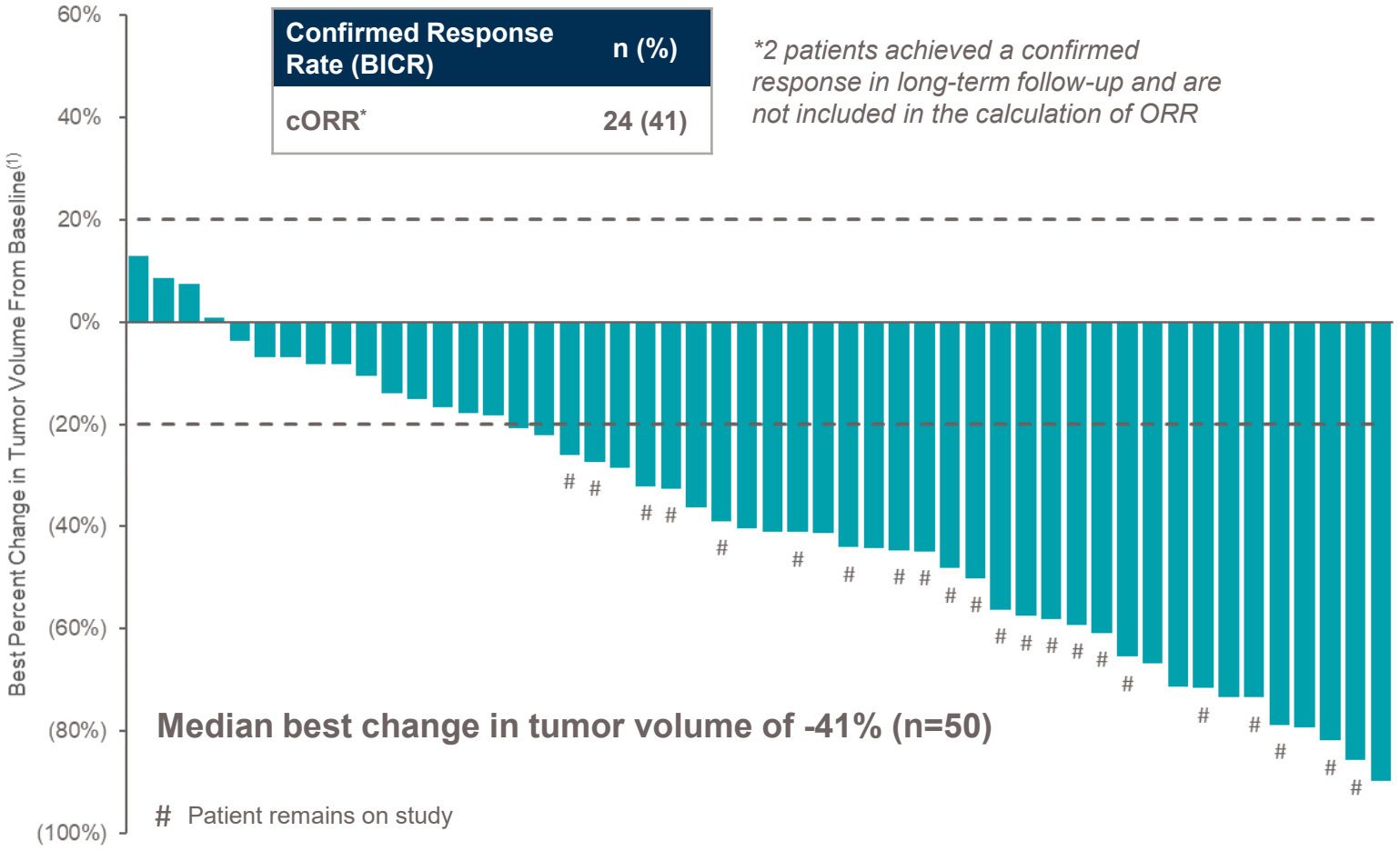
Data cutoff as of September 20, 2023.
Note: BICR: Blinded Independent Central Review; ORR: Objective Response Rate; LTFU: Long-Term Follow-Up; TEAE: Treatment-Emergent Adverse Event; TRAE: Treatment-Related Adverse event.
(1) Shows best change in tumor volume achieved at any point, including unconfirmed partial responses.
(2) Composite adverse event including dermatitis acneiform, rash, rash maculo-papular, rash erythematous, acne, seborrheic dermatitis, exfoliative rash, papule, rash papular, dermatitis, rash macular, rash pruritic.

ReNeu Data Also Set the Bar for Adult NF1-PN Patients

Adult Cohort (n=58)

Confirmed Response Rate (BICR)	n (%)
cORR*	24 (41)

**2 patients achieved a confirmed response in long-term follow-up and are not included in the calculation of ORR*



- Median duration of treatment was 21.8 months; median duration of response was not reached
- 84% of patients that completed the treatment phase chose to continue receiving treatment in LTFU
- Most frequently reported all-grade TEAEs were rash(2) (93%), diarrhea (59%), and nausea (52%)
  - Majority were grade 1 or 2
  - 16% experienced a grade 3+ TRAE
- TEAEs leading to:
  - Dose interruption: 18 patients (31%)
  - Dose reduction: 10 patients (17%)
  - Discontinuation: 13 patients (22%)

Data cutoff as of September 20, 2023.
Note: BICR: Blinded Independent Central Review; ORR: Objective Response Rate; LTFU: Long-Term Follow-Up; TEAE: Treatment-Emergent Adverse Event; TRAE: Treatment-Related Adverse event.
(1) Shows best change in tumor volume achieved at any point, including unconfirmed partial responses.
(2) Composite adverse event including dermatitis acneiform, rash, rash maculo-papular, rash erythematous, acne, seborrheic dermatitis, exfoliative rash, papule, rash papular, dermatitis, rash macular, rash pruritic.

Physicians View Mirdametinib's Profile as Clinically Compelling and Differentiated

Mirdametinib Can Address Unmet Needs in NF1-PN

92% agreed there is an unmet need for pediatric NF1-PN patients

98% agreed there is an unmet need for adult NF1-PN patients

100% believed mirdametinib's clinical profile will address key unmet needs in most or some adult NF1-PN patients

Mirdametinib's Differentiation vs. Existing Treatments

96% found mirdametinib's overall clinical profile to be more compelling than selumetinib's for pediatric NF1-PN patients

89% found mirdametinib's clinical profile to be more compelling than selumetinib's on efficacy

81% found mirdametinib's clinical profile to be more compelling than selumetinib's on safety

Source: SpringWorks primary market research, December 2023 (N=100 HCPs, each treating an average of >20 NF1-PN patients). Respondents answered questions based on review of blinded profiles derived from FDA labeling (selumetinib) and ReNeu topline data (mirdametinib).

Regulatory Status and Next Steps Toward Potential Mirdametinib Approval

Regulatory Status

NDA submission to FDA expected in 1H 2024

Orphan Drug Designation for NF1 granted by FDA and European Commission and Fast Track Designation for NF1-PN granted by FDA

Rare Pediatric Disease Designation granted by FDA in July 2023, which provides eligibility for priority review voucher upon FDA approval

Upcoming Data and Publications

Expect to present detailed study results from pediatric and adult cohorts of the ReNeu trial at a medical conference in 1H 2024

Preparation of manuscript for peer-reviewed journal publication is underway, with anticipated submission in 2024

Note: EMA: European Medicines Agency.

Looking Ahead

SpringWorks THERAPEUTICS

Building Our Opportunity Set With Value-Driving Execution Across Our Pipeline in 2024

	Anticipated 2024 Milestones
Nirogacestat *(Gamma Secretase Inhibitor)*	▪ Continue establishing OGSIVEO as standard of care for adult desmoid tumor patients ▪ Submit MAA to EMA in 1H 2024 ▪ Report initial data for Phase 2 study of nirogacestat in OvGCT in 2H 2024 ▪ Support additional data disclosures by partners for ongoing BCMA collaborations and advance development of nirogacestat combination across lines of multiple myeloma treatment
Mirdametinib *(MEK Inhibitor)*	▪ Submit NDA to FDA for children and adults with NF1-PN in 1H 2024 ▪ Present ReNeu trial data at a major medical congress in 1H 2024 ▪ Publish ReNeu trial data in peer-reviewed academic journal in 2024
Brimarafenib(1) *(RAF Fusion and Dimer Inhibitor)*	▪ Present additional data for brimarafenib monotherapy in MAPK-mutant solid tumors in 2H 2024 ▪ Initiate Phase 1b trial of brimarafenib with panitumumab in CRC and pancreatic cancer patients in 1Q 2024
Portfolio Expansion	▪ Initiate Phase 1 trial of SW-682 (TEAD inhibitor) in Hippo mutant solid tumors in 1H 2024 ▪ Advance early-stage assets and discovery work, while seeking to expand portfolio through investment in internal programs and opportunistic business development

(1) Being developed by MapKure, a joint venture owned by SpringWorks and BeiGene.

Note: MAA: Marketing Authorisation Application; EMA: European Medicines Agency; OvGCT: ovarian granulosa cell tumors; CRC: colorectal cancer.

Foundation and Clear Drivers in Place for Long-Term Success

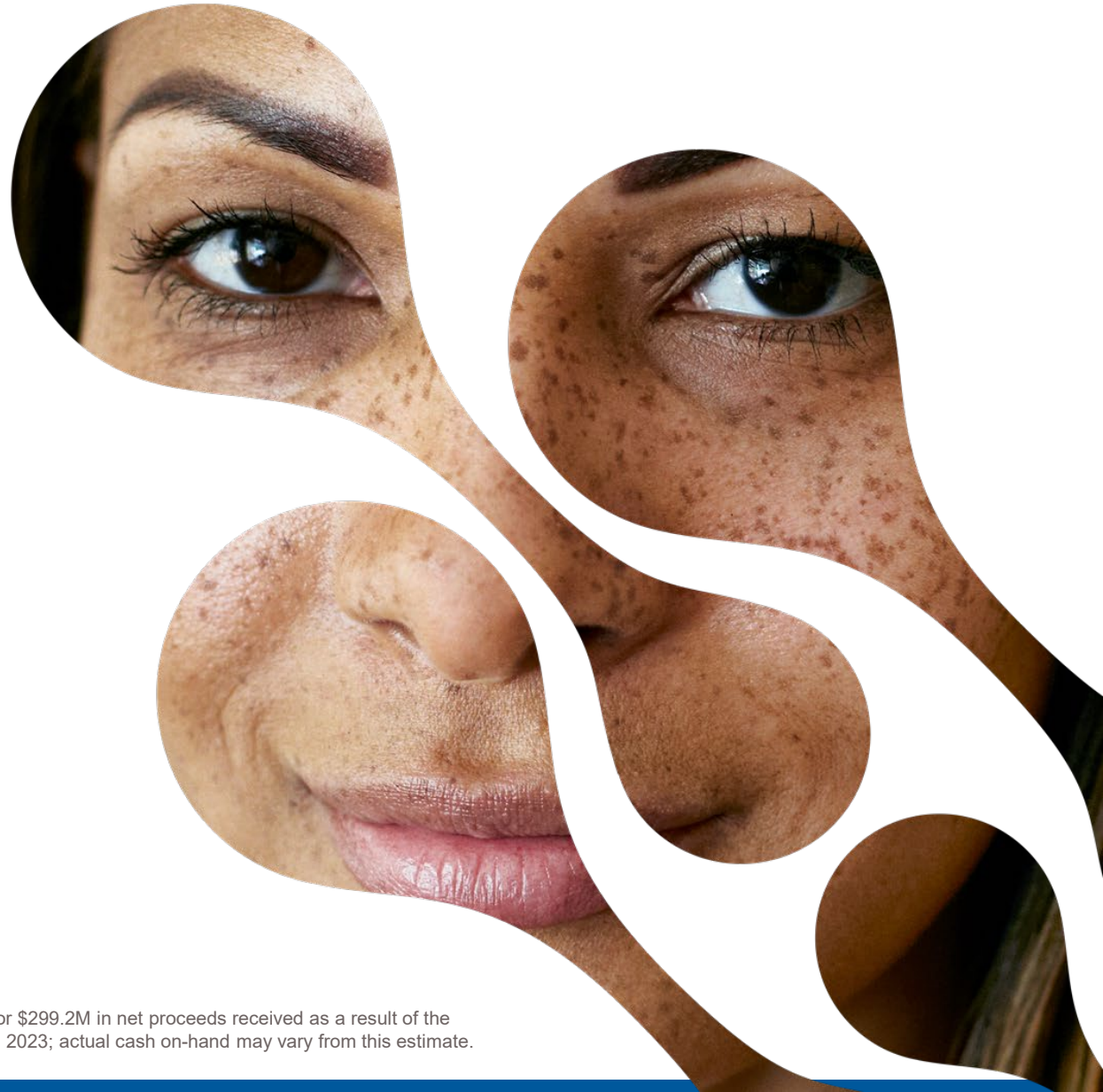
First product launch underway with near-term approval path for second asset, each serving a distinct patient population

Advancing deep pipeline of late- and early-stage oncology programs with several near-term catalysts

Robust intellectual property portfolio with Orange Book listable patents providing durable protection past 2040 for both lead assets

Experienced leadership team with track record of successful execution through drug discovery, approval, and commercialization

Capital efficient operating model and strong balance sheet with $700M+ in cash(1) expected to fully fund commercialization of two lead assets and further pipeline development



(1) Represents cash, cash equivalents and marketable securities balance as of September 30, 2023 pro forma, accounting for $299.2M in net proceeds received as a result of the $316.25M public equity offering including the full exercise of the underwriter over-allotment option closed on December 8, 2023; actual cash on-hand may vary from this estimate.

THANK YOU