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): May 30, 2026

EIKON THERAPEUTICS, INC.

(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-43085**	**84-2807586**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

230 Harriet Tubman Way **Millbrae, California**	**94030**
(Address of Principal Executive Offices)	**(Zip Code)**

Registrant's Telephone Number, Including Area Code: (341) 777-0566

Not Applicable

(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:

☐ 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, $0.0001 par value per share	EIKN	The Nasdaq Stock Market LLC

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 7.01 Regulation FD Disclosure.

On May 30, 2026, Eikon Therapeutics, Inc. (the "Company") updated its corporate presentation. A copy of the updated presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information in this Item 7.01, including Exhibit 99.1 hereto, is being "furnished" and shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section or Section 11 and 12(a)(2) of the Securities Act of 1933, as amended (the "Securities Act"). The information in this Item 7.01, including 99.1 hereto, shall not be incorporated by reference into any registration statement or other document pursuant to the Securities Act or into any filing or other document pursuant to the Exchange Act, except as otherwise expressly stated in any such filing.

Item 8.01 Other Events.

On May 30, 2026, the Company issued a press release announcing updated data on its Phase 2 trial of EIK1001 in first-line patients with stage 4 non-small cell lung cancer and new and updated data on its Phase 1/2 trial of EIK1003 in patients with advanced solid tumors, which were presented at the 2026 American Society of Clinical Oncology Annual Meeting. A copy of the press release is attached as Exhibit 99.2 to this Current Report on Form 8-K and is incorporated into this Item 8.01 by reference.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit Number	Description
99.1	Eikon Therapeutics, Inc. Corporate Presentation as of May 30, 2026.
99.2	Press Release dated May 30, 2026.
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 hereunto duly authorized.

EIKON THERAPEUTICS, INC.

Date: June 1, 2026

By: /s/ Alfred Bowie, Ph.D.
Alfred Bowie, Ph.D.
Chief Financial Officer

Q2 Company Update

June 2026

Disclaimer

Any statements made in this presentation that are not statements of historical fact, including statements about our beliefs and expectations, are forward-looking statements and should be evaluated as such. Forward-looking statements include information concerning the strategy, initiation, cost, timing, progress, and results of our preclinical studies and clinical trials for our product candidates; our ability to leverage our technology platform to enable more informed drug research and development; estimates of the number of patients with certain diseases and conditions we intend to treat, the number of patients that we plan to enroll in our clinical trials, and the size and nature of the market opportunity for our product candidates, expected milestones and business objectives for 2026 and beyond; and our ability to maintain our current license agreements and collaborations, including our ability to comply with our financial obligations pursuant to the terms of such agreements, and our ability to identify and enter into future license agreements and collaborations. These statements often include words such as "anticipate," "expect," "suggests," "plan," "believe," "intend," "estimates," "targets," "projects," "should," "could," "would," "may," "will," "forecast" and other similar expressions. These forward-looking statements are contained throughout this presentation. We have based these forward-looking statements on our current expectations, plans and assumptions that we have made in light of our experience in the industry, as well as our perceptions of historical trends, current conditions, expected future developments and other factors we believe are appropriate under the circumstances at such time. As you read and consider this presentation, you should understand that these statements are not guarantees of future performance or results. The forward-looking statements are subject to and involve risks, uncertainties and assumptions, and you should not place undue reliance on these forward-looking statements. Although we believe that these forward-looking statements are based on reasonable assumptions at the time they are made, you should be aware that many factors could affect our actual results or results of operations and could cause actual results to differ materially from those expressed in the forward-looking statements. Factors that may materially affect such forward-looking statements include: our limited operating history; our significant net losses incurred since inception and the likelihood of incurring additional losses for the foreseeable future; our need for substantial additional funding; the early stage of development of our product candidates and any future product candidates and the possibility they may fail in development; our dependence on the success of our current product candidates; legal and regulatory risks; intellectual property-related risks; and the other important factors described in the Annual Report on Form 10-K that we have filed with the Securities and Exchange Commission. These cautionary statements should not be construed by you to be exhaustive and are made only as of the date of this presentation. We undertake no obligation to update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise, except as required by applicable law. You should, therefore, not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this presentation.

Certain information contained in this presentation and statements made orally during this presentation relate to or are based on studies, publications and other data obtained from third-party sources as well as our own internal estimates and research. While we believe 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, estimates involve a number of assumptions and limitations and you are cautioned not to give undue weight to such estimates.

This presentation contains references to our trademarks and service marks and to those belonging to other entities. Solely for convenience, trademarks and trade names referred to in this presentation may appear without the® or TM symbols, but such references are not intended to indicate in any way that we will not assert, to the fullest extent under applicable law, our rights or the rights of the applicable licensor to these trademarks and tradenames. We do not intend our use or display of other entities' trade names, trademarks or service marks to imply a relationship with, or endorsement or sponsorship of us by, any other entity.

Eikon is a late-stage clinical biopharmaceutical company

Experienced Leadership	Clinical-Stage Pipeline	Innovative Discovery	Machine Learning & Advanced Engineering

Advancing breakthrough therapeutics through the purposeful integration of science and engineering

eikon THERAPEUTICS

Eikon's pipeline includes multiple indications addressing significant unmet medical needs

Candidate/ Program	Target	Target Indication(s)	Pre-Clinical / Phase 1 / Phase 2 / Phase 3	Ownership	Next Anticipated Milestone
EIK1001	TLR7/8	Melanoma[1]	Phase 2	Global exclusive license	First Interim Analysis, 2H 2026
		NSCLC[2]	Phase 2		Phase 2/3 First Patient Dosed, 2H 2026 Phase 2 Data (NSQ SQ)[3] Readout, 2H 2026
EIK1003	PARP1	Ovarian, Breast, Prostate, Pancreatic	Phase 2	Global exclusive license excluding Greater China[4]	1A and 1C Data Readouts, 2H 2026
EIK1004	PARP1 *(CNS Penetrant)*	Solid Tumors with and without Brain Metastases	Phase 1	Global exclusive license excluding Greater China[4]	Completion of Phase 1/2 Dose Escalation, 2H 2026
EIK1005	WRN	MSI-high Tumors	Phase 1	Wholly owned	Phase 1 First Patient Dosed, Q1 2026
EIK1006	AR	Prostate Cancer	Pre-Clinical	Wholly owned	IND Submission, End of 2026

Milestone achieved

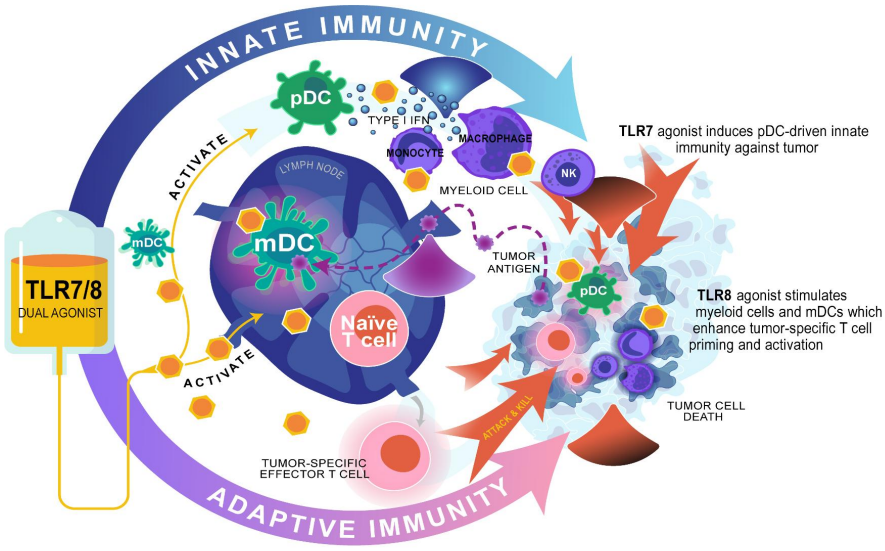
We are also actively pursuing additional discovery research in oncology and neurodegeneration

[1]This Phase 2/3 trial is designed to proceed to completion, subject to interim analysis by a data monitoring committee, and to form the basis for registration;[2] Phase 2 safety and efficacy study nearing completion; United States Food and Drug Administration, or FDA, has allowed us to proceed with the Phase 2/3 registrational trial;[3] NSQ = Non-squamous cohort, SQ = Squamous cohort, Phase 2 readout for NSQ cohort presented at ASCO 2026;[4] Greater China: China, Hong Kong, Macau, Taiwan.
Note: Readouts are contingent on acceptance for presentation at one of several major medical conferences

EIK1001 – TLR7/8 Dual-Agonist

EIK1001: Eikon's TLR7/8 dual-agonist has potential to complement checkpoint inhibition

TLR7 and TLR8 activate innate and adaptive anti-tumor immunity



- **TLR7/8 dual-agonist** activates both innate and adaptive immune responses
- **Orthogonal mechanism** to checkpoint inhibition, a prerequisite for successful combination
- **Established biology** cutaneous administration of resiquimod[1] (EIK1001) shown to provoke responses in lymphomas and basal cell carcinoma
- **Monotherapy activity** observed in phase 1 studies with EIK1001

doi.org/10.1016/j.medidd.2022.100122;[1]doi: 10.1182/blood-2015-02-630335; doi: 10.3390/pharmaceutics14102076

NSCLC standard of care established in KEYNOTE studies of pembrolizumab + chemotherapy *vs* chemotherapy alone

Investigator-based assessment from established standard of care

Trial	Regimen	N	ORR	DCR	DOR (months)
KEYNOTE 189 (Non-Squamous)	Pembro + chemo vs. Chemo	616	43% vs. 19%	81% vs. 70%	Median: 12.6 vs. 7.6
KEYNOTE 407 (Squamous)	Pembro + chemo vs. Chemo	559	55% vs. 32%	84% vs. 76%	Median: 7.3 vs. 4.9

Source(s): DOI(s): 10.1056/NEJMoa1810865; 10.1056/NEJMoa1801005; 10.1200/JCO.22.01989; 10.1200/JCO.22.01990 || NEJM ITT population and JCO, all responses from NEJM are reported as based on the investigator review in the original publication

EIK1001-005 study fully enrolled: NSQ data updated at ASCO 2026, SQ data still maturing

All Participants

ALL (NSQ + SQ)	N = 65 | 72 (Efficacy Evaluable | Total)
	% (95% CI)
ORR (CR+PR)	**63.1%** (50.2%, 74.7%)
DCR (CR+PR+SD)	**90.8%** (81.0%, 96.5%)

Nonsquamous

NSQ	N = 36 | 39 (Efficacy Evaluable | Total)
	% (95% CI)
ORR (CR+PR)	**55.6%** (38.1%, 72.1%)
DCR (CR+PR+SD)	**83.3%** (67.2%, 93.6%)
Median Follow Up, mo.	13.6 (range: 7.9-25.3)

Squamous

SQ	N = 29 | 33 (Efficacy Evaluable | Total)
	% (95% CI)
ORR (CR+PR)	**72.4%** (52.8%, 87.3%)
DCR (CR+PR+SD)	**100%** (86.3%, 100%)
Median Follow Up, mo.	8.8 (range: 2.8-21.4)

- Objective responses were observed across all PD-L1 TPS (Tumor Proportion Score) subgroups
- Study continues to perform at the high end of company expectations

Responses are based on RECIST 1.1

Data as of May 4, 2026; Safety, exposure, and disposition data cutoff: March 17, 2026; Presented at ASCO 2026

EIK1001-005 is observed to be generally well tolerated, permitting administration in out-patient setting

Overall Safety Summary

TEAEs:	N	%
Any TEAE	72	100%
Grade ≥ 3 TEAE	57	79.2%
Grade ≥ 3 drug-related TEAE	35	48.6%
SAE	36	50.0%
TEAEs leading dose to:		
Death	9	12.5%
Discontinuation	14	19.4%
Modification	17	23.6%

Grade ≥ 3 TRAE Occurring in ≥ 2 Subjects

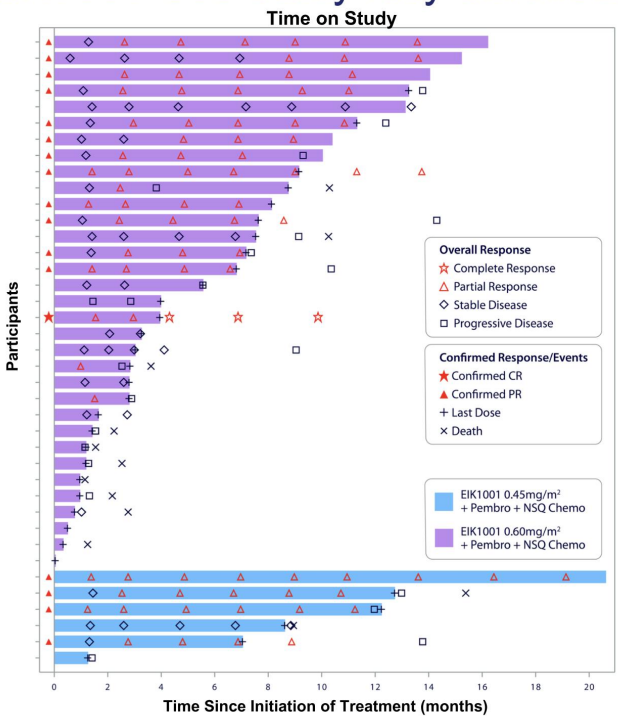
	NSQ N=39	SQ N=33	All N=72
Grade ≥ 3 TRAEs:	N(%)	N(%)	N(%)
Neutropenia*	13(33.3%)	9(27.3%)	22(30.6%)
Anemia*	6(15.4%)	1(3.0%)	7(9.7%)
Thrombocytopenia*	6(15.4%)	1(3.0%)	7(9.7%)
Fatigue*	4(10.3%)	1(3.0%)	5(6.9%)
Colitis	1(2.6%)	2(6.1%)	3(4.2%)
Febrile Neutropenia	2(5.1%)	None	2(2.8%)
Lymphopenia	1(2.6%)	1(3.0%)	2(2.8%)

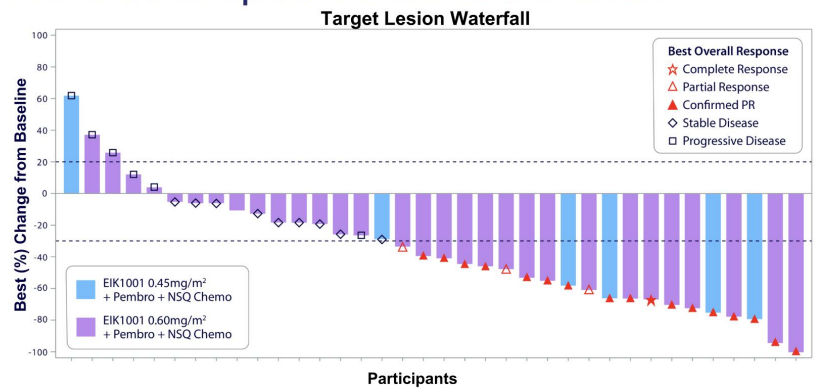
*Consolidated terms
Drug-related: events determined by Investigator to be related to treatment regimen; TEAE = treatment-emergent adverse event; TRAE = treatment-related adverse event; SAE = serious adverse event; NSQ = non-squamous; SQ = squamous. Adverse events are shown for preferred terms occurring in ≥2 participants overall.

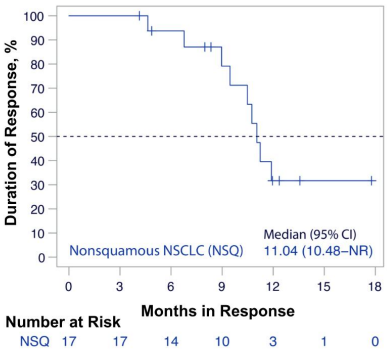
- No DLTs were observed during the safety run-in phase (N=13)
- High-grade treatment-related AEs were generally consistent with toxicities expected with pembrolizumab/platinum-based chemotherapy
- **No Grade 3 or higher Cytokine Release Syndrome (CRS) events**

Responses are based on RECIST 1.1
Data as of May 4, 2026; Safety, exposure, and disposition data cutoff: March 17, 2026; Presented at ASCO 2026

EIK1001-005 study fully enrolled: NSQ data updated at ASCO 2026







Number at Risk

NSQ	17	17	14	10	3	1	0

Median DOR > 11 months
(as of May 4, 2026)

Responses are based on RECIST 1.1
Data as of May 4, 2026; Presented at ASCO 2026

EIK1001-005 NSQ summary

- **EIK1001 + SOC** demonstrated encouraging antitumor activity in the NSQ cohort
- **Tumor reductions** were observed in most response-evaluable participants
- **Median DOR** was greater than 11 months at the efficacy data cutoff of May 4, 2026
- **Response follow-up was ongoing**, with several responders remaining on treatment or in response

Responses are based on RECIST 1.1
Data as of May 4, 2026; Presented at ASCO 2026

EIK1001: Current program(s) status

Currently conducting multiple clinical trials:

- **EIK1001-005** Phase 2 exploratory/tolerability study in NSCLC of triplet (chemo + EIK1001 + pembrolizumab), initiated in Q1 2024
- **EIK1001-006** Phase 2/3 registrational trial in melanoma of combination (EIK1001 + pembrolizumab), initiated in Q2 2025
- **EIK1001-008** Phase 2/3 registrational trial in NSCLC (chemo + EIK1001 + pembrolizumab), initiated in Q1 2026

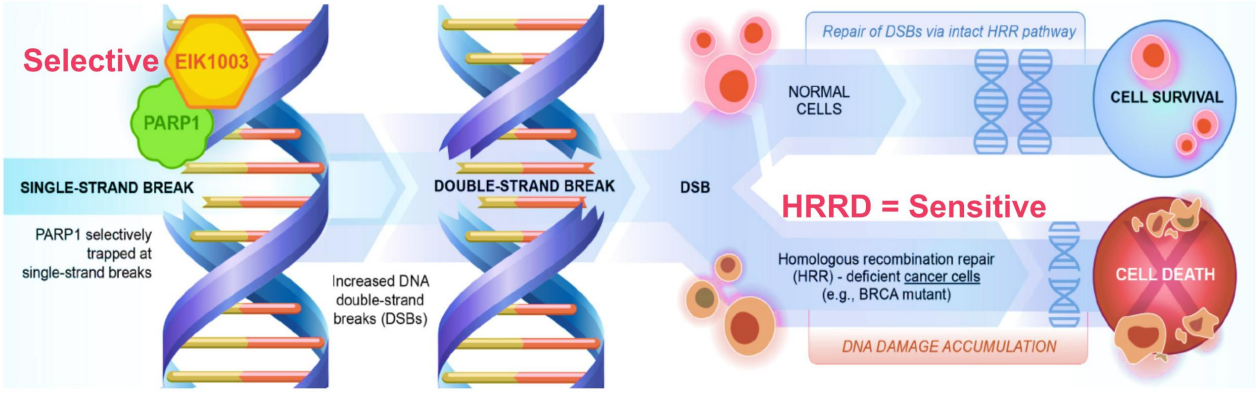
Anticipated 2026 milestone(s):

- **2H2026** Phase 2 data readout NSQ and SQ
- **2H2026** First Interim Analysis
- **2H2026** First Patient Dosed

Milestone achieved

EIK1003/EIK1004: PARP1-Selective Inhibitors for Treatment of Malignancy

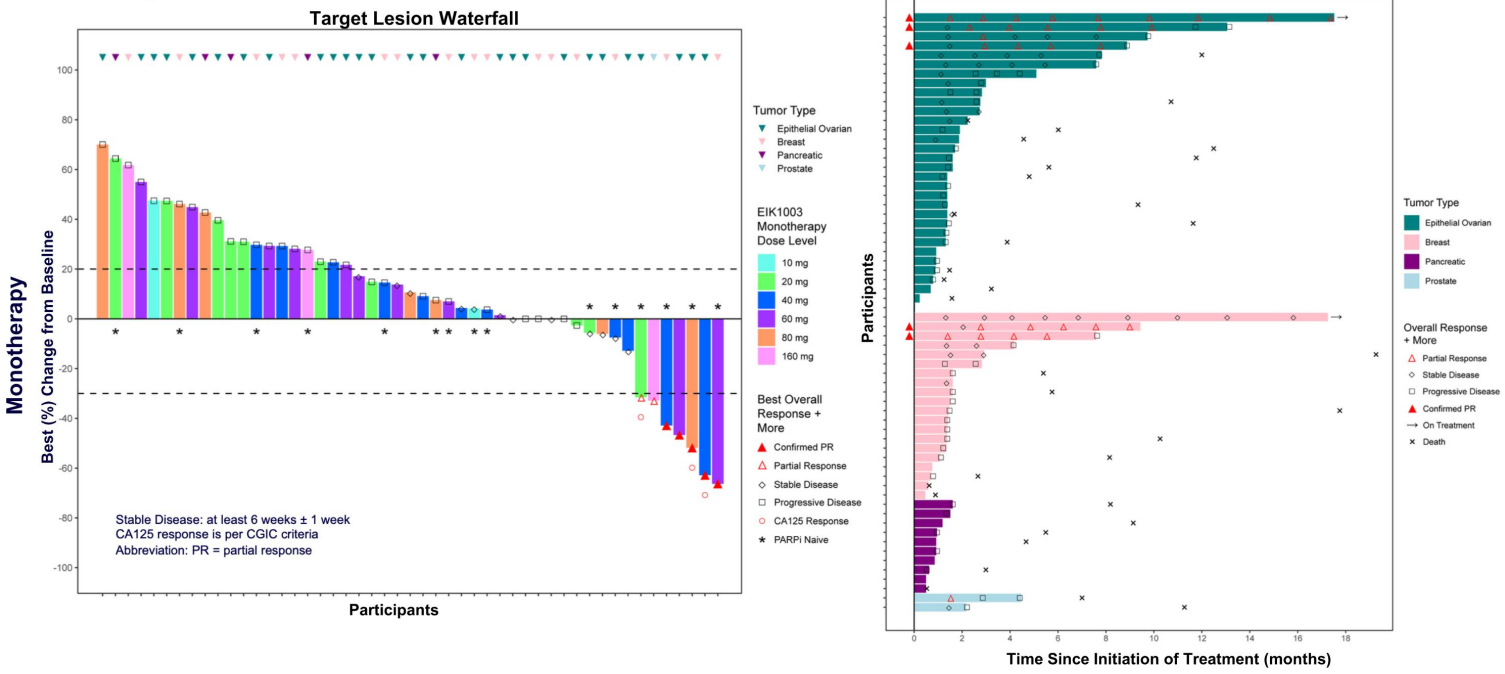
EIK1003: Eikon's PARP1 selective inhibitor has potential to overcome current limitations and expand usage setting



- PARP1 inhibition and subsequent trapped PARP1 leads to DNA double strand breaks and anti-tumor activity in HR deficient cells
- EIK1003 is designed to be highly selective for PARP1 over PARP2, in contrast to currently approved agents
- PARP2 activity is thought to be a major driver of hematotoxicity, limiting current therapies to maintenance setting
- A differentiated PARP1 selective inhibitor could potentially be used in combination and beyond the maintenance setting

1: AstraZeneca FY 2024 results; HR: homologous recombination; HRRD: HRR deficient

EIK1003: Tumor responses observed in Phase 1/2 trial as monotherapy. Results from the fully-enrolled dose-escalation trial.



Responses are based on RECIST 1.1, PARPi: PARP inhibitor
Data as of May 4, 2026; Safety data as of February 27th, 2026; Presented at ASCO 2026

Note: CA125 Response: reduction of over 50% in serum CA-125 levels from a high pre-treatment baseline, maintained for at least 28 days

EIK1003: Summary of observed responses and safety profile as monotherapy (Cohort 1A)

Monotherapy Key Endpoints

	(CR+PR)/Evaluable	ORR %
Total	**7/49**	**14.3%**
Tumor Type		
Breast	2/16	12.5%
Ep. Ovarian	4/27	14.8%
Prostate	1/1	100%
Pancreatic	0/5	0%
PARPi Naïve	4/15	**26.7%**

- All 7 responses were PRs (5 confirmed, 2 unconfirmed)
- Median duration of response (DOR) in confirmed responders: **7.8 months** (range: 6.0-15.9+)
- Disease control rate (DCR: CR+PR+SD): **38.8%**

Monotherapy Safety Summary

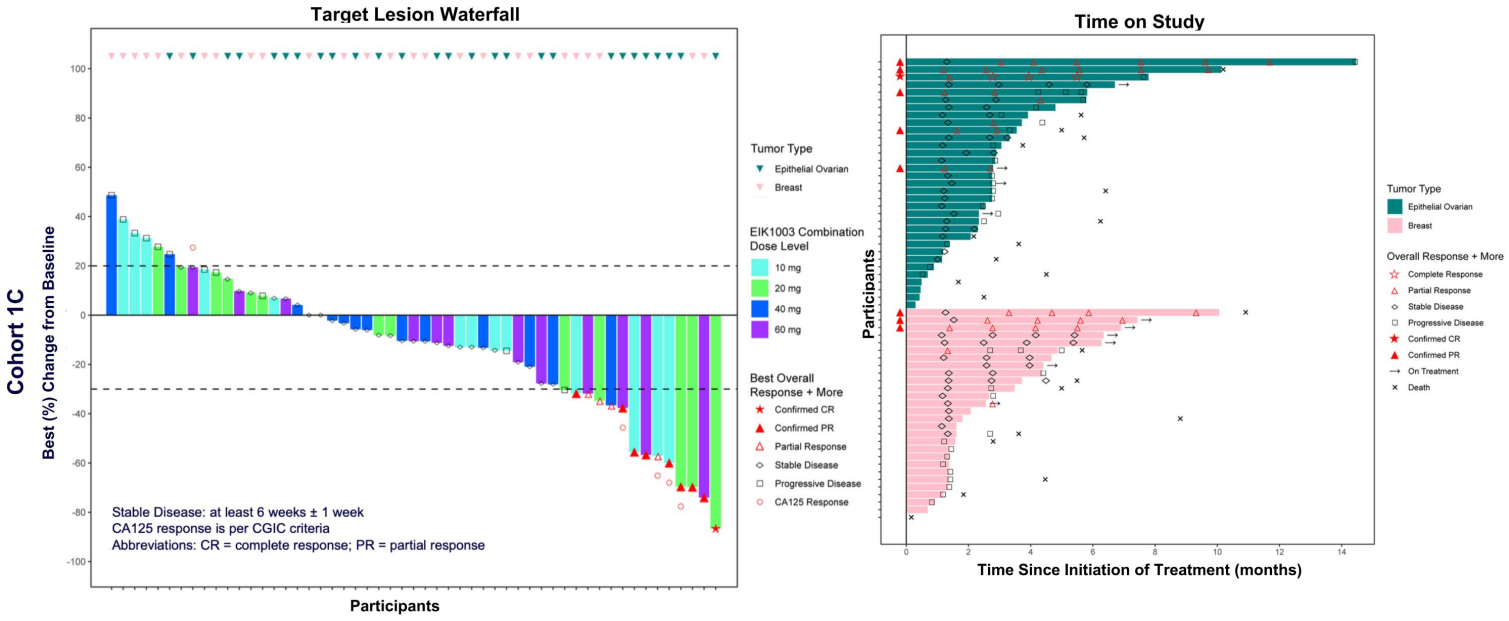
	N (Total = 65)	%
TEAEs:		
All	63	96.9%
Grade ≥ 3	29	44.6%
Anemia	6	9.2%
Neutropenia	5	7.7%
Ascites	5	7.7%
Thrombocytopenia	1	1.5%
TEAEs leading dose to:		
Interruption	22	33.8%
Reduction	7	10.8%
Discontinuation	6	9.2%

- 4 out of 6 participants who developed Grade ≥ 3 anemia had Grade 1-2 anemia at baseline
- There were no treatment-related AEs (TRAEs) that led to death

Responses are based on RECIST 1.1, PARPi: PARP inhibitor
Data as of May 4, 2026; Safety data as of February 27th, 2026; Presented at ASCO 2026

TEAE: treatment emergent adverse event; TRAE: treatment related adverse event; ORR: objective response rate; DCR: disease control rate; DOR: duration of response

EIK1003: Tumor responses observed in Phase 1/2 trial in combination with paclitaxel. Results from fully enrolled dose escalation trial.



Responses are based on RECIST 1.1, PARPi: PARP inhibitor
Data as of May 4, 2026; Safety data as of February 27th, 2026; Presented at ASCO 2026

Note: CA125 Response: reduction of over 50% in serum CA-125 levels from a high pre-treatment baseline, maintained for at least 28 days

EIK1003: Summary of observed responses and safety profile in combination with paclitaxel (Cohort 1C)

Paclitaxel Combo. Key Endpoints

	(CR+PR)/Evaluable	ORR %
Total	**13/53**	**24.5%**
Tumor Type		
Breast	5/26	19.2%
Ep. Ovarian	8/27	29.6%
Prior Taxane	12/13	**92%**

- 1 CR (confirmed), 12 PR (8 confirmed, 4 unconfirmed)
- Prior taxane exposure by tumor type: 100% (8/8) ovarian cancer; 80% (4/5) breast cancer
- DOR range in confirmed responders: **1.5+ - 11.4 months**. The response remains ongoing for 3 responders
- Disease control rate (DCR: CR+PR+SD): **79.2%**

Paclitaxel Combo. Safety Summary

	N (Total = 60)	%
TEAEs:		
All	60	100%
Grade ≥ 3 in at least 10%	45	75%
Anemia	8	13.3%
Neutropenia	30	50%
TEAEs leading dose to:		
Interruption	50	83.3%
Reduction	15	25%
Discontinuation*	11	18.3%

**discontinuation of either or both drugs*

- Dose-limiting toxicities of febrile neutropenia and tachycardia (1 participant each) occurred at the highest dose level tested (EIK1003 60 mg)
- All 8 participants who developed Grade ≥ 3 anemia had Grade 1-2 anemia at baseline
- There were no treatment-related AEs (TRAEs) that led to death

Responses are based on RECIST 1.1, PARPi: PARP inhibitor
Data as of May 4, 2026; Safety data as of February 27th, 2026; Presented at ASCO 2026

TEAE: treatment emergent adverse event; TRAE: treatment related adverse event; ORR: objective response rate; DCR: disease control rate; DOR: duration of response

EIK1003/EIK1004: Current program(s) status

Currently conducting multiple clinical trials:

- **EIK1003-001 (Part 1):**
  - Cohort 1A: Monotherapy
  - Cohort 1B: Combo with abiraterone
  - Cohort 1C: Combo with paclitaxel
  - Cohort 1D: Combo with platinum-based therapy and paclitaxel
- **EIK1003-001 (Part 2):** Ph 2 Monotherapy dose optimization study
- **EIK1004-001 (Part 1):**
  - Dose escalation safety study

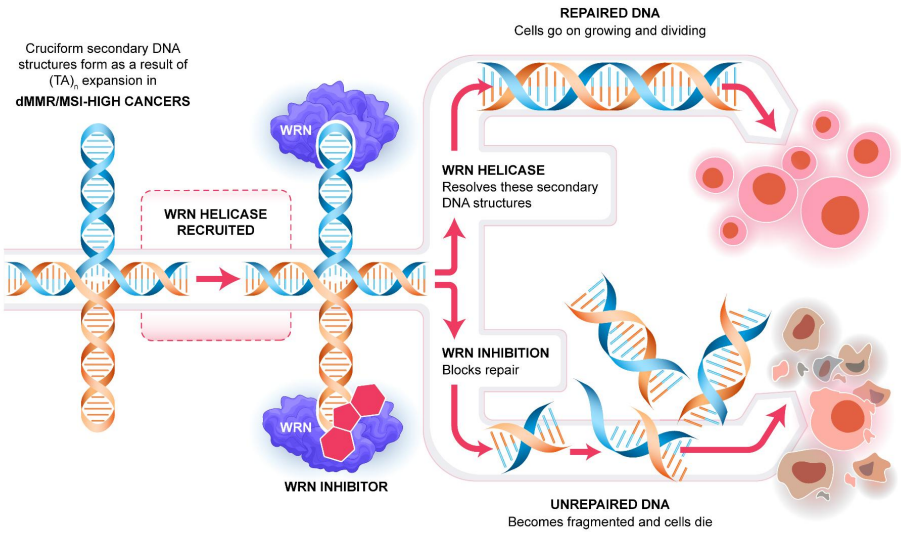
Anticipated 2026 milestone(s):

- **1H 2026** Read out at ASCO 2026
- **2H 2026** Read out
- **1H 2026** Read out at ASCO 2026
- **1H 2026** Study initiated
- **1H 2026** First patient dosed
- **2H 2026** Complete dose escalation

Milestone achieved

EIK1005: WRN Inhibitor for Treatment of MSI-High Cancers

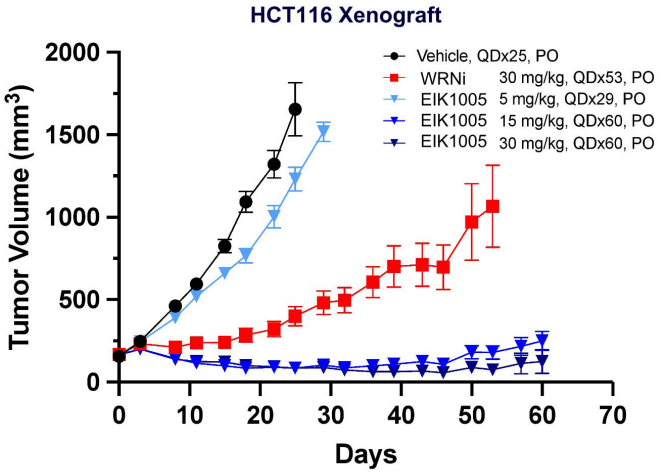
EIK1005: Eikon's WRN inhibitor for the treatment of microsatellite instability high cancers



- **MSI-high cancers** rely on WRN helicase activity to resolve secondary DNA structures
- **WRN inhibition** blocks DNA repair leading to fragmented DNA and cell death in sensitive cells
- **Unmet need** exists for cancers that are primary refractory or relapse from currently available therapies
- **PD-L1** combinations could potentially enhance the anti-tumor activity of a WRN inhibitor

EIK1005: WRN inhibitor clinical program initiated based on favorable results in tumor xenograft studies, starting dose established

Tumor volume decrease observed at multiple dose levels in preclinical studies



Early clinical data presented at ASCO 2026

- 23 subjects were dosed in a two-part study (P1 N=15; P2 N=8) at 50mg (P1 & P2) and 100mg (P1) doses
- All subjects competed the study and all AEs were unrelated and mild with the exception of a single moderate AE with no clinically significant events
- T 1/2 was 9.4 days, EIK1005 exposure increased in a dose related manner and no clinically significant food effect was observed
- Findings supported a starting dose of 50mg for EIK1005-002 trial (NCT#007262619)

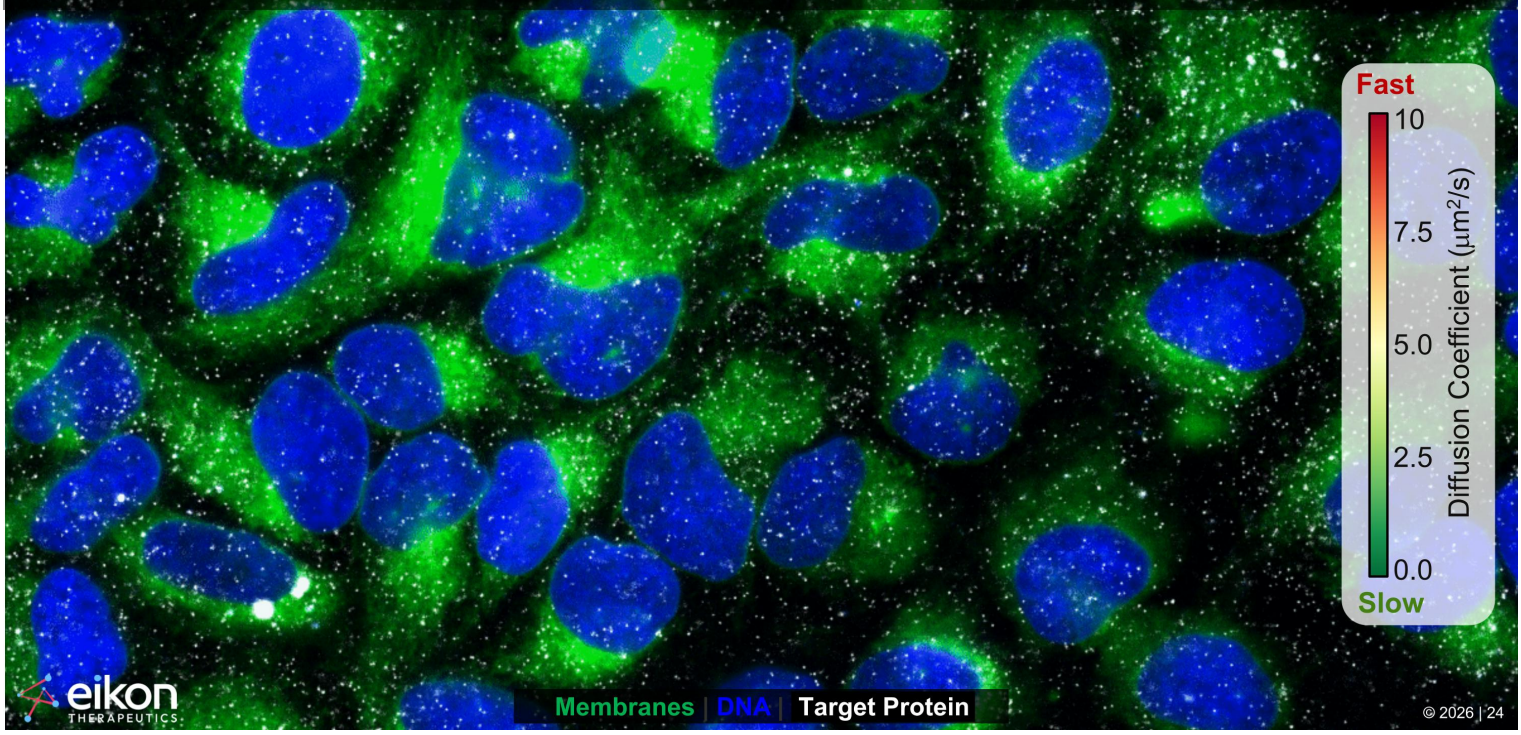
P1: Part 1; P2: Part 2

Presented at ASCO 2026

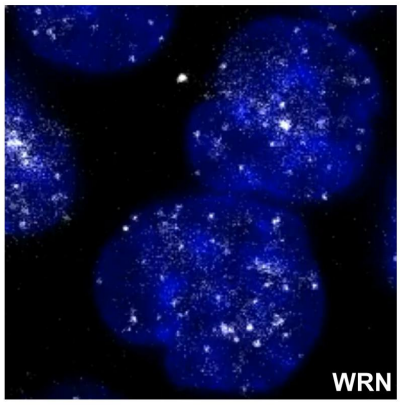
eikon THERAPEUTICS

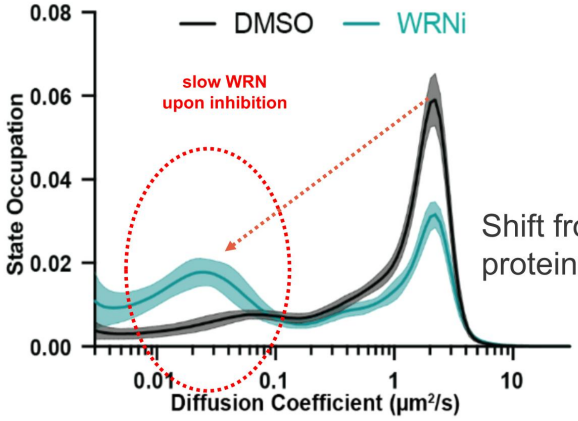
Eikon Technology Provides Novel Scientific Insights and Permits Rapid Lead Optimization

Single molecule tracking captures the real-time dynamics of individual proteins at scale

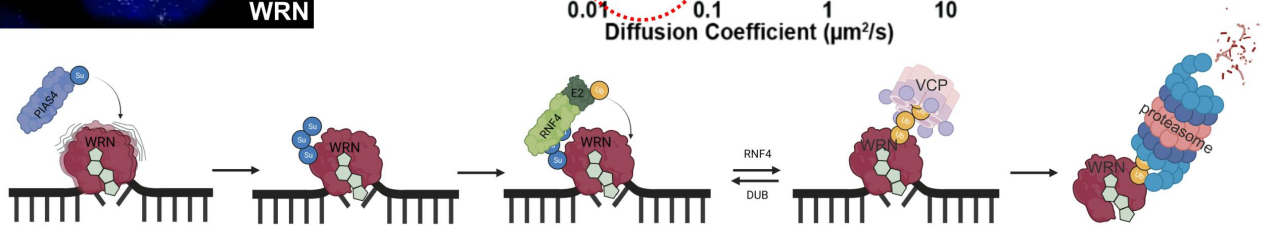


WRN trapping and degradation upon inhibition revealed by Eikon SMT





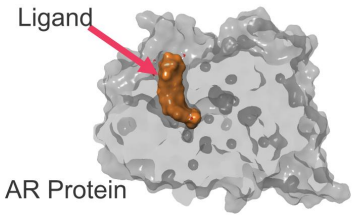
Shift from fast to slower proteins is quantifiable



Findings led to elucidation of key contributors to WRN inhibitor-driven degradation mechanism

Machine learning and computational chemistry guide Eikon's AR antagonist designs

Protein-Ligand Docking

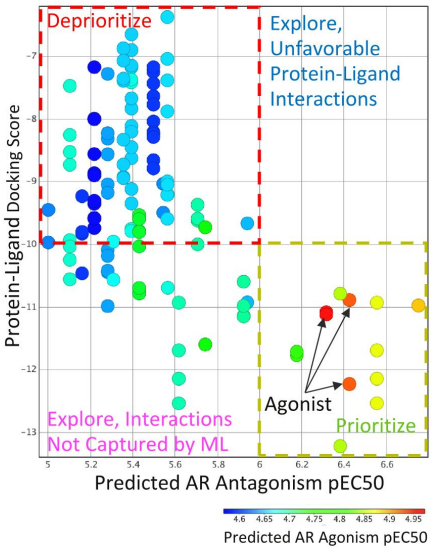


Local ML Models Developed for AR

ML Models	R^2
Caco-2 Permeability	0.77
Chrom LogD	**0.86**
Kinetic Solubility	**0.59**
EPSA	0.87
Microsomal Stability (HLM, MLM)	**0.62**, 0.49
Stability in Hepatocytes (hHep,mHep)	0.39, **0.64**
AR SMT Antagonist	**0.61**
AR SMT Agonist	**0.64**

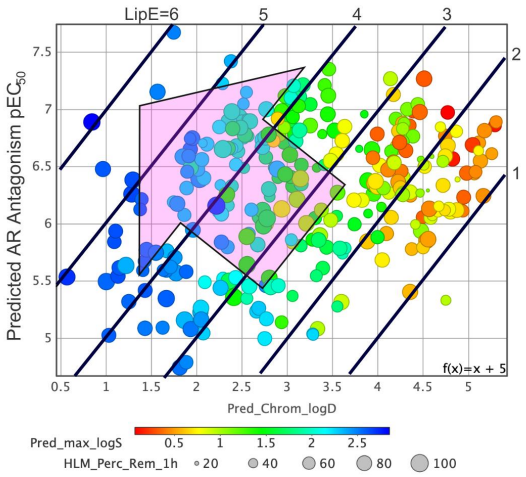
AI/ML + Physics-Based Models

Docking vs ML Antagonist



ML Guided Compound Prioritization

Predicted Lipophilic Efficiency (LipE = pEC_{50} – LogD)



Eikon’s AR programs aim to address limitations of current therapies

- **EIK1006 (AR clinical candidate) observed to inhibit tumor growth, reduce PSA levels and alter AR gene expression in preclinical models**
- **Observed activity across a range of emerging resistant variants**
- **EIK1006 declared clinical candidate in November 2025; preclinical studies now tracking ahead of schedule, expected to enable IND submission by the end of 2026**

Conclusion

Meaningful progress expected across all of our development efforts

	Completed and Upcoming for 2026
EIK1001 (TLR 7/8)	• Phase 2 Non-Squamous NSCLC data readout ✻ • First interim analysis to choose dose for melanoma study • Full Phase 2 NSCLC data readout • First patient dosed in NSCLC registration enabling trial
EIK1003 (PARP1)	• Full read out of Phase 1/2 study • Read out of EIK1003 + abiraterone study • Read out of EIK1003 + paclitaxel study ✻ • Initiation of study start-up of EIK1003 + platinum-based therapy + paclitaxel study ✻
EIK1004 (PARP1) (*CNS-penetrant*)	• Completion of Phase 1/2 study dose escalation
EIK1005 (WRN)	• First patient dosed in Phase 1 study ✻
EIK1006 (AR)	• IND submission *(Submission projected by end of 2026)*

✻ Milestone achieved

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Eikon Therapeutics highlights

1. **Led by world-renowned drug developers**
2. **Clinical-stage programs have generated early signs of encouraging clinical activity**
3. **Internally identified and strategically tailored product candidates advancing into clinical investigation**
4. **Technology platform, centered around proprietary single-molecule tracking (SMT)**

Appendix

Eikon's leadership team delivers proven depth and experience to bring novel therapies to market

Executive Team

Roger Perlmutter
CEO & Board Chair
MERCK AMGEN

Roy D. Baynes
CMO
MERCK AMGEN

Michael Klobuchar
COO
MERCK

Freddie Bowie
CFO
DANAHER FOUNDATION MEDICINE

Benjamin Thorner
CBO & GC
NOVARTIS MERCK

Russ Berman
CTO
PacBio Agilent

Barbara Howes
CPO
Walt Disney Genentech

Board of Directors

Kenneth C. Frazier
Former CEO, Merck; current Chairman, General Catalyst's Health Assurance initiatives

Robbie Huffines
Former Global Chairman of Investment Banking, JP Morgan

Joshua Wolfe
Co-Founder & Managing Partner, Lux Capital

David W. Meline
Former CFO, Moderna; Former CFO, Amgen; Former CFO, 3M

Leon Chen, Ph. D.
Partner, The Column Group; Venture Partner, OrbiMed Advisors


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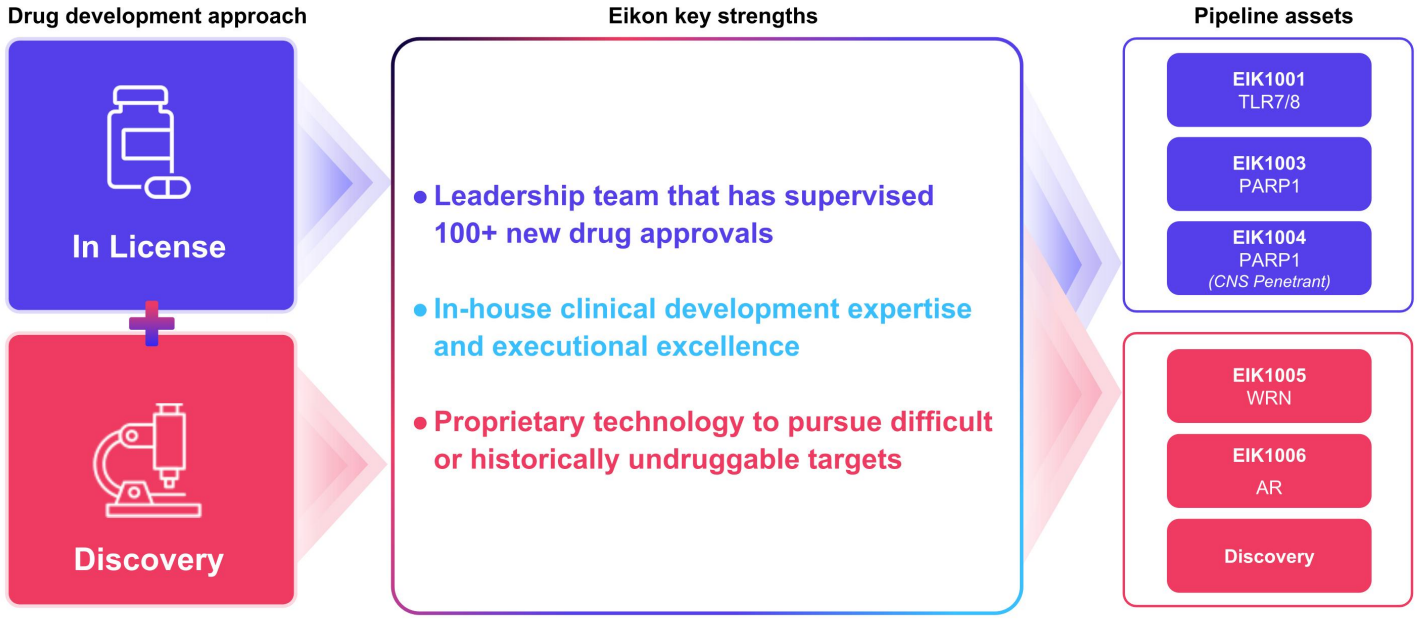
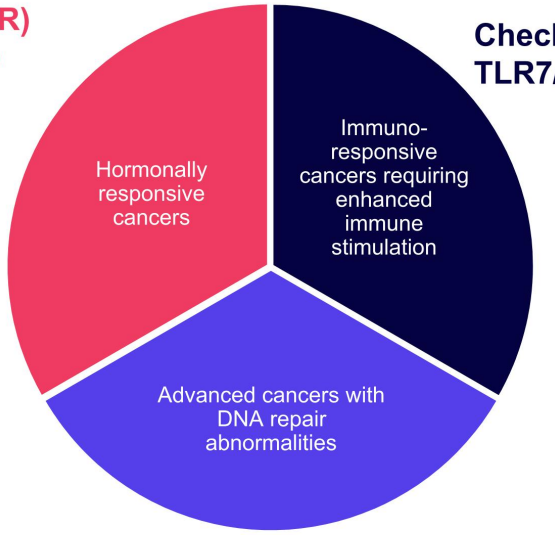
Deep R&D expertise coupled with proprietary technology combine to develop innovative medicines



Our oncology drug development strategy – potential assets

Androgen receptor (AR) antagonists (EIK1006)

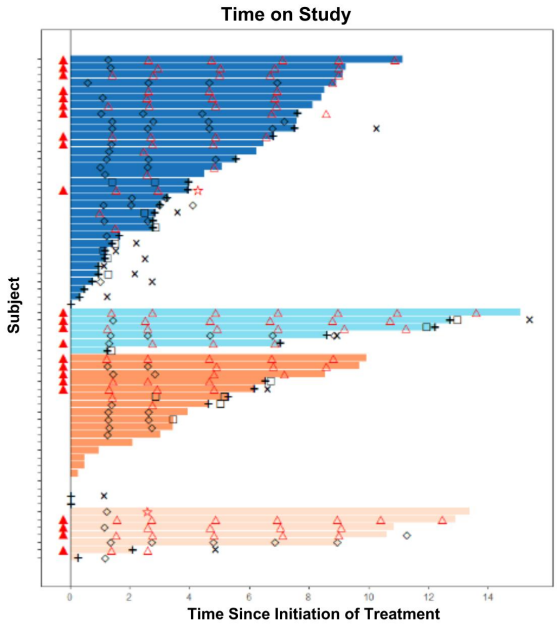
Checkpoint inhibitor foundation + TLR7/8 dual-agonist (EIK1001)

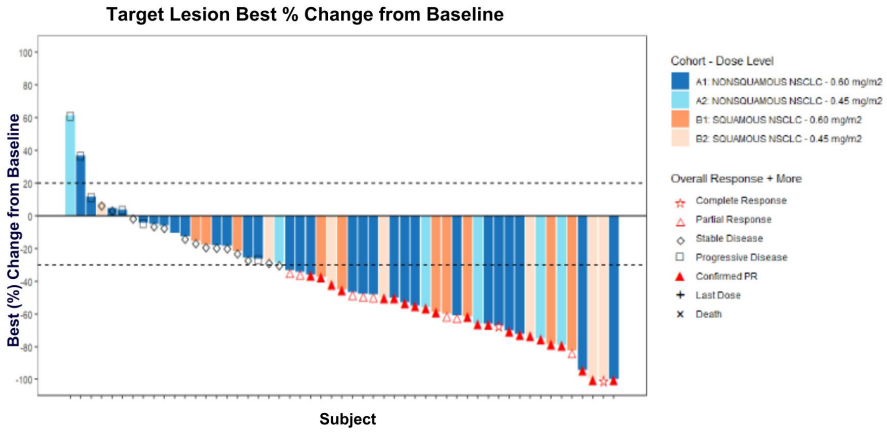


Brain and non-brain penetrant PARP-1 selective agents (EIK1003 and 1004)
Werner helicase inhibitor (EIK1005)

EIK1001 – TLR7/8 Dual-Agonist

EIK1001-005 study fully enrolled: NSQ + SQ as of October 27th, 2025





	All (N=53)	
	n	% (95% CI)
ORR (CR+PR)	32	60%(46%, 74%)
DCR (CR+PR+SD)	47	89%(77%, 96%)

Responses are based on RECIST 1.1

JReview data as of Oct 27, 2025; data is not fully cleaned

EIK1001 introduces a systemic proinflammatory signal which may complement traditional checkpoint inhibitor-based regimens

EIK1001 is designed to be an Active Anti-Neoplastic Agent

TLR7/8 Field

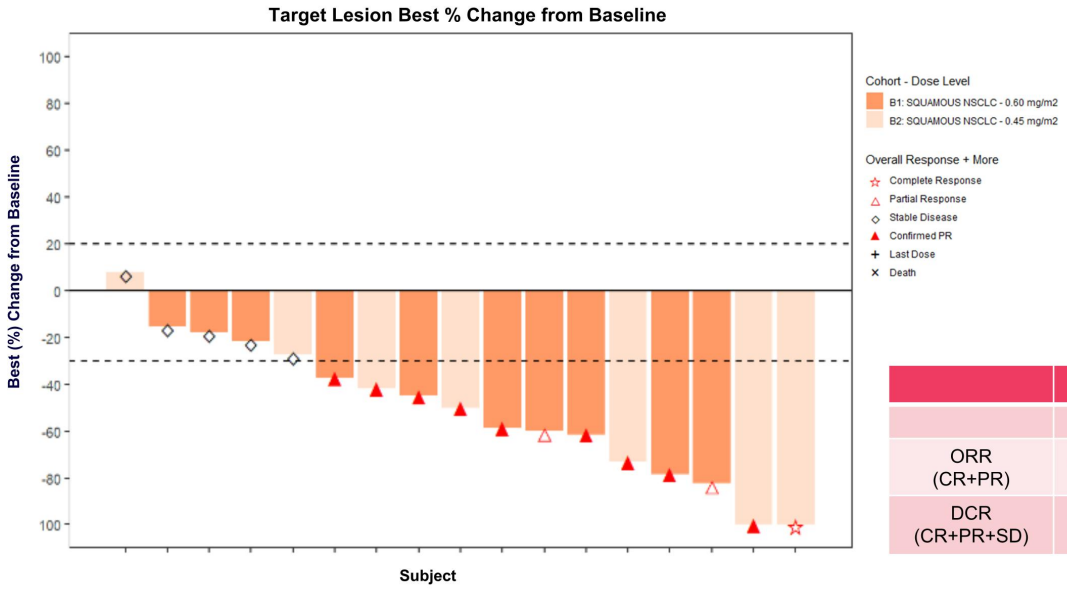
- **Dual agonism stimulates innate and adaptive responses**
- **Orthogonal mechanism of action to checkpoint inhibitors**
- **Cutaneous administration of resiquimod (EIK1001) has been shown to provoke responses in cutaneous T-cell lymphoma and basal cell carcinoma[1]**

EIK1001

- **Monotherapy activity observed in Phase 1 study**
- **Observed to be generally well-tolerated when dosed systemically in Eikon's large (>400) patient-exposure database**

[1]*doi: 10.1182/blood-2015-02-630335; doi: 10.3390/pharmaceutics14102076*

EIK1001 squamous data shows especially encouraging disease control (data to be updated at ASCO 2026)



	Squamous (N=17)	
	n	% (95% CI)
ORR (CR+PR)	12	71% (44%, 90%)
DCR (CR+PR+SD)	17	100% (80%, 100%)

Responses are based on RECIST 1.1; DCR: disease control rate;
JReview data as of Oct 27, 2025; data is not fully cleaned

EIK1003/EIK1004: PARP1-Selective Inhibitors for Treatment of Malignancy

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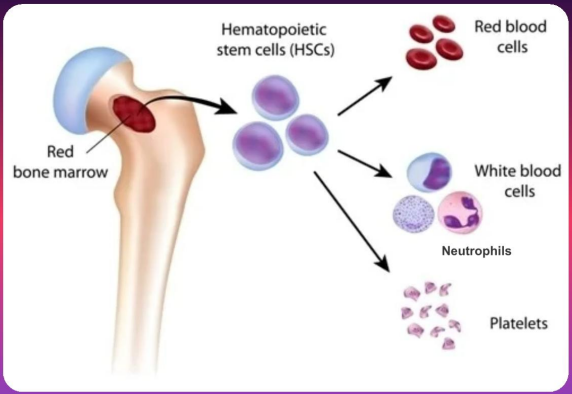
Improved PARP1 selectivity may mitigate liabilities of currently approved agents

Normal Hematopoiesis

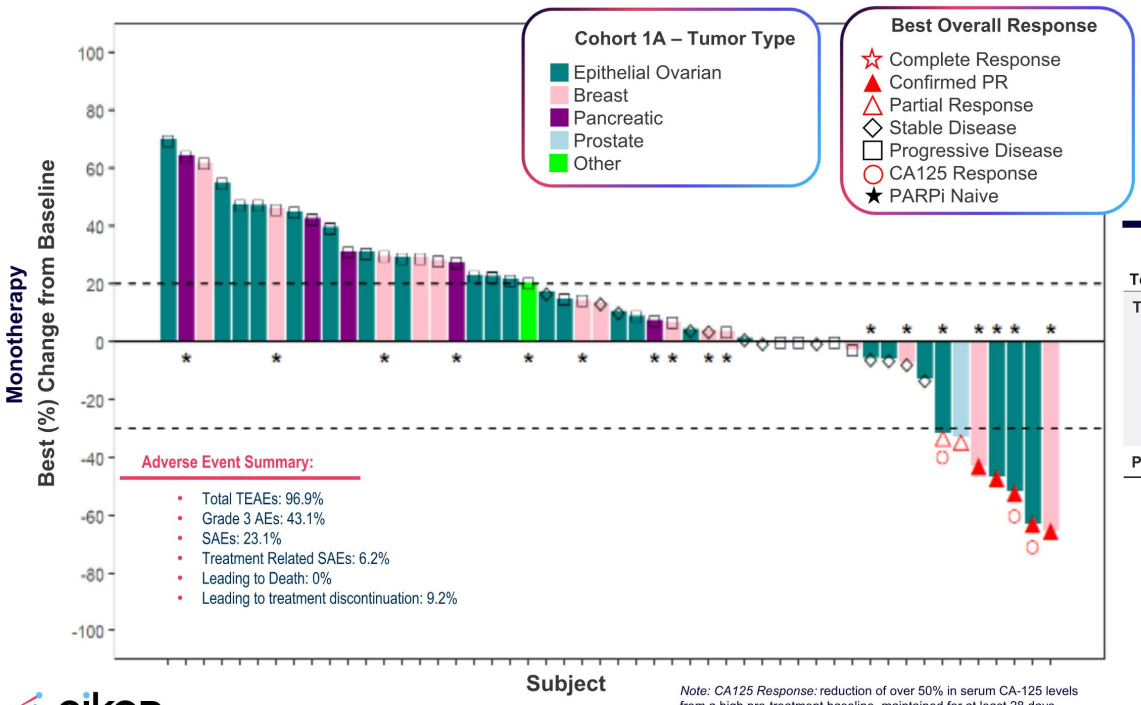


Anemia (reduced red blood cells), **neutropenia** (low neutrophils) and **thrombocytopenia** (reduction in platelets) are all associated with the use of non-selective PARP inhibitors

- **1st generation PARP inhibitors, characterized by both PARP1 and PARP2 activity, exhibit hematological toxicities[1-4]**
- **2nd generation PARP inhibitors although more selective, have not completely solved the problem[5]**
- **Eikon's PARP inhibitors are observed to have ~600x – 850x biochemical potency selectivity and ~20000x – 50000x PARP1 trapping selectivity over PARP2**

1. Smith MR et al Lancet Oncol 2022; 2.Litton JK et al NEJM 2018; 3. Abida W et al J Clin Oncology 2020; 4. Robson ME et al Ann Oncology 2019; 5.Yap TA et al AACR 2024

EIK1003: Tumor responses observed in Phase 1/2 trial as monotherapy. Results from the fully-enrolled dose-escalation trial to be updated at ASCO 2026.



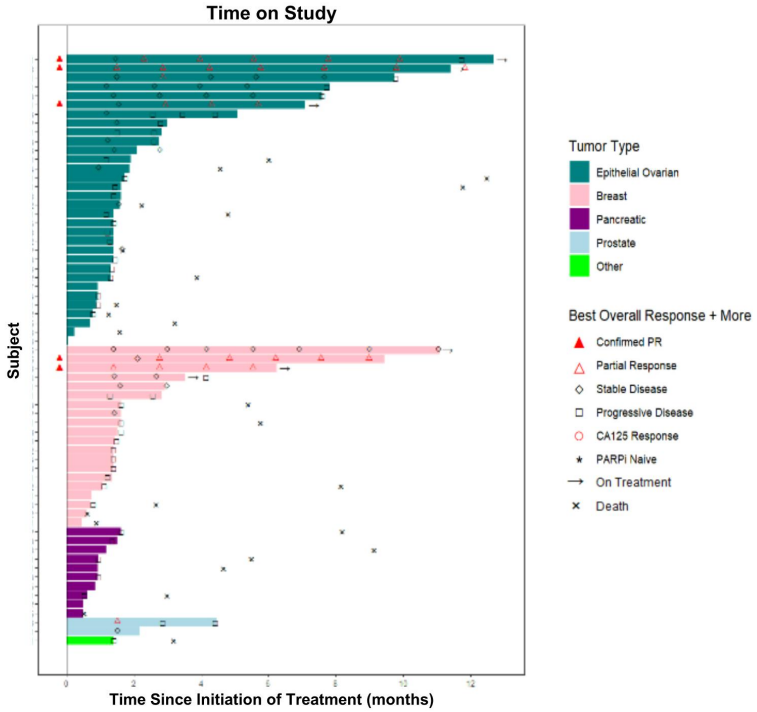
Monotherapy Key Endpoints

	(CR+PR)/Evaluable	ORR (95% CI)
Total	**7/49**	**14.3% (5.9, 27.2)**
Tumor Type		
Breast	2/16	12.5% (1.6, 38.3)
Ep. Ovarian	4/27	14.8% (4.2, 33.7)
Prostate	1/1	-
Pancreatic	0/5	-
PARPi Naïve	5/16	**31.2% (11.0, 58.7)**

Responses are based on RECIST 1.1, PARPi: PARP inhibitor
JReview data as of Oct 27, 2025; data is not fully cleaned;

Note: CA125 Response: reduction of over 50% in serum CA-125 levels from a high pre-treatment baseline, maintained for at least 28 days

EIK1003 monotherapy provided encouraging preliminary data regarding durability of responses (data to be updated at ASCO 2026)



Responses are based on RECIST 1.1
JReview data as of Oct 27, 2025; data is not fully cleaned

Encouraging preliminary tolerability and disease control observed for EIK1003 in combination with paclitaxel (data to be updated at ASCO 2026)

Combination Therapy By Tumor Type

Responses are based on RECIST 1.1; 3 confirmed PRs, 1 unconfirmed PR, and 1 confirmed CR
*JReview data as of Oct 27, 2025; data is not fully cleaned; * "Other" subject in the right plot was identified as a breast cancerpatient after Oct 27, 2025; Additional "other" subject in the left plot has no confirmed information at this time*

Eikon Technology Provides Novel Scientific Insights and Permits Rapid Lead Optimization

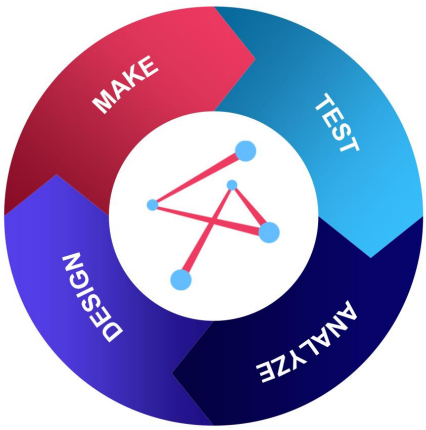
Eikon’s approach: designed to accelerate drug discovery both conceptually, and through advanced technology

SINGLE MOLECULE TRACKING

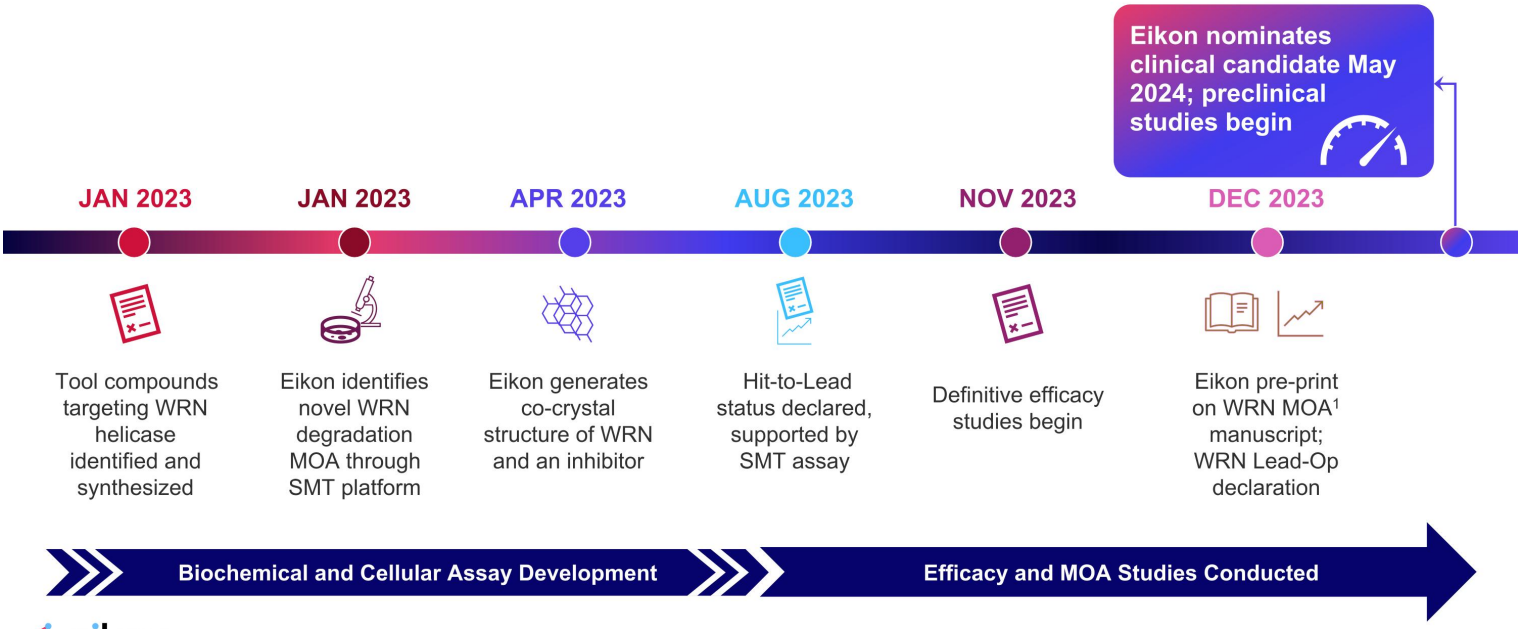
AI/ML-ENHANCED DATA ANALYSIS

ROBOTICS & AUTOMATION

SYSTEMS BIOLOGY



Eikon's discovery platform advanced WRN program (EIK1005) from tool compound to clinical candidate in under 18 months



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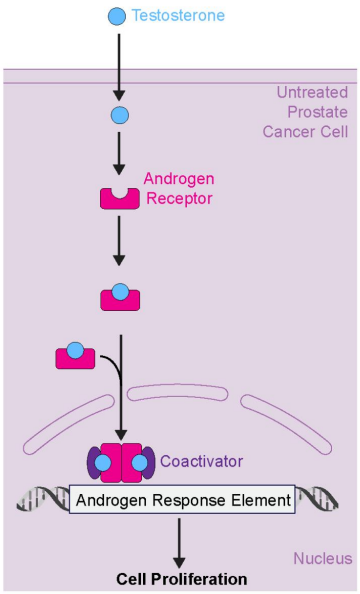
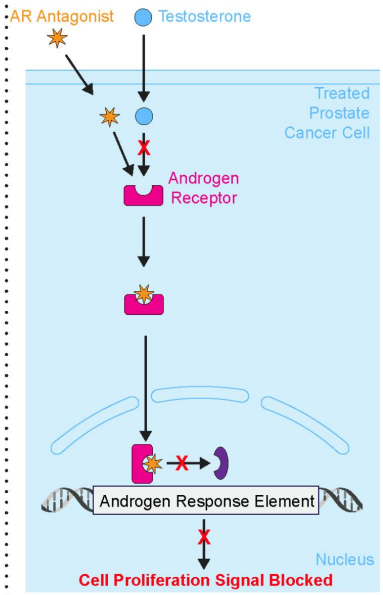
[1]*Published in Nature Communications, July 2024*

Androgen receptor overview

Androgens drive proliferation of prostate cancer cells



Anti-Androgens block proliferation



Two resistance variant mechanisms evade current therapies

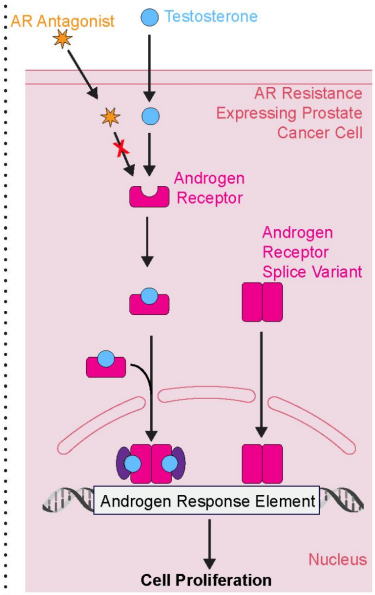



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Exhibit 99.2

Eikon Therapeutics Presents Data on Clinical-Stage Programs at the 2026 Annual Meeting of the American Society of Clinical Oncology

- *TeLuRide-005, a Phase 2 trial of EIK1001 in first-line patients with stage 4 NSCLC completed enrollment of both non-squamous and squamous cohorts and reports updated rates of response and disease control, strengthening the case for continued development*
- *Phase 1/2 trial of EIK1003 reports updated safety and efficacy monotherapy data and initial combination data with weekly paclitaxel in patients with advanced solid tumors*

MILLBRAE, Calif., May 30, 2026 -- Eikon Therapeutics, Inc. (Nasdaq: EIKN) (Eikon), a late-stage clinical biopharmaceutical company dedicated to developing innovative medicines to address serious unmet medical needs, today announced presentations on several of its lead programs at the 2026 American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago, including updated data for its EIK1001 trial in non-small cell lung cancer (NSCLC) and its highly selective PARP1 inhibitor EIK1003.

“We are pleased to present six abstracts at ASCO reflecting both the progress of our pipeline and the growing body of evidence supporting our lead programs,” said Roy Baynes, M.D., Ph.D., Chief Medical Officer of Eikon. “In our most advanced program, EIK1001 demonstrated encouraging response rates and durability in combination with standard of care in first-line NSCLC. We also observed meaningful clinical activity of EIK1003 both as a monotherapy and, potentially a first for the field, in combination with paclitaxel, including responses in heavily pretreated patients. Together, these data continue to reinforce the scientific rationale behind our programs and their potential to deliver meaningful benefit to people living with cancer.”

EIK1001 Clinical Update.

Updated data from our ongoing Phase 2 trial evaluating the safety and tolerability of EIK1001 in combination with both pembrolizumab and histology appropriate chemotherapy for the front-line treatment of patients with advanced NSCLC, also known as our TeLuRide-005 trial, provide evidence of a potentially durable effect of EIK1001 in combination with standard of care, and a preliminary tolerability profile supportive of systemic administration in an out-patient setting, a potential key differentiator of EIK1001 from previous TLR7/8 targeted therapies.

EIK1001 is an investigational, systemically administered dual-agonist of Toll-like receptors 7 and 8 designed to stimulate both innate and adaptive immune responses. In Phase 1 trials of EIK1001, single-agent activity was observed in patients with advanced malignancy. This mechanism may complement the antitumor immune response engendered by PD-(L)1 blockade.

TeLuRide-005 is our multicenter, open-label trial of once-weekly (QW) systemically administered EIK1001 in combination with standard of care, once every third week (Q3W) pembrolizumab and histology appropriate chemotherapy in first-line, treatment-naïve patients with stage 4 NSCLC. Enrollment completed in the first quarter of 2026.

As of enrollment cutoff, 72 participants with previously untreated stage 4 NSCLC received intravenous EIK1001 QW combined with standard of care pembrolizumab plus chemotherapy Q3W. After 8 cycles, EIK1001 administration was reduced to Q3W. The maximum treatment duration is 2 years (up to 35 cycles) for EIK1001 in combination with pembrolizumab, with pemetrexed continued at the discretion of the Investigator for non-squamous patients.

At the March 17, 2026 safety data cutoff, among the safety evaluable population (n=72: 39 non-squamous; 33 squamous), the combination of EIK1001 with pembrolizumab and chemotherapy was generally well tolerated, with an adverse event (AE) profile similar to standard of care alone. Most treatment-emergent adverse events (TEAEs) were Grade 1-2, and the most common Grade 3 or higher treatment-related adverse events (TRAEs) were neutropenia (30.6%), anemia (9.7%), and thrombocytopenia (9.7%). All cytokine release syndrome (CRS) AEs were Grade 1 and 2, and all CRS events occurred before Cycle 4 in all but one patient. This profile was sufficient to support administration in an out-patient setting during the ongoing trial.

Among the efficacy-evaluable population (n=65: 36 non-squamous; 29 squamous), EIK1001 treatment in combination with pembrolizumab and chemotherapy resulted in a 63.1% objective response rate (ORR) and 90.8% disease control rate (DCR) at the efficacy data cutoff of May 4, 2026. Among participants in the non-squamous cohort, an ORR of 55.6% and a DCR of 83.3% were observed, respectively, with a median follow-up of 13.6 months. The median duration of response (DOR) in the non-squamous cohort was greater than 11 months at the efficacy data cutoff. Among participants in the squamous cohort, for which the data set was still maturing at the data cutoff due to slower enrollment, an ORR of 72.4% and a DCR of 100% were observed, respectively, with a median follow-up of 8.8 months.

EIK1003 Clinical Update.

Updated data from EIK1003-001, our Phase 1/2 trial evaluating the safety and efficacy of EIK1003 as monotherapy or in combination with anti-cancer agents in participants with advanced solid tumors, demonstrate that EIK1003 monotherapy (Cohort 1A) was generally well-tolerated across multiple dose levels. In Cohort 1C, signals of antitumor activity were observed with EIK1003 in combination with weekly paclitaxel, with a combination safety profile consistent with paclitaxel’s known toxicities. These data support what appears to be a unique profile for EIK1003 in combination strategies within the evolving PARP inhibitor landscape.

EIK1003 is an investigational, highly-selective PARP1 inhibitor designed to leave PARP2 signaling intact. PARP2 inhibition may be a key driver of the hematological toxicity associated with first generation, non-selective PARP inhibitors.

Cohort 1A: Updated EIK1003 Monotherapy Data

As of the enrollment cutoff, 65 patients with breast, ovarian, prostate, or pancreatic cancer have been treated in Cohort 1A with EIK1003 monotherapy at doses ranging from 10mg to 160mg once daily (QD), using a Bayesian optimal interval dose-escalation design to assess for safety, tolerability, pharmacokinetics and antitumor activity. This represents an expansion of the dataset previously presented at ASCO 2025, with additional patients enrolled and longer follow-up.

At the February 27, 2026 safety data cutoff, the updated safety profile in Cohort 1A remained generally consistent with data previously presented at ASCO 2025. Treatment-emergent adverse events (TEAEs) were reported in 63 of 65 patients (96.9%). Grade 3 or higher TEAEs occurred in 29 patients (44.6%); the most common were anemia (9.2%), neutropenia (7.7%), and ascites (7.7%). 4 of the 6 patients who developed Grade 3 or higher anemia had Grade 1-2 anemia at study entry. TEAEs led to dose reductions in 7 patients (10.8%) and to treatment discontinuation in 6 patients (9.2%). No TRAEs leading to death were reported.

Among efficacy-evaluable patients in Cohort 1A (n=49), ORR was 14.3% overall and 26.7% in PARP-naïve patients. Objective responses by tumor type were 14.8% (4/27) in ovarian cancer, 12.5% (2/16) in breast cancer, and one patient with prostate cancer. Median duration of response among confirmed responders (n=5) was 7.8 months at the efficacy data cutoff of May 4, 2026.

Cohort 1C: Initial Data on EIK1003 in Combination with Weekly Paclitaxel

As of the February 27, 2026 safety data cutoff, 60 patients with platinum-resistant ovarian cancer or HER2-negative breast cancer that failed chemotherapy or hormonal therapy have been treated in Cohort 1C with EIK1003 at doses ranging from 10mg to 60mg QD in combination with paclitaxel 80 mg/m^2 IV QW. Dose-limiting toxicities of febrile neutropenia and tachycardia were reported in one patient each at the highest dose level tested, 60mg. TEAEs were reported in 60 out of 60 patients (100%). Grade 3 or higher TEAEs occurred in 45 patients (75%); the most common were neutropenia (50%) and anemia (13.3%). Neutropenia is a known and expected adverse event associated with weekly paclitaxel chemotherapy. All 8 patients who developed Grade 3 or higher anemia had Grade 1-2 anemia at study entry. TEAEs led to dose reductions in 15 patients (25%) and discontinuation of one or both study drugs in 11 patients (18.3%). No TRAEs leading to death were reported.

Among efficacy-evaluable patients in Cohort 1C (n=53), ORR was 24.5%; 12 of 13 responders (92%) had received prior taxane therapy. Objective responses by tumor type were 29.6% (8/27) in platinum-resistant ovarian cancer and 19.2% (5/26) in breast

cancer. Duration of response among confirmed responders (n=9) ranged from 1.5 to 11.4 months, with responses ongoing in 3 responders at the efficacy data cutoff of May 4, 2026.

2026 ASCO Abstract Titles.

EIK1001

Title: *Efficacy, safety and cytokine profiling with addition of the toll-like receptor (TLR) 7/8 dual agonist EIK1001 to Standard of Care First-Line Therapy: the Phase 2 TeLuRide-005 trial in Stage 4 Non-Small Cell Lung Cancer*

Title: *Adaptive Phase 2/3 Study of EIK1001, a TLR7/8 Dual Agonist, in Combination with Pembrolizumab, as First-Line Therapy in Participants with Advanced Melanoma (TeLuRide-006)*

Title: *A Phase 2/3 Study of EIK1001 in Combination with Pembrolizumab and Chemotherapy in Participants with Stage 4 Non-Small Cell Lung Cancer (TeLuRide-008)*

EIK1003

Title: *EIK1003, a PARP1-selective inhibitor, in combination with paclitaxel (PTX): Initial combination and updated monotherapy results from a Phase 1/2 study EIK1003-001 in advanced solid tumors*

EIK1005

Title: *First-in-Human Study to Evaluate the Safety, Tolerability, and PK of EIK1005, a Novel WRN Inhibitor in Healthy Participants*

Title: *Phase 1/2 Study of the novel Werner helicase inhibitor EIK1005 as Monotherapy and in Combination with Pembrolizumab in Patients with Advanced Solid Tumors, including MSI-H or dMMR Tumors (Publication only)*

Copies of the 2026 ASCO presentations will be made available on our website: www.eikontx.com under Scientific Papers & Publications.

About Eikon Therapeutics
Eikon is a late-stage clinical biopharmaceutical company dedicated to building a global, fully-integrated organization developing innovative medicines to address serious unmet medical needs. Eikon's initial focus is oncology, where it is advancing a pipeline of drug candidates targeting areas of high unmet need that could eventually become critical medicines for the treatment of various cancers. Eikon deploys its technology platform, including its proprietary single molecule tracking system, to develop internally-derived novel therapies, while also leveraging the deep expertise of its management team to

in-license promising assets. Eikon's vision is to become a generational leader, by purposefully integrating traditional biology research with advanced engineering to develop better medicines faster. For more information, visit www.eikontx.com.

Forward-Looking/Safe Harbor Statements
This press release contains forward-looking statements within the meaning of the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995. All statements in this press release that are not historical facts are hereby identified as forward-looking statements for this purpose. These statements may be identified by words such as "aims," "anticipates," "believes," "could," "estimates," "expects," "forecasts," "goal," "intends," "may," "plans," "possible," "potential," "seeks," "will" and variations of these words or similar expressions that are intended to identify forward-looking statements, although not all forward-looking statements contain these words. Forward-looking statements in this press release include, but are not limited to, statements regarding: the therapeutic potential, safety, and efficacy of Eikon's product candidates; the timing for anticipated data readouts; expected milestones and business objectives for 2026 and beyond, including Eikon's anticipated presentations at the ASCO Annual Meeting; and other statements regarding Eikon's future operations, financial performance, financial position, prospects, objectives, strategies and other future events.

These forward-looking statements are based upon management's current expectations and assumptions, and are subject to a number of risks, uncertainties and other factors that could cause actual results and events to differ materially and adversely from those indicated by such forward-looking statements including, among others: our limited operating history; our significant net losses incurred since inception and the likelihood of incurring additional losses for the foreseeable future; our need for substantial additional funding; the early stage of development of many of our product candidates and the possibility that our product candidates may fail in development; our dependence on the success of our current product candidates; our ability to leverage our technology platform to enable more informed drug research and development; legal and regulatory risks; intellectual property-related risks; and those risks, uncertainties and other factors discussed under the caption "Risk Factors" and elsewhere in Eikon's Quarterly Report on Form 10-Q for the quarter ended March 31, 2026, filed with the Securities and Exchange Commission ("SEC") on May 11, 2026, and in other public filings with the SEC in the future.

As a result, you should not place undue reliance on any forward-looking statements. The forward-looking statements made in this press release speak only as of the date of this press release, and Eikon undertakes no obligation to update such forward-looking statements, whether as a result of new information, future developments or otherwise, except as required by law.

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