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): November 23, 2026

KYMERA THERAPEUTICS, INC.
(Exact name of registrant as specified in its charter)

Delaware	001-39460	81-2992166
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

Kymera Therapeutics, Inc.
500 North Beacon Street, 4th Floor
Watertown, Massachusetts 02472
(Address of principal executive offices, including zip code)

(857) 285-5300
(Registrant's telephone number, including area code)

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	Trade Symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 par value per share	KYMR	The Nasdaq Global 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 7.01 Regulation FD Disclosure.

On November 23, 2026, Kymera Therapeutics, Inc. (the "Company") issued a press release, a copy of which is furnished herewith as Exhibit 99.1.

On November 23, 2026, the Company will host a video conference call at 8:00 am eastern time to discuss the results from the Company's BROADEN2 Phase 2b atopic dermatitis ("AD") patient trial of KT-621, its first-in-class, oral STAT6 degrader medicine. A replay of the webcast will be available following the event in the "News and Events" section of the "Investors" section of the Company's website at www.kymeratx.com.

The information in this Item 7.01, including Exhibit 99.1 attached hereto, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, except as expressly set forth by specific reference in such filing.

Item 8.01 Other Events

KT-621 BROADEN2 Phase 2b Trial

On November 23, 2026 we announced the results from our BROADEN2 Phase 2b trial of KT-621, the Company's first-in-class, once-daily oral STAT6 degrader, in patients with moderate to severe atopic dermatitis (AD).

BROADEN2 Phase 2b Trial Design and Baseline Characteristics

BROADEN2 is a randomized, double-blind, placebo-controlled, multicenter, dose-ranging trial evaluating the clinical activity, safety and tolerability of KT-621 in 244 adult and adolescent patients with moderate to severe AD. Patients were randomized (1:1:1:1) to receive a low-dose (n=61), mid-dose (n=61) or high-dose (n=63) of KT-621, or placebo (n=59), once daily for 16 weeks. Patients completing 16 weeks of treatment were eligible to participate in a 52-week open-label extension following the treatment period.

Baseline characteristics were generally balanced across the four treatment groups. The mean baseline EASI score was approximately 28, and the mean baseline Peak Pruritus Numerical Rating Scale (PPNRS) score was 7.1. Patients with severe disease based on a validated Investigator Global Assessment for Atopic Dermatitis (vIGA-AD) score of 4 represented 38% of the study population, and 33% of patients had received prior biologic therapy. Of the 244 randomized patients, 234 completed the 16-week double-blind treatment period, and 230 of those patients enrolled in the open-label extension.

BROADEN2 Phase 2b Results at Week 16

Exposure and degradation profiles of each dose were in line with what was reported in Phase 1 studies. All three KT-621 doses met all the primary and secondary endpoints, with statistically significant improvements versus placebo at Week 16. The mid dose, which was selected to achieve the optimal STAT6 pharmacology, consistently delivered the largest numerical improvements across all efficacy endpoints.

Primary endpoint: KT-621 demonstrated rapid onset of activity, with statistically significant EASI improvement versus placebo as early as Week 1 with improvements continuing through Week 16.

- **Percent change from baseline in EASI**: A 72% mean reduction was achieved by the mid dose patients versus 27% in the placebo arm at Week 16 representing a placebo-adjusted difference of 45% ($p<0.0001$). Mean reductions of 64% ($p<0.0001$) and 61% ($p<0.0001$) were achieved by the low dose and high dose patients, respectively.

Secondary endpoints on clinical responses and itch relief: At Week 16, KT-621 demonstrated statistically significant rapid and robust improvements in AD signs and symptoms at all doses, including substantial reductions in disease severity, clear or almost clear skin responses and pronounced itch relief:

- **EASI-75 (at least a 75% improvement from baseline in EASI score):** EASI-75 was achieved by 62% of the mid dose patients versus 22% in the placebo arm ($p<0.0001$).
- **EASI-90 (at least a 90% improvement from baseline in EASI score):** EASI-90 was achieved by 43% of the mid dose patients versus 10% in the placebo arm ($p<0.0001$).
- **vIGA-AD 0/1 (clear or almost clear skin, with at least a 2-point reduction from baseline**): vIGA-AD of 0 or 1 was achieved by 38% of the mid dose patients versus 11% in the placebo arm ($p=0.0008$).
- **PPNRS (mean percent change and ≥4-point improvement from baseline)**: A 58% mean reduction in PPNRS was achieved by the mid dose patients versus 21% in the placebo arm ($p<0.0001$). A ≥4-point PPNRS reduction was achieved by 52% of mid dose patients versus 13% in the placebo arm ($p<0.0001$).

Safety and tolerability

KT-621 was well-tolerated over 16 weeks, with a favorable safety profile. Most treatment-emergent adverse events were mild or moderate with no dose response or meaningful imbalances in placebo versus treatment arm with the exception of conjunctivitis, as seen in other pathway agents. Pooled conjunctivitis rates (all terms) were 19.7% for the low dose, 13.1% for the mid dose and 11.1% for the high dose. All conjunctivitis events in KT-621-treated patients were mild to moderate, and none led to treatment discontinuation. Across all study arms, four participants reported serious adverse events (SAEs). Events included atopic dermatitis (2), hand fracture (1), and schizoaffective disorder (1, in a participant with a prior history of this condition). All were deemed unrelated to study drug.

Next Steps

Based on the BROADEN2 results and subject to alignment with regulators, the Company plans to advance KT-621 into Phase 3 development in AD, with the first trial expected to initiate by mid-2027.

The ongoing BREADTH Phase 2b trial is evaluating KT-621 in moderate to severe eosinophilic asthma, with topline data expected in late 2027. These studies are intended to accelerate KT-621 development in, and enable dose selection for, subsequent parallel Phase 3 registrational studies across multiple Type 2 dermatology, gastroenterology and respiratory indications.

The disclosure under this Item 8.01 contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, including, without limitation, implied and express statements about the Company's expectations regarding strategy, business plans and objectives on the development of KT-621, including the therapeutic potential, clinical benefits and safety thereof, the Phase 2b results providing further validation of KT-621 in AD and the potential clinical benefits of KT-621 in dermatology, gastroenterology and respiratory indications, the initiation of Phase 3 study of KT-621 in patients with atopic dermatitis in mid-2027, the initiation of Phase 3 registrational studies across multiple Type 2 dermatology, gastroenterology and respiratory indications, and the expectation of topline data in the ongoing BREADTH phase 2b trial in late 2027. The words "may," "might," "will," "could," "would," "should," "expect," "plan," "anticipate," "intend," "believe," "expect," "estimate," "seek," "predict," "future," "project," "potential," "continue," "target," "upcoming" and similar words or expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Any forward-looking statements in this Item 8.01 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 any forward-looking statements contained in this Item 8.01, including, without limitation, risks associated with: Phase 2b clinical data for KT-621 may not be directly comparable to dupilumab's clinical data due to differences in molecule composition, trial protocols, dosing regimens, and patient populations and characteristics, that the results from the Phase 3 KT-621 trial may differ

from the Phase 2b KT-621 data, that preclinical and clinical data, including the results from the Phase 2b trial of KT-621, is not predictive of, may be inconsistent with, or more favorable than, data generated from future or ongoing clinical trials of the same product candidate, uncertainties inherent in the initiation, timing and design of future clinical trials, the availability and timing of data from ongoing and future clinical trials and the results of such trials, the ability to successfully demonstrate the safety and efficacy of drug candidates, the timing and outcome of planned interactions with and submissions to regulatory authorities, the availability of funding sufficient for the Company's operating expenses and capital expenditure requirements and other factors. These risks and uncertainties are described in greater detail in the section entitled "Risk Factors" in the Company's most recent Quarterly Report on Form 10-Q and in subsequent filings with the Securities and Exchange Commission. In addition, any forward-looking statements represent the Company's views only as of the date on which it was made and should not be relied upon as representing the Company's views as of any subsequent date. The Company explicitly disclaims any obligation to update any forward-looking statements. No representations or warranties (expressed or implied) are made about the accuracy of any such forward-looking statements.

Item 9.01. Exhibits

(d) Exhibits

Exhibit No.	Description
99.1	Press release issued by Kymera Therapeutics, Inc. on November 23, 2026.
104	Cover Page Interactive Data

SIGNATURE

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.

Kymera Therapeutics, Inc.

Date: November 23, 2026

By: /s/ Nello Mainolfi
Nello Mainolfi, Ph.D.

Kymera Therapeutics Announces Positive Results from BROADEN2 Phase 2b Clinical Trial of KT-621, a First-in-Class, Oral STAT6 Degrader, in Patients with Moderate to Severe Atopic Dermatitis

BROADEN2 met primary and secondary endpoints with statistically significant improvements versus placebo at Week 16 across all doses, reinforcing KT-621's transformative potential

KT-621 clinical efficacy profile was at least comparable to approved pathway biologics with statistically significant EASI and itch improvements versus placebo as early as Week 1

KT-621 achieved 45% placebo-adjusted mean EASI reduction, 40% placebo-adjusted EASI-75, and 38% placebo-adjusted ≥4-point PPNRS response in the mid dose cohort

KT-621 was well-tolerated with a favorable safety profile

First KT-621 Phase 3 AD trial planned to start by mid-2027; BREADTH Phase 2b asthma trial ongoing, with topline data expected to be reported by late 2027

Company to hold video conference call and webcast today at 8:00 a.m. ET

Watertown, Mass. (November 23, 2026) – Kymera Therapeutics, Inc. (NASDAQ: KYMR), a clinical-stage biopharmaceutical company advancing a new class of oral small molecule degrader medicines for immunological diseases, today announced positive 16-week results from the BROADEN2 Phase 2b trial of KT-621, its first-in-class, once-daily oral STAT6 degrader, in patients with moderate to severe atopic dermatitis (AD). The trial met its primary endpoint of percent change from baseline in Eczema Area and Severity Index (EASI) score at Week 16 and secondary endpoints, with statistically significant improvements versus placebo across all dose cohorts. The BROADEN2 findings support advancement of KT-621 into late-stage development, with the first Phase 3 AD trial planned to initiate by mid-2027, subject to alignment with regulators, as well as potential expansion in other Type 2 indications.

"Today's results mark a pivotal moment in the field of immunology, demonstrating what truly groundbreaking science can achieve in areas of significant patient need. The BROADEN2 results exceeded our expectations, reinforcing our belief that KT-621 represents one of the largest opportunities in biopharma, with the potential to transform care for millions of people living with Type 2 inflammatory diseases," said Nello Mainolfi, PhD, Founder, President and CEO, Kymera Therapeutics. "What stands out is the combination of improvements in disease severity and itch beginning as early as Week 1, significant continued responses across all dose cohorts at Week 16, and a favorable safety profile. The overall clinical activity supports the potential to deliver the level of disease control historically reported with approved biologics such as dupilumab. The mid dose, which we selected to achieve optimal STAT6 pharmacology, consistently delivered the largest numerical improvements across endpoints and is well positioned to advance towards Phase 3."

Dr. Mainolfi continued, “These findings strengthen our conviction that KT-621 could substantially expand the number of patients receiving an advanced therapy. By overcoming the longstanding scientific challenge of directly targeting STAT6, we have taken a clear step toward our vision of delivering the first oral therapy for the full spectrum of Type 2 diseases, beginning in AD. Additionally, these results validate the scientific expertise and translational capabilities behind our innovation engine and our approach of pairing the right targets with the right technology to create a new era of oral medicines. As we advance KT-621 toward Phase 3, we are building an expanding franchise with the potential to reshape care across immunology. Importantly, we thank the patients and their families for their trust and commitment, and the investigators and study teams for their dedication to advancing this unique new treatment for AD.”

“In my practice, I see many patients living with AD who continue to struggle with persistent symptoms and the daily burden of managing this chronic condition,” said Eric Simpson, MD, MCR, lead investigator on the BROADEN2 study and Frances J. Storrs Medical Dermatology Professor and Director of CLEAR Eczema Center, Oregon Health & Science University. “A targeted oral therapy that combines robust clinical activity with favorable safety and tolerability could expand the number of patients receiving systemic treatment and help them achieve and maintain disease control. KT-621 brings an innovative mechanism to a well-established pathway in Type 2 inflammation by targeting STAT6. The highly encouraging BROADEN2 findings suggest a compelling profile and reinforce the potential of this program to address the substantial unmet need in AD.”

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Event Details

Kymera will host a video conference call today, November 23, 2026, at 8:00 a.m. ET. To join the video call or view the livestreamed webcast please register via this **link** or visit "News and Events" in the Investors section of Kymera's website at www.kymeratx.com. A replay of the webcast and the presentation will be available following the event.

About KT-621

KT-621 is an investigational, first-in-class, once daily, oral degrader of STAT6, the specific transcription factor responsible for IL-4/IL-13 signaling and the central driver of Type 2 inflammation. KT-621 is currently in clinical development in atopic dermatitis (AD) and asthma. In the BROADEN2 Phase 2b trial in AD, KT-621 met its primary and secondary endpoints, demonstrating statistically significant improvements, rapid onset of activity and sustained responses through Week 16. KT-621 was well tolerated with a favorable safety and tolerability profile. KT-621 has the potential to become the first oral medicine for a wide range of Type 2 inflammatory diseases, offering a safe, effective option that could bring advanced therapy to millions of underserved patients worldwide, including those living with AD, asthma, chronic obstructive pulmonary disease (COPD), eosinophilic esophagitis (EoE), chronic rhinosinusitis with nasal polyps (CRSwNP), chronic spontaneous urticaria (CSU), prurigo nodularis (PN) and bullous pemphigoid (BP), among others.

About Atopic Dermatitis

Atopic dermatitis (AD) is the most common form of eczema, a chronic inflammatory disease that causes the skin to become inflamed and irritated, making it extremely pruritic (itchy). AD occurs most frequently in children but also affects adults. It can affect a patient's quality of life and lead to additional complications, such as infections and sleep loss. While there are currently available medicines for AD, such as topical therapies and injectable biologics, there remains a significant unmet need and opportunity to improve treatment options for millions of patients. Learn more about AD on Kymera's website.

About Kymera Therapeutics

Kymera is a clinical-stage biotechnology company pioneering the field of targeted protein degradation (TPD) to develop medicines that address critical health problems and have the potential to dramatically improve patients' lives. Kymera is deploying TPD to address disease targets and pathways inaccessible with conventional therapeutics. Having advanced the first degrader into the clinic for immunological diseases, Kymera is focused on building an industry-leading pipeline of oral small molecule degraders to provide a new generation of convenient, highly effective therapies for patients with these conditions. Founded in 2016, Kymera has been recognized as one of Boston's top workplaces for the past several years. For more information about our science, pipeline and people, please visit www.kymeratx.com or follow us on X or LinkedIn.

Cautionary Note Regarding Forward-Looking Statements

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, including, without limitation, implied and express statements about our expectations regarding strategy, business plans and objectives on the development of KT-621, including the therapeutic potential, clinical benefits and safety thereof, expectations regarding timing, success and data announcements of ongoing preclinical studies and clinical trials, including the Phase 2b data readout of KT-621 in moderate to severe eosinophilic asthma by late-2027; our ability to initiate multiple phase three trials across multiple indications, including the initiation of our Phase 3 trial in AD by

mid-2027; our ability to initiate new clinical programs; the initiation, timing, progress and results of our current and future preclinical studies and clinical trials of our current and prospective product candidates; plans to develop and commercialize our current and any future product candidates and the implementation of our business model and strategic plans for our business, current, and any future product candidates, and the preliminary cross-study assessments comparing non-head-to-head clinical data of KT-621 to published data for dupilumab. The words "may," "might," "will," "could," "would," "should," "expect," "plan," "anticipate," "intend," "believe," "expect," "estimate," "seek," "predict," "future," "project," "potential," "continue," "target," "upcoming" and similar words or expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Any forward-looking statements in this press release 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 any forward-looking statements contained in this press release, including, without limitation, risks associated with: the risk that cross-trial comparisons may not be reliable as no head-to-head trials have been conducted comparing KT-621 to dupilumab, and Phase 2 clinical data for KT-621 may not be directly comparable to dupilumab's clinical data due to differences in molecule composition, trial protocols, dosing regimens, and patient populations and characteristics, that preclinical and clinical data, including the results from the Phase 2 trial of KT-621, is not predictive of, may be inconsistent with, or more favorable than, data generated from future or ongoing clinical trials of the same product candidate, uncertainties inherent in the initiation, timing and design of future clinical trials, the availability and timing of data from ongoing and future clinical trials and the results of such trials, the delay of any current and future preclinical studies or clinical trials or the development of our drug candidates, obtaining, maintaining and protecting our intellectual property, our relationships and existing and future collaborations partners, the ability to successfully demonstrate the safety and efficacy of drug candidates, the timing and outcome of planned interactions with and submissions to regulatory authorities, the availability of funding sufficient for our operating expenses and capital expenditure requirements and other factors. These risks and uncertainties are described in greater detail in the section entitled "Risk Factors" in the most recent Quarterly Report on Form 10-Q and in subsequent filings with the SEC. In addition, any forward-looking statements represent our views only as of today and should not be relied upon as representing our views as of any subsequent date. We explicitly disclaim any obligation to update any forward-looking statements. No representations or warranties (expressed or implied) are made about the accuracy of any such forward-looking statements.

Investor Contact:
Justine Koenigsberg
investors@kymeratx.com
857-285-5300

Media Contact:
Matthew Henson
media@kymeratx.com
857-285-5300