FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

	OMB Number:	3235-0287
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1	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

10b5-1(c). See Ins	truction 10.			
1. Name and Addres HASTINGS I		son *	2. Issuer Name <b>and</b> Ticker or Trading Symbol SCYNEXIS INC [ SCYX ]	Relationship of Reporting Person(s) to Issuer (Check all applicable)      Provided the second of the second o
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/20/2024	X Director 10% Owner Officer (give title Other (specify below) below)
1 EVERTRUST	PLAZA		4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person
(Street) JERSEY CITY	NJ	07302-6548		Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)  2. Deemed Execution Date if any (Month/Day/Ye		ate, Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	(A) or   (Instr. 2 and		Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Common Stock	06/20/2024		A		23,000(1)	A	\$0.00	46,183	D	

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option	\$1.88	06/20/2024		A		23,000		(2)	06/19/2034	Common Stock	23,000	\$0.00	23,000	D	

# Explanation of Responses:

- 1. One-hundred percent (100%) of the shares subject to the restricted stock unit vest on the first anniversary of the date of grant, provided that the non-employee director is providing continuous services on the applicable vesting date.
- 2. One-hundred percent (100%) of the shares subject to the option vest on the first anniversary of the date of grant, provided that the non-employee director is providing continuous services on the applicable vesting date.

/s/ Robert F. Joyce Jr., by Power of Attorney

<u>06/21/2024</u>

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.