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): March 18, 2015

SCYNEXIS, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**001-36365**	**56-2181648**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

3501-C Tricenter Boulevard
Durham, North Carolina 27713
(Address of principal executive offices, including zip code)

(919) 544-8600
(Registrant's telephone number, including area code)

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ 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))

Item 7.01 Regulation FD Disclosures.

SCYNEXIS, Inc. (the "Company") will present during the Jefferies 2015 Antibiotic Summit hosted at the Jefferies Offices in New York City on Wednesday, March 18, 2015. The Company intends to present and discuss the slide presentation attached as Exhibit 99.1 (the "Corporate Presentation") to this current report on Form 8-K (the "Current Report"). Specifically, slide 15 of the Corporate Presentation provides information pertaining to enrollment in the Company's Phase 2 study of oral SCY-078.

In accordance with General Instruction B.2. of Form 8-K, the information contained in Item 7.01 in this report (including the Corporate Presentation) 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 the Corporate Presentation be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such a filing. This Current Report will not be deemed a determination or an admission as to the materiality of any information in the Corporate Presentation that is required to be disclosed by Regulation FD.

Item 9.01 Financial Statements and Exhibits

Exhibit No.	**Description**
99.1	Corporate Presentation

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.

SCYNEXIS, Inc.

Dated: March 18, 2015

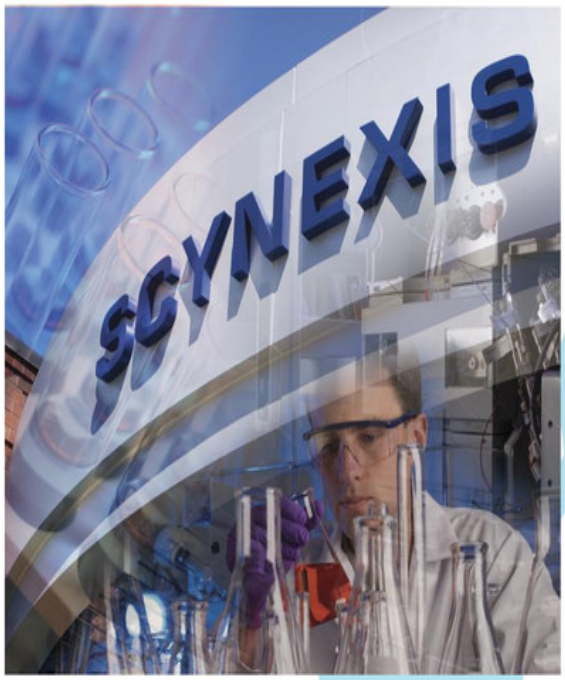
By: /s/ Charles F. Osborne, Jr.
Charles F. Osborne, Jr.
Chief Financial Officer

EXHIBIT INDEX

Exhibit No.	**Description**
99.1	Corporate Presentation

SCYNEXIS, Inc.

Jefferies Antibiotic Summit
March 18, 2015



Forward-looking Statements

Certain statements regarding SCYNEXIS, Inc. (the “Company”) made in this presentation may constitute forward-looking statements, including, but not limited to, statements regarding our business strategies and goals, plans and prospects, market size, adoption rate, potential revenue, clinical validity and utility, growth opportunities, future products and product pipeline. Forward-looking statements are subject to risks and uncertainties that could cause actual results to differ materially from our expectations. These risk and uncertainties include but are not limited to our ability to successfully develop SCY-078, including an IV formulation of SCY-078; our expectations regarding QIDP designation; our ability to obtain FDA approval for SCY-078; the expected costs of studies and when they will begin and our reliance on third parties to conduct our clinical studies.. Forward-looking statements may be identified by the use of the words “anticipates,” “expects,” “intends,” “plans,” “could,” “should,” “would,” “may,” “will ,” “believes,” “estimates,” “potential,” or “continue” and variations or similar expressions. These statements are based upon the current expectations and beliefs of management and are subject to certain risks and uncertainties that could cause actual results to differ materially from those described in the forward-looking statements. These risks and uncertainties include, but are not limited to, risks and uncertainties discussed in the company's most recent reports filed with the Securities and Exchange Commission ("SEC") and other risks and uncertainties detailed from time to time in the Company's filings with the SEC, which factors are incorporated herein by reference. Readers are cautioned not to place undue reliance on any of these forward - looking statements. The Company undertakes no obligation to update any of these forward-looking statements to reflect events or circumstances after the date of this presentation, or to reflect actual outcomes.

Investment Highlights

Pharmaceutical company committed to the discovery, development and commercialization of novel anti-infectives to address significant unmet therapeutic needs

Lead Asset: SCY-078

Novel oral and IV antifungal compound in Phase II development

- Effective *in vitro* and *in vivo* against clinically relevant *Candida* and *Aspergillus spp.*, including drug-resistant strains
- Well-tolerated in Phase 1 studies in ~100 healthy subjects
- Favorable regulatory environment: QIDP and Fast Track designations received from FDA
- Large addressable antifungal market (~$3.6B) with significant unmet need

Non-Core Assets

Revenue generating with additional R&D platforms provide partnership opportunities

- Cyclophilin inhibitor platform SCY-635 licensed to Waterstone Pharmaceutical (HK)
- Established animal drug discovery services platform partnered with Sanofi-Merial and Dechra, Ltd

Invasive Fungal Infections Pose a Serious Clinical Problem

- **Invasive candidiasis**
  - Most common invasive fungal infection and 4th most common cause of hospital acquired blood stream infection in US
  - Mortality 25 to 40% despite treatment
  - Identified by CDC as an antimicrobial resistance threat in 2013
    - Increasing prevalence of *Candida spp.* with high level of resistance to azoles and increasing prevalence of Multi Drug Resistant species (*C. glabrata*)
    - Limited therapeutic options for azole and echinocandin resistant *Candida* infections
    - Drug resistant *Candida* infections associated with higher mortality, hospital cost and longer length of stay
    - Treatment guidelines changing as result of resistance
- **Invasive aspergillosis**
  - Second most common invasive fungal infection
  - Mortality approaches 90% in the most severely immunocompromised

Due to high mortality associated with a delay in treatment, ~2/3 of systemic antifungal use occurs before a diagnosis is confirmed

Limitations of Current Antifungal Treatments

Antifungal Class	Approved Antifungal Drug	IV/Oral	Mkt Size
I. Azoles	voriconazole, fluconazole, posaconazole	IV/Oral	$2.1bn[1]

Voriconazole Sales[2]: $747mm

- Increasing Resistance in *C. glabrata, C. krusei, Aspergillus spp*
- Newer agents have broader spectrum but significant drug interactions and adverse events

II. Echinocandins	caspofungin, micafungin, anidulafungin	IV only	$1.1bn[1]

Caspofungin Sales[2]: $669mm

MOA: Blocks fungal cell wall biosynthesis (β-1,3 glucan synthesis) *(Cidal)*

- Resistance emerging in *Candida spp.*
- Treatment of choice for IC - favorable safety profile and few drug interactions

III. Polyenes	AmBisome®	IV only	$500mm[2]

MOA: Binds to ergosterol and disrupts fungal cell integrity *(Cidal)*

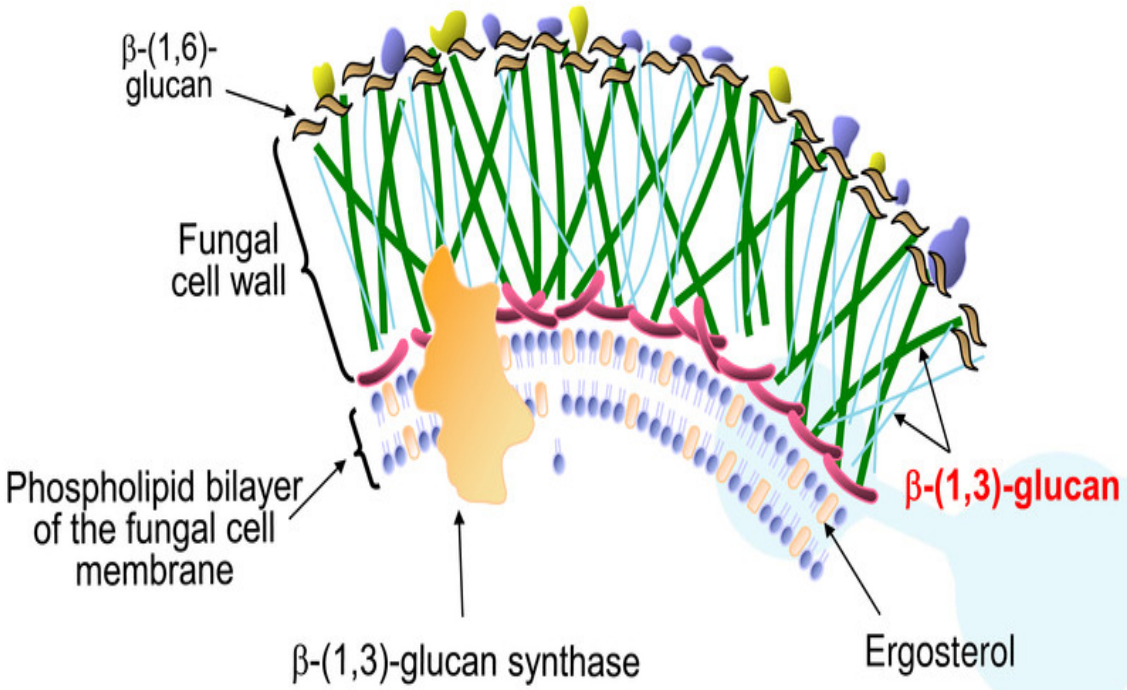
- Use is limited by toxicity (renal, infusion related events, electrolyte depletion, cardiac)
- Limited *C. glabrata* activity

In contrast to antibacterials, there are a limited number of antifungal classes

1) Approximate, as measured by sales in 2011 2) As measured by sales in 2012

SCY-078 Mechanism of Action

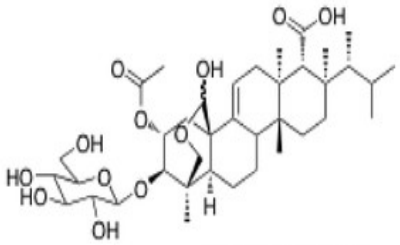
SCY-078 targets synthesis of β-(1,3)-glucan in fungal cell wall;
Target validated by echinocandins



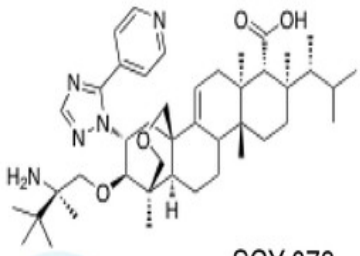
Kartsonis et al, *Drug Resistance Update*, 2003

SCY-078 Key Product Attributes

- SCY-078 is a first-in-class enfumafungin antifungal
  - New chemical class issued from natural compound
    - Strong IP with long patent life



Enfumafungin



SCY-078

  - First non-azole with IV and oral formulations
  - Activity against *Candida* and *Aspergillus spp.*, including azole- and echinocandin-resistant strains
  - Favorable safety and tolerability profile
  - Manageable drug-drug interactions

SCY-078 Significantly De-risked vs. Phase 2 Assets in Other Therapeutic Areas

- Development in anti-infectives is unusual
  - The target (a microbe) can be isolated
  - The drug works on the microbe, not the patient
  - Studies in a test tube (MICs) and in animal models reliably predict efficacy in man
- Unlike most other drugs…
  - Antibiotic blood levels,
  - The minimum inhibitory concentration (MIC) of the drug for the bug, and
  - Response have a predictable relationship: with rare exception the concentrations of drug in a mouse that are effective are also effective in man
- Still need other data, primarily safety, but PK/PD significantly de-risks concerns about efficacy failures

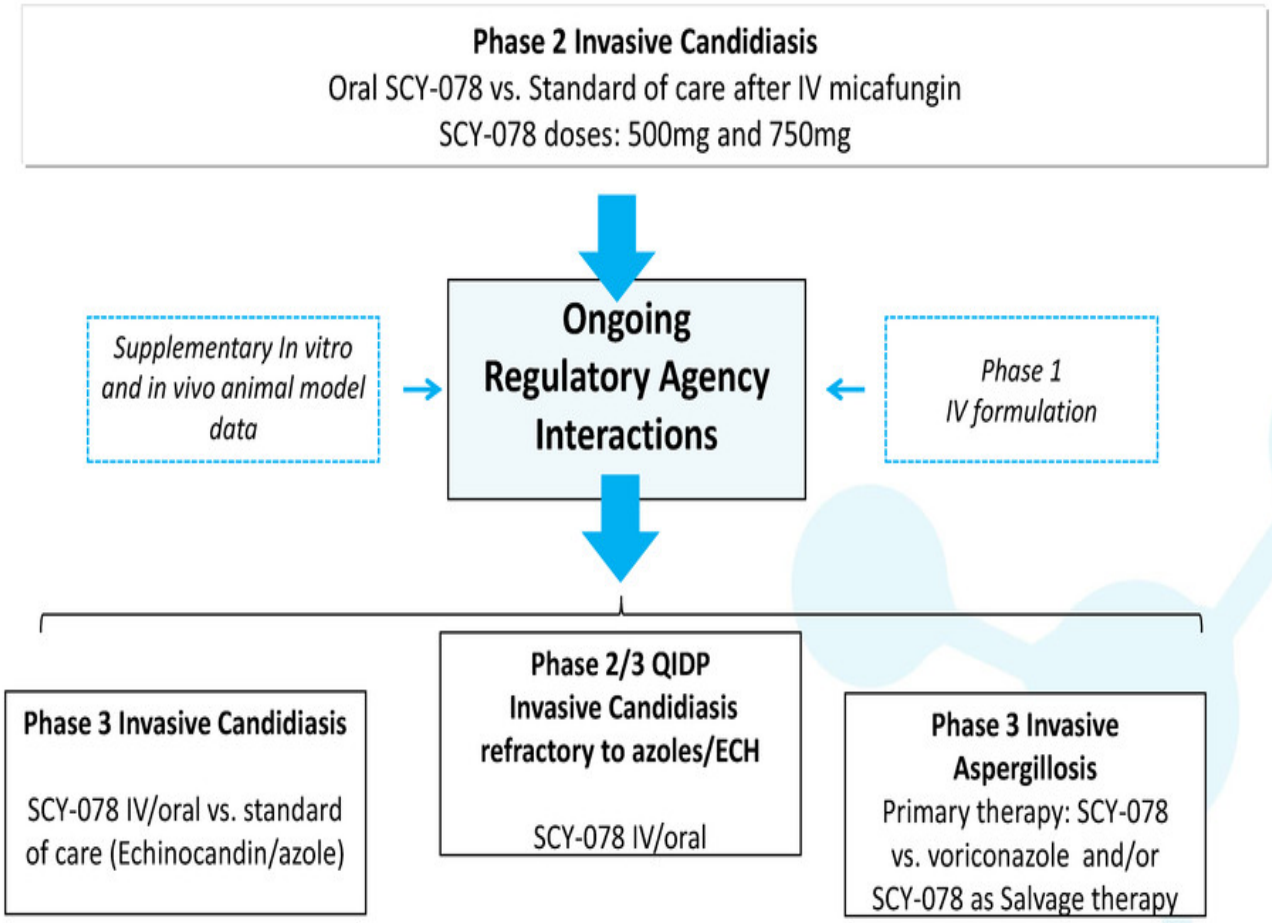
SCY-078: Well-tolerated in Phase 1

- SCY-078 evaluated in seven Phase 1 studies in ~100 healthy subjects
  - Half life supports once daily dosing
  - Predicted human efficacious dose of ~ 500mg daily based on murine disseminated candidiasis PK/PD studies
- Favorable safety and tolerability profile
  - Generally safe and well tolerated at single doses up to 1600mg and multiple doses of 800mg/day for up to 28 days
  - Most common adverse events were gastrointestinal (nausea, diarrhea)
    - Majority mild to moderate and did not lead to discontinuation of therapy
- Metabolized primarily by glucuronidation and oxidative mechanisms involving CYP-3A4

Favorable Regulatory Environment

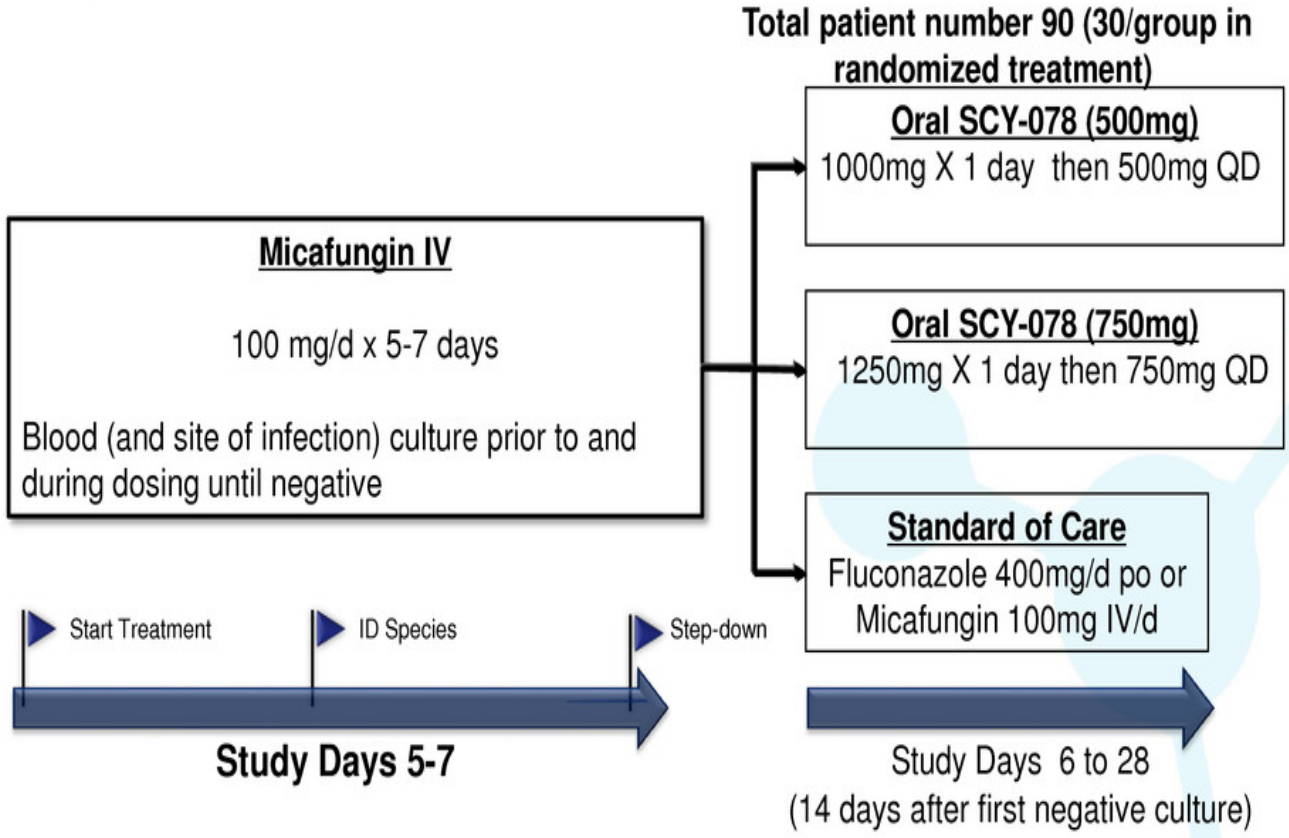
- GAIN Act
  - SCY-078 oral formulation granted QIDP designation by FDA for invasive candidiasis and invasive aspergillosis
- Fast Track
  - SCY-078 oral formulation granted Fast Track designation by FDA for invasive candidiasis and invasive aspergillosis
- DISARM Act (Introduced)
  - Allowing value based pricing for antimicrobial products
- ADAPT Act (Pending)
  - Allow FDA to promptly approve drugs for targeted and limited patient populations
- Impact of Current and Pending Legislation
  - Increased awareness of urgent need for new antifungals
  - Additional market exclusivity
  - Possibility for faster development pathway
  - Potential for pricing power in resistant patient populations

SCY-078 Clinical Development Program



Phase 2: Invasive Candidiasis
Oral Step-down from IV Micafungin

A Phase 2, Open-Label, Randomized, Active-Controlled, Safety, Tolerability and Efficacy Study of Oral SCY-078 Therapy Following Intravenous Micafungin in Hospitalized Subjects with Documented Invasive Candidiasis.



Phase 2 Invasive Candidiasis Study Objectives

Primary Objectives	PK, Safety

- Determine the dose of SCY-078 that achieves target AUC of 15 µM·hr in ≥ 80% of patients (day 1 and end of therapy)
  - Based on Phase 1 data and modeling and simulation, a sample size of 30 patients would be sufficient
- Evaluate safety and tolerability in patients receiving dosing regimens predicted to be efficacious

Secondary Objective	Efficacy

- Regimen of micafungin followed by oral SCY-078 in the overall population
- SCY-078 in subset of patients with *C. glabrata* and *C. krusei*
- Will assess results in context of prior invasive candidiasis studies

Invasive Candidiasis: First Indication

- Invasive candidiasis
  - Most common invasive fungal infection with high morbidity and mortality
  - Echinocandins currently preferred therapy
  - Ability to demonstrate efficacy and safety in area of unmet need due to increasing resistance
- SCY-078 potential for primary and salvage therapy and as step down from other antifungals:
  - Clinical studies to confirm efficacy and PK/PD
    - Phase 2 oral stepdown study
    - Phase 2 IV/oral SCY-078 as salvage therapy for patients with limited therapeutic options
    - Phase 3 Noninferiority study as primary therapy vs. standard of care
- Most rapid time to market, if successful, is salvage therapy

Additional Indications

- Invasive Aspergillosis
  - Salvage therapy in patients refractory to or intolerant of approved treatment (data support indication for prophylaxis, pre-emptive therapy)
  - Option to explore first line treatment compared to voriconazole
- Prevention of *Candida* and *Aspergillus* infections in high risk patients
- Pediatrics

Projected Milestones

- SCY-078 for invasive antifungal infections
  - ✔ First patient enrolled in Phase 2 study
  - – Protocol amendments being drafted to enhance and expedite recruitment
  - – Complete Phase 2 Data 1H-16
  - – IV formulation selection and IND-enabling studies 1H-15
  - – FIM IV formulation 2H-15
- Monetization of non-core assets ongoing

Financials

- Initial Public Offering May 2, 2014
  - $62mm Raised
  - Top-tier Life Sciences Investors

- Cash Balance $34mm as of September 30, 2014
  - Funds SCY-078 Development Through Q1-2016
  - Non-Core Assets Potential Source of Non-Dilutive Capital

- Share Count
  - 8.5mm Shares Outstanding
  - 9.3mm Fully Diluted

Management Team

Management team with significant experience in drug discovery and development

Marco Taglietti, MD
Chief Executive Officer

- CEO effective April 2015
- Former CMO of Forest Labs and President of Forest Research Institute
- Head of Global R&D at Stiefel Labs

Yves Ribeill, PhD
President

- Founder, CEO and Member of Board of Directors since 1999
- 20-year international pharmaceutical career with Aventis Pharma and Rhône-Poulenc Rorer
- Former Infectious Diseases Director

Chuck Osborne, Jr.
Chief Financial Officer

- CFO since November 2003
- Former CFO of Nobex Corporation and VP of Finance for International Murex Technologies
- Certified Public Accountant

SCYNEXIS Key Highlights

Pharmaceutical company committed to the discovery, development and commercialization of novel anti-infectives to address significant unmet therapeutic needs

SCY-078
Ph II, novel, next generation antifungal addressing a large and growing unmet medical need of increasing antifungal resistance

- Enfumafungin
  1st non-azole with both IV and oral formulation
- Broad activity against Candida and Aspergillus spp
- FDA QIDP and Fast Track Designations

Strategic partnering and monetization of non-core assets

Strong cash position through Q1-2016

Experienced and proven management team