FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
ours per respon	se 0.5					

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Ty	pe Response	es)													
1. Name and Address of Reporting Person * Taglietti Marco			2. Issuer Name and Ticker or Trading Symbol SCYNEXIS INC [SCYX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner X_ Officer (give title below) Other (specify below) Chief Executive Officer					
(Last) (First) (Middle) C/O SCYNEXIS, INC., 101 HUDSON STREET, SUITE 3610				3. Date of Earliest Transaction (Month/Day/Year) 11/23/2015											
(Street)			4. If Amend	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
	CITY, NJ										romi inc	d by More than	One Reporting	CISOII	
(City	·)	(State)	(Zip)		Tal	ble I - Non-	Der	ivative Se	ecuritie	s Acqui	red, Disp	osed of, or l	Beneficially	Owned	
(Instr. 3)		Date	ansaction nth/Day/Year	Execution Dany	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		d of (D)	d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
						Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock	11/2	23/2015			P		15,000	A	\$ 6.79 (1)	92,267			D	
Common	Stock	11/2	24/2015			P		7,733	A	\$ 6.8 (2)	100,000			D	
Reminder: indirectly.	Report on a	separate line for each	ch class of sec	curities benefic	cially o	1	Pers	sons wh tained ir	this f	orm ar	e not req	uired to re	nformation espond unl	ess	EC 1474 (9- 02)
				Derivative Se		es Acquire	d, D	isposed o	f, or B	eneficial	•				
Security	Conversion	Date (Month/Day/Year)	any	Pate, if Transa Code	e, if Transaction Code ear) (Instr. 8)		Number 6. E and erivative (curities equired .) or sposed (D) astr. 3, and 5)		n Date	Amo Und Secu		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	O) ct	
				Code	e V	(A) (D)	Dat Exe	e ercisable l	Expirat Date	ion Title	Amount or Number of Shares				
Repor	ting O	wners													
					Relati	onships									
Repor	ting Owner	Name / Address	Director	10% Owner	Offic				Other						
Taglietti l	Marco														

Signatures

C/O SCYNEXIS, INC.

JERSEY CITY, NJ 07302

/s/ Andrew J. Novak, by power of attorney	11/24/2015		
Signature of Reporting Person	Date		

X

Explanation of Responses:

101 HUDSON STREET, SUITE 3610

- * 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).

Chief Executive Officer

- (1) reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.
- The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$6.77 to \$7.00, inclusive. The (2) reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.

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

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