FORM 4

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

OMB APPROVAL									
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ours per response									

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)															
Name and Address of Reporting Person * Angulo Gonzalez David					2. Issuer Name and Ticker or Trading Symbol SCYNEXIS INC [SCYX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O SCYNEXIS, INC., 101 HUDSON STREET, SUITE 3610					3. Date of Earliest Transaction (Month/Day/Year) 05/12/2017							X Officer (give title below) Other (specify below) Chief Medical Officer					
JERSEY CITY, NJ 07302					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	Table I - Non-Derivative Securities Acqu							ired Disn	osed of or	Reneficially	Owned						
1.Title of S	Security		2 Tran	saction	2A. Deeme		3. Transac						at of Securiti		6.	7. Nature	
(Instr. 3)			Date (Month/Day/Year)	Execution Date,	Date, if	if Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D)	of Indirect Beneficial Ownership		
							Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		05/12	/2017			P		15,000	A	\$ 1.7	62,000			D		
Reminder: indirectly.	Report on a	separate line fo	or each o	class of secu	rities benefi	cially o	wned direc	tly or									
							d	onta	ained in	this fo	rm ar	e not req	uired to re	formation espond un ntrol numb	less	EC 1474 (9- 02)	
	,				erivative So e.g., puts, ca								l		1		
Security	Conversion	3. Transaction Date (Month/Day/\)	Year) E	3A. Deemed Execution Da ar) (Month/Day/	Code	8)	of	erivative (Mon ecurities cquired A) or isposed F(D) nstr. 3,		tte Exercisable Expiration Date htth/Day/Year)		Title and ount of derlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Ownershi (Instr. 4) D)	
					Code	e V	(A) (D)	Date Exer		Expiratio Date	n Titl	Amount or e Number of Shares					
Repor	ting O	wners															
						Relatio	nshins										
Reporting Owner Name / Address Director		10% Owner Officer				Other											
Angulo Gonzalez David C/O SCYNEXIS, INC. 101 HUDSON STREET, SUITE 3610 JERSEY CITY, NJ 07302			Chief Medica			l Officer											
Signat	tures									,							
/s/ Rober	t F. Joyce	Jr., by Power	r of At	torney	05/	15/20	17										

Explanation of Responses:

Signature of Reporting Person

- * 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).

Date

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.

