FORM 4

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

OMB APPROVAL				
MB Number:	3235-0287			
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ours per response	0.5			

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

1. Name ar														
Name and Address of Reporting Person – McCourt Marion			2. Issuer Name and Ticker or Trading Symbol SCYNEXIS INC [SCYX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director Officer (give title below) Ofter (specify below) Other (specify below)					
(Last) (First) (Middle) C/O SCYNEXIS, INC., 101 HUDSON STREET, SUITE 3610			3. Date of Earliest Transaction (Month/Day/Year) 07/03/2017					7)						
JERSEY CITY, NJ 07302-6548			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						
												(Cit	y)	(State)
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year		med on Date, if	if Code (Instr. 8)				5. Amount of Securities Benefic Owned Following Reported Transaction(s)		ed (Ownership of Form:	7. Nature of Indirect Beneficial
				(Month/	Day/Year)		Code V	Amount (A) (A)	or	or Indi (I)		or Indirect (Ownership Instr. 4)	
								ns who resp						474 (9-02)
							contai form d	ned in this foliaged in this foliaged of, or Be	orm are intrently veneficially	not required alid OMB co	to respon	d unless th	e	
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	5. Nu ion of Deriv	mber ative ities ired r osed)	contai form d equired, Disp ts, options, cd 6. Date Exer Expiration I (Month/Day	ned in this filisplays a curosed of, or Boonvertible secretiable and Date	orm are interesting veneficially urities)	not required ralid OMB cor Owned and Amount erlying les	to respon introl num	d unless th	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Natu ip of Indire Benefici e Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	5. Nu ion of Deriv Secur Acqui (A) of Dispo of (D) (Instr.	mber ative ities ired r osed)	contai form d equired, Disp ts, options, c d. Date Exer Expiration I (Month/Day	ned in this filisplays a curosed of, or Boonvertible secretiable and Date	eneficially urities) 7. Title of Unde Securiti	not required ralid OMB cor Owned and Amount erlying les	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersh Form of Derivativ Security: Direct (D or Indirect s) (I)	11. Natu ip of Indire Benefici e Ownersh (Instr. 4)

Reporting Owners

Borner Common Name / Address		Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
McCourt Marion C/O SCYNEXIS, INC. 101 HUDSON STREET, SUITE 3610 JERSEY CITY, NJ 07302-6548	X					

Signatures

/s/ Robert F. Joyce Jr., by Power of Attorney	07/05/2017
Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

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.