FORM 4

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

OMB APPROVAL								
DMB Number:	3235-0287							
Estimated average burden nours per response 0.5								
ours per response								

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 X Officer (give title below) Other (specify below) Chief Medical Officer					
(Last) (First) (Middle) C/O SCYNEXIS, INC., 101 HUDSON STREET, SUITE 3610					3. Date of Earliest Transaction (Month/Day/Year) 08/11/2017												
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 PersonForm filed by More than One Reporting Person					
(City	Table I - Non-Derivative Securities Acqu							ired Disn	osed of or l	Reneficially	Owned						
1.Title of S	Security		2. Tran	saction	2A. Deeme		3. Transac		1				nt of Securiti		6.	7. Nature	
(Instr. 3)	·		Date	h/Day/Year)	Execution Date, i any (Month/Day/Yea		(Instr. 8)	(D)		or Disposed of tr. 3, 4 and 5)		Beneficially Owned F Reported Transaction (Instr. 3 and 4)		n(s)	Ownership Form: Direct (D)	Beneficial Ownership	
							Code	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		08/11/	/2017			P		10,000	A	\$ 1.55	72,000			D		
Reminder: indirectly.	Report on a	separate line for	or each o	class of secu	urities benefi	cially o	owned direc	etly o									
								cont	ained ir	n this fo	orm ar	e not req	ection of in uired to re d OMB cor	spond un	less	EC 1474 (9- 02)	
			,		Derivative S e.g., puts, ca								l				
Security	Conversion	Date (Month/Day/Year)		ny	4. Trans Code Year) (Instr	action	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	and l	ate Exercisable Expiration Date nth/Day/Year)		Am Und Sec	Title and ount of derlying urities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners: Form of Derivati Security Direct (I	Ownershi (Instr. 4) D)	
					Cod	e V	(A) (D)	Date Exer		Expiration Date	on Titl	Amount or e Number of Shares					
Repor	ting O	wners															
					1	Relatio	nships										
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			ıl Officer												
Signat	tures																
/s/ Rober	t F. Joyce	Jr., by Powe	r of At	torney	08	/14/20	017										

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.

