FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average	burden						
hours per response	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	s)																	
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) 101 HUDSON STREET, SUITE 3610					3. Date of Earliest Transaction (Month/Day/Year) 03/29/2018									X Officer (give title below) Other (specify below) Chief Medical Officer					
(Street)				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						
		07302-6548														a of more man	one reporting	1 013011	
(City)	(State)	((Zip)			Tab	ole I -	Non-	Deri	vative S	Securi	ities	Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
(Instr. 3) Date			saction /Day/Year)	Execu any	Deemed cution Date, if onth/Day/Year)		Code (Inst		(A) o (D)		.) or Disposed of		of	5. Amount of Secur Beneficially Owned Reported Transacti (Instr. 3 and 4)		Following	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
								Co	ode	V	Amou		or ()	Price				(I) (Instr. 4)	(IIIsu: 4)
Common	Stock	C)3/29/	2018]	P		6,000	A		\$ 1.36	101,790	101,790			
1. Title of Derivative Conversion Oate or Exercise (Instr. 3) Price of Derivative Security 1. Title of 2. Date (Month/Day/Y)			3A Ex ear) an	A. Deemed xecution Day	ate, if Transaction Code (Year) (Instr. 8)			es Acquired, arrants, option 5. Number 6. of an		the formations,	ntained in this e form display Disposed of, or			rm arcurre	Γitle and 8. Price of		espond unl	of 10. Ownersl Form of Derivati Security Direct (I or Indire	Ownership: (Instr. 4) cet
						Code	V	(A)	(D)	Date Exer	cisable	Expir Date		n Titi	Amount or e Number of Shares				
Repor	ting O	wners																	
Reporting Owner Name / Address			Relationships																
Kepor	Director			10% Owner Officer							Other								
Angulo Gonzalez David 101 HUDSON STREET, SUITE 3610 JERSEY CITY, NJ 07302-6548				Chief Medica			edica	l Of	ficer										

Signatures

/s/ Robert F. Joyce Jr., by Power of Attorney	04/02/2018			
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.