FORM 4

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

OMB APPE	KOVAL
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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 Type Responses) 1. Name and Address of Reporting Person * Tinmouth Brian Philippe			SCYNEXIS INC [SCYX] 3. Date of Earliest Transaction (Month/Day/Year) 12/13/2019					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 1 EVERTRUST PLAZA, 13TH FLOOR (Street)								e title below)		(specify below)				
							6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
JERSEY CITY, NJ 07302 (City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu				s Acquired	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	emed on Date, if /Day/Year)	Code (Instr.	(A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially		d C F D	ownership of orm: Be over (D) over Indirect (Ir	Nature Indirect eneficial wnership nstr. 4)	
						Cod	le V A	mount (D)	Price				nstr. 4)	
Reminder:	report on a	·					in this f	s who respon orm are not re s a currently v	equired to	o respond	unless the		ed SEC 14	74 (9-02)
Reminder:	Tepon on a	•	Table II -				in this for displays	orm are not rest a currently verse of, or Bene	equired to valid OME eficially Ov	o respond 3 control r	unless the		ed SEC 14	74 (9-02)
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	5. Nur of Der Securi Acqui or Dis of (D)	mber ivative ties red (A) posed	in this f displays uired, Dispo options, con 6. Date Exer Expiration I (Month/Day	orm are not rest a currently vessed of, or Benearly reisable and Date	equired to valid OME eficially Ov ities)	o respond 3 control r wned and Amount ying	unless the number.	9. Number of Derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D)	11. Natur of Indired Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	5. Nur of Der Securi Acqui or Dis	mber ivative ties red (A) posed 3, 4,	in this f displays uired, Dispo options, con 6. Date Exer Expiration I (Month/Day	orm are not rest a currently vessed of, or Benearly reisable and Date	equired to valid OME eficially Ovities) 7. Title an of Underly Securities	orespond 3 control rewned and Amount ying and 4)	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia Ownersh (Instr. 4)
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Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Tinmouth Brian Philippe 1 EVERTRUST PLAZA, 13TH FLOOR JERSEY CITY, NJ 07302	X				

Signatures

/s/ Robert F. Joyce Jr., by Power of Attorney	12/17/2019
-*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).
- (1) One third of the shares subject to this option vest on the one year anniversary of the grant date, and 1/36 of the shares subject to the option vest on each of the next 24 months thereafter.

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.	