FORM 4

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

OMB APPI	ROVAL
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

1. Name and Address of Reporting Person * Sukenick Scott				2. Issuer Name and Ticker or Trading Symbol SCYNEXIS INC [SCYX]				5. I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) General Counsel 6. Individual or Joint/Group Filing/Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person uired, Disposed of, or Beneficially Owned					
(Last) (First) (Middle) 1 EVERTRUST PLAZA,13TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 01/31/2020				X							
JERSEY CITY, NJ 07302-6548 (City) (State) (Zip)			4. If Amendment, Date Original Filed(Month/Day/Year)				_X_							
			Table I - Non-Derivative Securities Acqu					es Acquired						
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year	r) any	eemed tion Date, if h/Day/Year)	Code (Instr.	8) (1	Securities Acq A) or Disposed onstr. 3, 4 and 5) (A) or mount (D)	of (D) Ow Trai (Ins		ecurities Ber ng Reported	Or Fo Di or (I)	wnership of Be orm: Ov Indirect (In	eneficial wnership
Reminder:	•						in this f	s who respon orm are not r ntly valid OMI	equired to	respond u				74 (9-02)
Reminder:	•						Persons	who resnon	d to the co	allection of	f informati	on contained	SEC 14'	74 (9-02)
1. Title of	2.	3. Transaction	3A. Deemed	(e.g., pt	5. Num	rrants ber of	in this f a currer uired, Dispo , options, con 6. Date Exe	orm are not rently valid OMI sed of, or Beneavertible securities and	equired to B control reficially Own ities)	respond unumber. ned	8. Price of	9. Number of	10.	11. Natu
1. Title of	•	Date	3A. Deemed Execution Date, if	(e.g., pt 4. Transact Code	5. Num Derivat Securiti	ber of ive es ed (A) osed of	in this f a currer uired, Dispo , options, cor 6. Date Exe Expiration I (Month/Day	orm are not rently valid OMI sed of, or Beneavertible securicisable and Date	equired to B control r eficially Ow ities)	respond unumber. ned d Amount ing d 4)	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., pt 4. Transact Code	tion Securiti Acquire or Disp (Instr. 3	ber of ive es ed (A) osed of	in this f a currer uired, Dispo , options, cor 6. Date Exe Expiration I (Month/Day	orm are not rently valid OMI sed of, or Benericisable and Date t/Year) Expiration	equired to B control r eficially Ow ities) 7. Title and of Underly Securities	respond unumber. ned d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Sukenick Scott 1 EVERTRUST PLAZA,13TH FLOOR JERSEY CITY, NJ 07302-6548			General Counsel		

Signatures

/s/ Robert F. Joyce Jr., by Power of Attorney	02/04/2020
**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) 1/48th of the shares subject to the option vest monthly for 48 months as measured from the date of grant.

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.