# UNIT

ED STATES SECURITIES AND EXCHANGE COMMISSION	OMB APPROVA
	OMB Number:
	Estimated average burden hours
NT OF CHANGES IN RENEFICIAL OWNERSHIP OF SECURITIES	response

3235-0287

10. 11. Nature Ownership of Indirect

Form of

Derivative

Security: Direct (D) or Indirect (I) (Instr. 4)

D

Beneficial

Ownership

s per

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)												
Name and Address of Reporting Person –     ANIDO ARMANDO				2. Issuer Name and Ticker or Trading Symbol SCYNEXIS INC [SCYX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X. Director 10% Owner		
1 EVERTRUST PLAZA, 1	3TH FLOOR	(Middle)	3. Date of Earliest Transaction (Month/Day/Ye 07/06/2020			ear)				Officer (give title below) Other (specify below)		
(Street) JERSEY CITY, NJ 07302			4. If Amendment, Date Original Filed(Month/Day/Year) 07/06/2020							6. Individual or Joint/Group Filing(Check Applicable Line) X. Form Helle Jon Reporting Feren Form filed by More than One Reporting Person		
(City)	(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		2. Transac (Month/D	ction Date ay/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		r	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form:	Beneficial
				(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Reminder: Report on a separate lii	ne for each class of securitie	s beneficially owned directly or	indirectly.									
										f information contained in this form are not required to ently valid OMB control number.	SEC	1474 (9-02)
			Tal	ble II - Derivative Sec	urities Acquire	d, Dispos	ed of, or Bene	icially Owned				

(e.g., puts, calls, warrants, options, convertible securities)
4. Transaction Code 5. Number of Derivative 6. Date Exercisable 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)

(A)

55,000

6. Date Exercisable and Expiration Date (Month/Day/Year)

Date

07/05/2030

Exercisable

(1)

(D)

Title

Common

Stock

7. Title and Amount of Underlying Securities (Instr. 3 and 4)

Amount or Number of

55,000

8. Price of Derivative Security (Instr. 5)

\$0

9. Number of

Securities
Beneficially
Owned
Following
Reported
Transaction(s

55,000

## Reporting Owners

Stock Option (Right to

1. Title of Derivative Security

(Instr. 3)

Buy)

	Relationships				
Reporting Owner Name / Address	Director Owner		Officer	Other	
ANIDO ARMANDO					
1 EVERTRUST PLAZA, 13TH FLOOR JERSEY CITY, NJ 07302	X				

2. Conversion or Exercise Price of Derivative Security

\$ 0.73

3. Transaction Date (Month/Day/Year)

07/06/2020

3A. Deemed Execution Date, if

any (Month/Day/Year)

### **Signatures**

/s/ Robert F. Joyce Jr., by Power of Attorney	03/31/2021			
**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).
- One-hundred percent (100%) of the shares subject to the option vest on the first anniversary of the date of grant, provided that the non-employee director is providing continuous services on the applicable vesting date.

This Form 4/A is being filed only to correct the number of shares subject to the stock option acquired by the Reporting Person, which was originally reported to have been 45,000 on 7/6/2020 but was 55,000. Subsequent to the date of grafor-10 reverse stock split and, accordingly, this stock option has become an option to acquire 5,500 shares with an exercise price of \$7.30 per share.

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.