FORM 4

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

OMB APPRO	VAL
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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 *- Macdonald Guy (Last) (First) (Middle) C/O SCYNEXIS, INC., 101 HUDSON STREET, SUITE 3610			Issuer Name and Ticker or Trading Symbol SCYNEXIS INC [SCYX] Date of Earliest Transaction (Month/Day/Year) 06/02/2016						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
								_	Officer (giv	e title below)	Other	(specify below)		
(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								_ Form fried by	Wore than One	Reporting Ferson		
(Cit	ty)	(State)	(Zip)		Ta	ble I	- Non-Deriv	vative Securiti	es Acquire	ed, Disposed	l of, or Ben	eficially Owne	d	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	any	Date, if	Date, if Code (Instr. 8		() · · · · · · · · · · · · · · · · · ·		Owned Follov Transaction(s)		ed Or Fo	Ownership Form: Of In-	eneficial
				(Month/D	ay/ Y ear)	Co	ode V	Amount (A) o	ì	(Instr. 3 and 4)		or (I)	Orrect (D) Ownersh (Instr. 4) (Instr. 4)	
Reminder:	report on a							ns who respo						74 (9-02)
Reminder:	report on a						contai form d quired, Disp	ned in this folisplays a cu	orm are no rrently va neficially (ot required lid OMB co	l to respor	nd unless the		/4 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti Code	5. Nur	mber ntive ties red sed 3, 4,	contai form d quired, Disp s, options, co	ned in this for lisplays a cure osed of, or Be onvertible sector of the list and the list and list are the list and list are the list a	orm are no rrently va neficially (ot required lid OMB co Owned d Amount ying	I to respor	nd unless the	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transacti Code	5. Nur on of Deriva Securi Acqui (A) or Dispos of (D) (Instr.	mber ntive ties red sed 3, 4,	contail form d quired, Disp s, options, co 6. Date Exe Expiration	ned in this fe lisplays a cu losed of, or Be convertible securcisable and Date y/Year)	neficially (urities) 7. Title an of Underly Securities	ot required lid OMB co Owned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Natur of Indirec Beneficia Ownersh

Reporting Owners

D (1 0 N /41)	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Macdonald Guy C/O SCYNEXIS, INC. 101 HUDSON STREET, SUITE 3610 JERSEY CITY, NJ 07302-6548	Х				

Signatures

/s/ Robert F. Joyce Jr., by Power of Attorney	06/06/2016
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-hundred percent (100%) of the shares subject to the option vest on the earlier of (i) the first anniversary of the date of grant, and (ii) the date of the next Annual Meeting of Stockholders of the Issuer.

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.