## 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(City)	(State)	(Zip)			
			—		
JERSEY CITY	NJ	07302-6548			
(Street)				Form filed by More than One Reporting Person	
				X Form filed by One Reporting Person	
13TH FLOOR			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)	
1 EVERTRUST I	· · /			,	
(Last) (First) (Middle)		(Middle)	<ul> <li>3. Date of Earliest Transaction (Month/Day/Year) 06/26/2025</li> </ul>	Officer (give title Other (specify below) below)	
1. Name and Address <u>GILMAN STI</u>		son*	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	

rivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	<ul> <li>Transaction(s) (Instr. 3 and 4)</li> </ul>		(Instr. 4)
Common stock	06/26/2025		Α		23,000(1)	Α	\$ <mark>0</mark>	70,000	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option	\$0.74	06/26/2025		Α		23,000		(2)	06/25/2035	Common Stock	23,000	\$0	23,000	D	

## Explanation of Responses:

1. One-hundred percent (100%) of the shares subject to the restricted stock unit 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.

2. 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.

/s/ Robert F. Joyce Jr., by Power	06/30/202			
<u>of Attorney</u>	00/30/2023			
** Signature of Reporting Person	Date			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.