F	C)F	RN	4	

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Print or Type Responses)

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

OMB APPROVAL OMB Number: 3235 Estimated average burden 3235-0287 0.5 hours per response ..

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

(Time of Type Response	~)										
1. Name and Address of GILMAN STEVEN	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				
^(Last) C/O SCYNEXIS, IN SUITE 3610	VC., 101 HUDSC	A COMPANY AND A	3. Date of Earliest Transaction (Month/Day/Year) 07/03/2017				Officer (give title below) O	ther (specify belo	ow)		
JERSEY CITY, NJ		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				
(City)	(State)	(Zip)	Т	Table I - Non-Derivative Securities Acquir					ired, Disposed of, or Beneficially Ow	ned	
1.Title of Security (Instr. 3)		2. Transaction Date	2A. Deemed Execution Date, if	 Transact Code 	tion	4. Securi (A) or D	1		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership	7. Nature of Indirect
((Month/Day/Year)			Transaction(s)	1	Beneficial				
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	1

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.	
Persons who re	espond to the collection of inform
contained in th	is form are not required to respon
form displays	accurately valid OMD control in un

SEC 1474 (9-02) mation ond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	nber	6. Date Exerc	isable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of	of Expiration Date o		of Underlying Derivat		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Derivative (Month/Day/Year)		Securities Securities		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securities		(Instr. 3 and 4) (In		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative					Acquired					2	(Instr. 4)			
	Security					(A) or							0	Direct (D)	
						Dispos	ed						1	or Indirect	
					of (D)					Transaction(s)	~ /				
				(Instr. 3, 4,							(Instr. 4)	(Instr. 4)			
					and 5)										
								_			Amount				
									Expiration	Title	or				
				a 1		(1)		Exercisable	Date		Number				
				Code	V	(A)	(D)				of Shares				
Stock															
Option	¢ 1 02	07/02/2017				0 400		07/02/2017	07/02/2027	Common Stock	2 420 00	¢ 0	2 420	D	
(right to	\$ 1.83	07/03/2017		Α		2,430		07/03/2017	07/03/2027	Stock	2,430.00	\$ 0	2,430	D	
buy)										Stock					
ouy)															

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GILMAN STEVEN C 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	07/05/20
**Signature of Reporting Person	Date

017

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).

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.