F	C	)F	R	N	4	

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

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

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

SEC 1474 (9-02)

### 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 Response	ses)										
1. Name and Address GILMAN STEVE	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, I SUITE 3610	<sup>(First)</sup> NC., 101 HUDS		3. Date of Earliest Transaction (Month/Day/Year) 10/02/2017						ther (specify belo	ow)	
JERSEY CITY, N		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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1. Title of Security		2. Transaction	2A. Deemed	3. Transac	tion	4. Securi	ties Acqu	uired	5. Amount of Securities Beneficially	6.	7. Nature
(Instr. 3)		Date	Execution Date, if	Code		(A) or D	isposed of	of (D)	Owned Following Reported	Ownership	of Indirect
		(Month/Day/Year)	any (Instr. 8) (Instr. 3, 4 and 5)				Transaction(s)	Form:	Beneficial		
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership
							(A) or			or Indirect (I)	(Instr. 4)
				Code	V	Amount	(D)	Price		(Instr. 4)	

Reminder: Report on a separate line for each class of securities beneficially owned directly of	r indirectly.	
	contained in th	sspond to the collection of information is form are not required to respond unless the 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	ion	n of J		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivative (Month/Day/Year)		Year)	Securities		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Securities		(Instr. 3 and 4) (Instr. 5		(Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative					Acquired				Owned	Security:	(Instr. 4)			
	Security					(A) or	(A) or					Following	Direct (D)		
						Disposed					1	or Indirect			
					of (D)					Transaction(s)	· · /				
					(Instr. 3, 4,						(Instr. 4)	(Instr. 4)			
						and 5)									
											Amount				
								Date	Expiration	Title	or				
								Exercisable	Date	The	Number				
				Code	V	(A)	(D)				of Shares				
Stock															
Option										Common					
	\$ 2.46	10/02/2017		Α		1,807		10/02/2017	10/02/2027	Common Stock	1,807.00	\$ 0	1,807	D	
(right to										STOCK					
buy)															

## **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	10/04/2017
**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).

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.