FORM 4

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

OMB APPROVAL								
OMB Number:	3235-0	287						
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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 Ty	pe Response	s)															
Name and Address of Reporting Person * Angulo Gonzalez David				2. Issuer Name and Ticker or Trading Symbol SCYNEXIS INC [SCYX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Volficer (give title below) Other (specify below) Chief Medical Officer							
	(Last) (First) (Middle) VERTRUST PLAZA, 13TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 09/06/2018												
(Street)				4. If	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					
JERSEY CITY, NJ 07302-6548					To the fixed by Protect unan one reporting Ferson												
(City)	(State)	(Zip)		Т	able	e I - Non	-Deri	vative S	ecurities	Acqu	ired, Disp	osed of, or l	Beneficially	Owned		
(Instr. 3) Date		. Transaction Pate Month/Day/Ye	Executar)	Deemed cution Date, nth/Day/Yea	if (3. Transa Code (Instr. 8)	ode		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of See Beneficially Own Reported Transa (Instr. 3 and 4)		Following	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amour	(A) or (D)	Price				(I) (Instr. 4)		
Common	Stock	0	9/06/2018				P		7,000	A	\$ 1.27	108,790			D		
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Ye	3A. Deem Execution any	(e.g., p ed Date, if	ate, if Transaction Code (Year) (Instr. 8)		Acquirerants, opp. Number f Derivative ecurities acquired A) or Disposed f (D) (Instr. 3,	the f	ained i form dis sposed conver	splays a of, or Ber tible secu reisable on Date	neficia urities) 7. T Am Uno Sec	e not required to ently valid OMB could OMB could OMB could OMB could on the could of the could on the could		•	of 10. Ownersh Form of Derivativ Security: Direct (I or Indire	Ownership (Instr. 4) cct	
					Code V		(A) (D)	Date Exe	e rcisable	Expiration Date	on Titl	Amount or e Number of Shares					
Repor	ting O	wners															
D	outing Over	u Nomo / Add			Re	elati	onships										
Reporting Owner Name / Address Director 10% Owner				% Owner Officer			Other										
Angulo Gonzalez David 1 EVERTRUST PLAZA, 13TH FLOOR JERSEY CITY, NJ 07302-6548						Ch	nief Med	ical	Officer								

Explanation of Responses:

/s/ Robert F. Joyce, Jr., by Power of Attorney

Signature of Reporting Person

Signatures

- * 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).

09/10/2018 Date

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.