FORM 4

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

OMB APPR	OVAL
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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

1. Name and Address of Reporting Person* HASTINGS DAVID C			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) (First) (Middle) 1 EVERTRUST PLAZA, 13TH FLOOR		3. Date of Earliest Transaction (Month/Day/Year) 06/16/2021				_	Officer (giv	e title below)	Othe	r (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												
(Cit	y)	(State)	(Zip)			Table	I - Non-Deri	vative Securitie	es Acquire	d, Disposed	of, or Bene	ficially Owne	d	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	any	on Date, i	Code (Instr			of (D) Owned Follow Transaction(s))		Ownership of Borm:	Nature f Indirect eneficial
				(Month/Day/Y		Co	de V A	(A) or (D)	Price	str. 3 and 4)		(Oirect (D) Or Indirect (I) Instr. 4)	ownership (nstr. 4)
Reminder:	Report on a	oopulate line for each					in this t	s who respon orm are not r s a currently	equired t	o respond	unless the		ed SEC 14	174 (9-02)
Reminder:	Report on a	opaute me tor each	Table II -				in this to	form are not r s a currently osed of, or Bene	equired to valid OMI	o respond B control r	unless the		ed SEC 14	174 (9-02)
1. Title of	2. Conversion	3. Transaction	3A. Deemed Execution Date, if	4. Transac Code	5. No of Do Secu Acqu or D of (I (Inst	mber erivative rities hired (A sposed b) : 3, 4,	in this the display quired, Dispose, options, co	form are not rest a currently besed of, or Bendenvertible securicisable and Date	equired t valid OM eficially O ities)	o respond B control r wned and Amount lying	unless the number.	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Date, if	4. Transac Code	5. Notion of Do Secution of Do Or Do Or Do Or (E	mber erivative rities wired (A sposed b) : 3, 4,	in this display quired, Display 6. Date Exe Expiration (Month/Dat	orm are not rest a currently seed of, or Benearer recisable and Date y/Year)	equired to valid OMI eficially Orities) 7. Title an of Underly Securities	o respond B control r wned and Amount lying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Benefici Ownersl (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
HASTINGS DAVID C 1 EVERTRUST PLAZA, 13TH FLOOR JERSEY CITY, NJ 07302-6548	X				

Signatures

/s/ Robert F. Joyce Jr., by Power of Attorney	06/21/2021
**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 first anniversary of the date of grant, provided that the non-employee director is providing continuous services on the applicable vesting 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.	