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

OMB APPE	KOVAL
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).

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 Sukenick Scott (Last) (First) (Middle) 1 EVERTRUST PLAZA,13TH FLOOR (Street)			2. Issuer Name and Ticker or Trading Symbol SCYNEXIS INC [SCYX] 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2022 4. If Amendment, Date Original Filed(Month/Day/Year)					5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) General Counsel 6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person uired, Disposed of, or Beneficially Owned						
								X					w)		
								_X_1					ne)		
JERSEY CITY, NJ 07302-6548 (City) (State) (Zip)			Table I - Non-Derivative Securities Acou					Acquired.							
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		red 5. A (D) Own Tran	5. Amount of Securities Beneficially Owned Following Reported Own Transaction(s) (Instr. 3 and 4) Direc		5. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
						Cod	le V		A) or (D)	Price			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Common Stock 02/04/2022				A		40,700 A	\$ 0	\$ 0 49,	899		D	D		
		·	i class of securities	Jenencia 	lly owned o	lirectly	in this	s who res	ot req	quired to	respond	unless the	tion contair form	ed SEC	1474 (9-02
		•			•		Person in this display	s who res form are n s a currer	ot req tly va	quired to alid OMB	respond control n	unless the		ed SEC	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Table II - 3A. Deemed Execution Date, if	Derivat (e.g., pu 4. Transac Code	ive Securit ts, calls, water 5. Num of Dea Securi	ies Acq arrants, mber rivative ities red (A) posed	Person in this display	s who res form are n s a curren osed of, or l nvertible so reisable and	ot required the securities of the securities of the securities of the security	quired to alid OMB cially Owi	respond control r ned Amount ing	unless the number.			Benefic Owners (Instr. 4
Derivative Security	Conversion or Exercise Price of Derivative	Date	Table II - 3A. Deemed Execution Date, if	Derivat (e.g., pu 4. Transac Code	ive Securit ts, calls, w. 5. Nur tion of Der Secur Acqui or Dis of (D)	ies Acq arrants, mber rivative ities red (A) posed 3, 4,	Person in this in display uired, Dispo options, co 6. Date Exe Expiration	s who restorm are not seed of, or lovertible surcisable and Date y/Year)	ot req tly va Benefic ecuriti I 7 o S	cially Own ies) 7. Title and of Underlying Securities	respond control r ned Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nat of India Benefic Owners: (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Sukenick Scott 1 EVERTRUST PLAZA,13TH FLOOR JERSEY CITY, NJ 07302-6548			General Counsel			

Signatures

/s/ Robert F. Joyce Jr., by Power of Attorney	C	02/08/2022
**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.

- (1) Represents restricted stock units that vest 50% per year over two years on the anniversary of the date of grant.
- $\textbf{(2)} \ \ 1/48 th \ of the \ shares \ subject \ to \ the \ option \ vest \ monthly \ for \ 48 \ months \ as \ measured \ from \ the \ date \ of \ grant.$

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.