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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
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| Estimated average burden | | | | | |
| hours per response | 0.5 | | | | |

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 | es) | | | | | | | | | | | | | |
|---|-------------|---|-----------------------|--|--------------------|----------|--|--|--|-------------------------|--|--------------------------------------|---|--|--|
| 1. Name and Address of Reporting Person * GILMAN STEVEN 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) C/O SCYNEXIS, INC., 101 HUDSON STREET, SUITE 3610 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2017 | | | | | | - | Officer (give | title below) | | 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 | | | | | | | | | rollii filed by F | note than One K | eporting Person | | |
| (Cit | y) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1.Title of Security 2. Transaction Date (Month/Day/Year | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Date, if | Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | i (| Ownership Form: of | eneficial wnership | | |
| Reminder | Report on a | separate line for eac | h class of securities | heneficis | 11117 | owned di | irect1 | v or indirect | dv | | | | | | |
| | | | | | | | | contai form c | ns who respo ined in this fo displays a cu posed of, or Be onvertible sec | orm are n rrently va | ot required t ilid OMB cor | o respond | l unless the | | 74 (9-02) |
| Derivative Conversion Date or Exercise Instr. 3) Orivinal Date of Derivative Security Orivinal Date (Month) Orivinal Date of Derivative Security | | | Execution Date, if | | Code Deriva | | | 6. Date Exc Expiration (Month/Da | Date Underly | | nd Amount of ng Securities nd 4) | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$ 3.40 | 01/03/2017 | | A | | 14,499 | | (1) | 01/03/2027 | Commo Stock | n 14,499.00 | \$ 0 | 14,499 | D | |
| | | wners Name / Address | Rel | ationship | os | | | | | | | | | | |

| Donastina Ossas Nama / Address | 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

| Robert F. Joyce Jr., by Power of Attorney | 01/05/2017 |
|---|------------|
| **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).
- (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. 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.