FORM 4

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

OMB APPR	OVAL				
OMB Number:	3235-0287				
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ours 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 * Langlois Patrick			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						
C/O SCY SUITE 3	NEXIS, IN	NC.,, 101 HUDSO	ON LOWIN FIRM	3. Date of Earliest Transaction (Month/Day/Year) 01/03/2017				Officer (give	title below)		r (specify below)			
JERSEY	CITY. NJ	(Street) 07302-6548		4. If Ame	endme	nt, Date	e Ori	iginal Filed(M	Month/Day/Year)		o. Individual o X_ Form filed by M Form filed by M	One Reporting I		Applicable Line	9)
	ERSEY CITY, NJ 07302-6548 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui					ies Acquire	dired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Dee Execution any (Month/	on Dat	te, if C		. 8)	A. Securities Ad A) or Disposed Instr. 3, 4 and (A) o	d of (D) O 5) Ti	Owned Following Reported Transaction(s) (Instr. 3 and 4) Own Form Direct or In (I)		Ownership of Form: Direct (D) or Indirect (. Nature of Indirect Beneficial Ownership Instr. 4)	
Reminder:	•	•													
Keminder:	•	•						contain form d juired, Dispo	ns who responed in this for isplays a curosed of, or Be	orm are no rrently val neficially C	ot required t lid OMB cor	to respond	d unless the		474 (9-02)
1. Title of	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	ts, calls 5. tion of D Se A (A	s, warra	ants er /e s l	contain form d juired, Dispo	ned in this for isplays a curonsed of, or Beronvertible securcisable and Date	orm are no rrently value of the control of the cont	ot required to lid OMB con Owned d Amount of g Securities	to respond ntrol number	d unless the	f 10. Ownersh: Form of Derivativ Security: Direct (D or Indirec	11. Nature p of Indirect Beneficial Ownership (Instr. 4)
Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	ts, calls 5. tion of Do Se An (A	Number of serivative ecurities cquired (A) or sisposed (D) (nstr. 3, and 5)	ants er /e ss l	contain form d uired, Dispos, options, co 6. Date Exe Expiration I	ned in this for isplays a curossed of, or Bei onvertible securorisable and Date //Year)	rrently value of the control of the	ot required to lid OMB con Owned d Amount of g Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersh: Form of Derivativ Security: Direct (D or Indirects)	11. Nature p of Indirect Beneficial Ownership (Instr. 4)

Reporting Owners

Donordina Orano Norma / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Langlois Patrick 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	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).
- 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.