FORM 4

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

OMB APPRO\	/AL					
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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	es)														
Name and Address of Reporting Person * Angulo Gonzalez David				2. Issuer Name and Ticker or Trading Symbol SCYNEXIS INC [SCYX]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) C/O SCYNEXIS, INC., 101 HUDSON STREET, SUITE 3610				3. Date of Earliest Transaction (Month/Day/Year) 01/31/2017								X Officer (give title below) Other (specify below) Chief Medical Officer				
JERSEY CITY, NJ 07302			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						
(Ci		(State)	(Zip)	Table I - Non-Derivative Securities Acqui					es Acquir	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	ır) any		Date, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D) O 5) T	f (D) Owned Followin Transaction(s)]	Ownership of Form:	eneficial
				(Month/Da		ay/Year)	Co	ode V	Amount ((A) or (D)	l ì	nstr. 3 and 4)		or (I	r Indirect (In	wnership nstr. 4)
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) f tive	3A. Deemed Execution Date, if	4. 5. Transaction D Code S (Instr. 8)		5. Number of		quired, Disposed of, or Bers, options, convertible secute. 6. Date Exercisable and Expiration Date (Month/Day/Year)		secui nd	rities) 7. Title an	nd Amount of 8. Price of Derivative	9. Number of Derivative Securities Beneficially Owned Following	Ownership Form of	11. Nature of Indirec Beneficial Ownershij (Instr. 4)	
	,					(Instr. 3, and 5)	4,							Reported Transaction((Instr. 4)	or Indirection (I) (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	n,	Title	Amount or Number of Shares		(msu. +)	(msu. 4)	
Stock Option (right to buy)	\$ 3.02	01/31/2017		A		140,000		(1)	01/31/20	027	Common Stock	140,000.00	\$ 0	140,000	D	
Repoi	ting O	wners														
Repor	ting Owner	· Name / Address	Director 10%			onships		Of								

Donating Comment Name / Address	Relationships							
Reporting Owner Name / Address	Director 10% Owner		Officer	Other				
Angulo Gonzalez David C/O SCYNEXIS, INC. 101 HUDSON STREET, SUITE 3610 JERSEY CITY, NJ 07302			Chief Medical Officer					

Signatures

Robert F. Joyce Jr., by Power of Attorney	02/02/2017		
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) 2.08% 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.