FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Wash

ington, D.C. 20549	C	N

wasnington, b.c. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average burd	len		

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).

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*  Katkin Keith			2. Issuer Name <b>and</b> Ticker or Trading Symbol Syndax Pharmaceuticals Inc [ SNDX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Natkiii Nettii				'									X	Directo	r		10% Ow	ner	
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/10/2019									Officer below)	(give title		Other (s below)	pecify		
C/O SYI	NDAX PHA	RMACEUTICA	ALS, INC.		100	10/2	.015												
35 GATEHOUSE DRIVE, BUILDING D, FLOOR 3				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable						
, a				,										Line)					
(Street)	A 3 6 3 4	r. A	02.451											X		led by One	•	•	
WALTH	AM M	[A	02451												Form fi Person	led by More	than	One Repor	ting
(City)	(S	tate)	(Zip)																
		Tab	le I - Nor	n-Deriv	ative	e Se	curities	Acc	quired, C	isp	osed o	f, or Be	nefi	cially	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/E			Exec Day/Year) if any		Execution if any	A. Deemed xecution Date, any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	,	Amount	(A) o	r <sub>P</sub>	rice	Reported Transaction(s) (Instr. 3 and 4)			[	(Instr. 4)	
		-	Table II - I						ired, Dis						Owned				
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T	ransaction ode (Instr.				6. Date Exe Expiration I (Month/Day	Date		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				c	Code	v	(A)		Date Exercisable		kpiration ate	Title	or	ount nber res					
Stock Option	\$7.88	06/10/2019			A		24,000		06/10/2020	06	5/10/2029	Common	24,	000	\$0.00	24,000		D	

**Explanation of Responses:** 

Remarks:

Buy)

/s/ Michael A. Metzger, as 06/12/2019 Attorney-in-Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.