FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OIVIB APPRO | VAL | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | |
| l | Estimated average burden | | | | | | |
| l | 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Name and Address of Reporting Person* Chen Henry | | | | 2. Issuer Name and Ticker or Trading Symbol Syndax Pharmaceuticals Inc [SNDX] | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|--|--|--|---|-----------------|--------------|--|---------------------------------|--|---|---|--|---|--|---------------------------------------|--|
| <u>Chen frem y</u> | | | | | | | | | | _ | | X Directo | | | 10% Ov | | |
| (Last) (First) (Middle) C/O SYNDAX PHARMACEUTICALS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/31/2016 | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| | | | , | | | | | | | | | | | | | | |
| 400 TOTTEN POND ROAD, SUITE 110 | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6.1 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Ctroot) | | | | _ | | | | _ | | | Lin | - / | | _ | | | |
| (Street) WALTH | AM M | A | 02451 | | | | | | | | | | filed by One filed by More n | | • | | |
| (City) | (St | tate) | (Zip) | | | | | | | | | | | | | | |
| | | Tab | le I - Non-De | rivativ | e Sec | curities | s Ac | quired, D | isposed (| of, or Be | neficial | ly Owned | t l | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Code (Instr. 5) | | | | Benefici Owned I | es ally Following | Form: (D) or | Ownership rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | Code V | | | Amount | (A) o (D) | r Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | | | |
| | | 7 | able II - Deri (e.g. | | | | | uired, Dis s, options | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Execut (Month/Day/Year) if any | 3A. Deemed Execution Date, if any (Month/Day/Year | 4. Transa Code 8) | | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Options (Right to buy) | \$11.81 | 10/31/2016 | | A | | 8,000 | | (1) | 10/31/2026 | Common Stock | 8,000 | \$0.00 | 8,000 | | D | | |

Explanation of Responses:

1. One hundred percent (100%) of the total number of shares underlying the option shall vest on October 31, 2017, subject to the reporting person's continuous service through the vesting date.

Remarks:

<u>/s/ Michael A. Metzger, as</u> <u>Attorney-in-Fact</u> <u>11/02/2016</u>

** Signature of Reporting Person Date

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

- * 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.