FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OWR APPR	OVAL							
OMB Number:	3235-0287							
Estimated average burden								
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	n 30	(n) of the	Invest	ment C	Company Act	of 1940								
Name and Address of Reporting Person*  Movelop Diggs						2. Issuer Name and Ticker or Trading Symbol Syndax Pharmaceuticals Inc [ SNDX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Morrison Briggs					1_,	Symmetric transfer [ 51,571 ]								X	Directo	or		10% Ov	vner	
(Last) (First) (Middle)				3. 1	Date of Earliest Transaction (Month/Day/Year)								X	Officer below)	(give title		Other (s below)	specify		
C/O SYNDAX PHARMACEUTICALS, INC.				02	02/08/2021								Chief Executive Officer							
35 GATEHOUSE DRIVE, BUILDING D, FLOOR 3					,															
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)						- ' '								Line)  X Form filed by One Reporting Person						
WALTH	AM M	A	02451											Λ	Form filed by One Reporting Person Form filed by More than One Reporting					
(Cit.)	(5)	tata)	(7:-)		-										Person					
(City)	(5)	tate)	(Zip)																	
		Tab	le I - 1	Non-Deri	ivativ	e Sec	curit	ties Ad	cquire	ed, D	isposed o	f, or B	enefic	ially	Owned					
1. Title of S	Security (Inst	tr. 3)		2. Transac Date	tion	n 2A. Deemed Execution Date,					Acquired (A) or		5)	5. Amount of Securities				7. Nature of Indirect		
(Month/Day/Y					y/Year)			·	Code (Instr.		Disposed Of (D) (Instr. 3, 4 and			Bene		cially (D			Beneficial Ownership	
						(WOILLI/Da		ayi rear)	-	-		(A) or			Reporte Transac	d	(') ('''	(111501.4)	(Instr. 4)	
									Code	V	Amount	(A) (I)	Price		(Instr. 3	and 4)				
Common Stock 02/08/202									M		35,156	A	\$7	.2	83,492			D		
Common Stock 02/08/202				2021				S <sup>(1)</sup>		35,156	D	\$20.54	485 <sup>(2)</sup>	,336		D				
		7	Table I								posed of,				wned					
				(e.g.,	puts,	calls	, Wa	arrant	s, opt	ions	, convertil	ble sec	urities	5)						
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  1. Title of Derivative Security  2. Conversion Date (Month/Day/Year)  3. Transaction Date Execution D if any (Month/Day/			ion Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ity D Si (li	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
													Amou or							
					Code	v	(A)	(D)	Date	isable	Expiration Date	Title	Numb of Share							
Stock					Joue	_	(~)	(5)	LACIO			-100	Jonard				-			
Options (Right to buy)	\$7.2	02/08/2021			M			35,156	(	3)	06/30/2025	Common Stock	35,1	56	\$0.00	0.00		D		

## **Explanation of Responses:**

- 1. The sale reported in this Form 4 was effected pursuant to a Rule10b5-1 plan adopted by the Reporting Person. Following the sale reported in this Form 4, the Reporting Person has a total of 1,161,507 options to purchase shares of common stock that are vested and immediately exercisable and a total of 518,334 options to purchase shares of common stock that have not yet vested.
- 2. The sale prices ranged from \$20.00 to \$20.93.
- 3. This option is fully vested.

## Remarks:

/s/ Michael A. Metzger, 02/10/2021 Attorney-in-fact

\*\* 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.