FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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			of Section 50(ii) of the investment company Act of 1540							
1. Name and Address of Reporting Person [*] Metzger Michael A			2. Issuer Name and Ticker or Trading Symbol <u>Syndax Pharmaceuticals Inc</u> [SNDX]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Metzger Mi</u>	<u>cnael A</u>				Director	10% Owner				
				- x	Officer (give title	Other (specify				
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		below)	below)				
C/O SYNDAX PHARMACEUTICALS, INC.			02/06/2019	President and COO						
35 GATEHOU	JSE DRIVE, B	UILDING D, FLOOR 3								
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Filin	g (Check Applicable				
l` í	144	00.451		X	Form filed by One Rep	oorting Person				
WALTHAM	MA	02451			Form filed by More that Person	an One Reporting				
(City)	(State)	(Zip)								

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	01/31/2019		J ⁽¹⁾		2,659	Α	\$4.76	2,659	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		Derivative		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 of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Stock Option (Right to Buy)	\$6.38	02/06/2019		A		240,000		(2)	02/06/2029	Common Stock	240,000	\$0.00	240,000	D	

Explanation of Responses:

1. The Reporting Person is voluntarily filing this Form 4 to report the acquisition of 2,659 shares by the Reporting Person on 01/31/2019 pursuant to the Issuer's Employee Stock Purchase Plan.

2. The securities awarded on 02/06/2019 were in the form of stock options issued pursuant to the Syndax Pharmaceuticals, Inc. 2015 Omnibus Incentive Plan. Options to purchase 120,000 shares of common stock shall vest in 48 successive equal monthly installments measured from 02/06/2019. Options to purchase 120,000 shares of common stock shall vest periodically upon the Issuer achieving certain milestones.

Remarks:

/s/ Michael A.	<u>Metzger</u>
** Signature of R	eporting Person

02/08/2019 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.