FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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

					OI	Secu	on 30(n) (	of the	Investme	nt Cor	npany Act	of 194	0						
1. Name and Address of Reporting Person*  Meyers Michael L.					2. Issuer Name <b>and</b> Ticker or Trading Symbol Syndax Pharmaceuticals Inc [ SNDX ]									eck all applic Directo	ationship of Reporting all applicable) Director		10% Ow	vner	
(Last) (First) (Middle) C/O SYNDAX PHARMACEUTICALS, INC. 35 GATEHOUSE DRIVE, BUILDING D, FLOOR 3					02	3. Date of Earliest Transaction (Month/Day/Year) 02/03/2021										Officer (give title below)  SVP, Chief Medical Officer			
(Street) WALTHAM MA 02451  (City) (State) (Zip)					_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	dividual or Joint/Group Filing (Check Applicable ) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - Nor	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	osed o	f, or	Benef	iciall	y Owned				
Date			ransaction e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispo		Disposed	ecurities Acquired (A) posed Of (D) (Instr. 3, 4			Securitie Beneficia	5. Amount of Securities Beneficially Owner Following		Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				,iiisti. 4)	
Common	Stock			07/3	1/202	0			J <sup>(1)</sup>		2,665	5	Α	\$7.97	67.97 13,395 D				
Common	Stock			01/3	1/202	1			<b>J</b> (2)		1,771	L	Α	\$12 15,166 D					
		•	Table II -								sed of, onverti				Owned				
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)		of Str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiratio (Month/D	5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

\$21.36

1. The Reporting Person is voluntarily filing this Form 4 to report the acquisition of 2,665 shares by the Reporting Person on 07/31/2020 pursuant to the Issuer's Employee Stock Purchase Plan.

(3)

02/03/2031

80,000

- $2. \ The \ Reporting \ Person \ is \ voluntarily filing \ this \ Form \ 4 \ to \ report \ the \ acquisition \ of \ 1,771 \ shares \ by \ the \ Reporting \ Person \ on \ 01/31/2021 \ pursuant \ to \ the \ Issuer's \ Employee \ Stock \ Purchase \ Plan.$
- 3. 1/48th of the shares subject to the option shall vest monthly over a four-year period.

02/03/2021

## Remarks:

Stock Option

(Right to Buy)

/s/ Michael A. Metzger, 02/05/2021 Attorney-in-Fact

80,000

Stock

\$0.00

80,000

D

\*\* 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.