FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

3235-OMB Number: 0104 INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF Estimated average burden **SECURITIES** hours per response: 0.5

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

Name and Address of Reporting Person* Sabus Steve M	2. Date of E Requiring S (Month/Day 12/05/202	Statement y/Year)	3. Issuer Name and Ticker or Trading Symbol Syndax Pharmaceuticals Inc [SNDX]					
(Last) (First) (Middle) 35 GATEHOUSE DRIVE,			4. Relationship of Reporting Issuer (Check all applicable)		´ F	5. If Amendment, Date of Original Filed (Month/Day/Year)		
BUILDING D, FLOOR 3			Director Officer (give title below) Chief Commercia	below)	(specify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) WALTHAM MA 02451			Cilier Commerci	iai Office		Form filed by More than One Reporting Person		
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable ar Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4) Conv		4. Conversion or Exercise Price of	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Michael A. Metzger, Attorney-in-Fact

12/05/2022

OMB APPROVAL

** Signature of Reporting

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 5 (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.