The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

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UNI	TED STATES SECURITIES	AND EXCHANO	GE COMMISSION	OMB APPROVAL
Washington, D.C. 20549 FORM D				OMB 3235- Number: 0076 Estimated average
	Notice of Exempt	Offering of Secur	ities	burden hours per 4 00
				response: 4.00
1. Issuer's Identity				
CIK (Filer ID Nun	nber) Previous Names	X None]	Entity Type
0001395937 Name of Issue	r		X Corporation Limited Part	
Syndax Pharmaceuticals Inc				bility Company
Jurisdiction of			General Par	
Incorporation/Organ DELAWARE	lization		Business Tr	
Year of Incorpora	tion/Organization		Other (Spec	ity)
X Over Five Years Ago	0			
Within Last Five Years (S	Specify Year)			
Yet to Be Formed				
2. Principal Place of Business	s and Contact Information			
Name	of Issuer			
Syndax Pharmaceuticals Inc				
	Address 1		Street Address 2	
400 TOTTEN POND ROAD		SUITE 110		
Сіту	State/Province/Country			oer of Issuer
WALTHAM	MASSACHUSETTS	02451	781-419-1400	
3. Related Persons				
Last Name	Firs	t Name	Middle Nan	ne
Morris	Arlene			
Street Address 1		Address 2		
400 Totten Pond Road	Suite 110			,
City		vince/Country	ZIP/PostalCo	ode
Waltham Relationship: X Executive 0	MASSACHUSET		02451	
Netationship : A Executive (Uniter A Director Promote	E1		
Clarification of Response (if	Necessary):			
Last Name		t Name	Middle Nan	ie
Pallies	John			
Street Address 1		Address 2		
400 Totten Pond Road	Suite 110	inco/Countries		. da
City	State/Prov	vince/Country	ZIP/PostalCo	Jue

CityState/Province/CountryWalthamMASSACHUSETTS02451Relationship: X Executive OfficerDirectorPromoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Evnin, Ph.D.	Luke	
Street Address 1	Street Address 2	
400 Totten Pond Road	Suite 110	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02451
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Neces	sary):	
Last Name	First Name	Middle Name
Kamdar, Ph.D	Kim	
Street Address 1	Street Address 2	
400 Totten Pond Road	Suite 110	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02451
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Neces	sary):	
		B (*) J II - NT
Last Name	First Name	Middle Name
Egros, Ph.D.	Fabrice	
Street Address 1	Street Address 2	
400 Totten Pond Road	Suite 110	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02451
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Neces	sary):	
Last Name	First Name	Middle Name
Podlesak	Dennis	
Street Address 1	Street Address 2	
400 Totten Pond Road	Suite 110	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02451
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Neces	sary):	
Last Name	First Name	Middle Name
Royston	Ivor	
Street Address 1	Street Address 2	
400 Totten Pond Road	Suite 110	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02451
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Neces	sary):	
Last Name	First Name	Middle Name
Shea	Richard	Р
Street Address 1	Street Address 2	
400 Totten Pond Road	Suite 110	
City	State/Province/Country	ZIP/PostalCode
-		
Waltham	MASSACHUSETTS	02451

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

La	ast Name	First Name		Middle Name
Sledge, Jr. M.D	•	George	W	
Stree	et Address 1	Street Address 2		
400 Totten Pond	d Road	Suite 110		
	City	State/Province/Country		ZIP/PostalCode
Waltham		MASSACHUSETTS	02451	
Relationship :	Executive Officer X	Director Promoter		

Clarification of Response (if Necessary):

4. Industry Group

Agriculture	Health Care	Retailing
Banking & Financial Services	Biotechnology	Restaurants
Commercial Banking	Health Insurance	Technology
Insurance Investing	Hospitals & Physicians	Computers
Investment Banking	X Pharmaceuticals	Telecommunications
Pooled Investment Fund	Other Health Care	Other Technology
Is the issuer registered as	Manufacturing	Travel
an investment company under the Investment Company	Real Estate	Airlines & Airports
Act of 1940?	Commercial	Lodging & Conventions
Yes No	Construction	Tourism & Travel Services
Other Banking & Financial Servio	ces REITS & Finance	Other Travel
Business Services	Residential	Other
Energy	Other Real Estate	
Coal Mining		
Electric Utilities		
Energy Conservation		
Environmental Services		
Oil & Gas		
Other Energy		
5. Issuer Size		

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))

Investment Company Act Section 3(c)

Rule 504 (b)(1)(i)	Section 3(c)(1)	Section 3(c)(9)	
Rule 504 (b)(1)(ii)	Section 3(c)(2)	Section 3(c)(10)	
Rule 504 (b)(1)(iii) Rule 505	Section 3(c)(3)	Section 3(c)(11)	
X Rule 506(b)	Section 3(c)(4)	Section 3(c)(12)	
Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)	
Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)	
	Section 3(c)(7)		
7. Type of Filing			
X New Notice Date of First Sale 2014-02-04 F Amendment	ïrst Sale Yet to Oc	cur	
8. Duration of Offering			
Does the Issuer intend this offering to last more that	an one year? Ye	es X No	
9. Type(s) of Securities Offered (select all that appl	y)		
Equity Debt		Pooled Investment Fund Interests Fenant-in-Common Securities	
X Option, Warrant or Other Right to Acquire Anot		Mineral Property Securities	
Security to be Acquired Upon Exercise of Optio Other Right to Acquire Security	on, Warrant or (Other (describe)	
10. Business Combination Transaction			
Is this offering being made in connection with a bu a merger, acquisition or exchange offer?	isiness combinatio	n transaction, such as Yes X No	
Clarification of Response (if Necessary):			
11. Minimum Investment			
Minimum investment accepted from any outside ir	vestor \$0 USD		
12. Sales Compensation			
Recipient	Recipien	t CRD Number X None	
(Associated) Broker or Dealer X None	(Associa	ted) Broker or Dealer CRD Number X No	ne
Street Address 1 City	State/Pro	Street Address 2 vince/Country	ZIP/Postal Code
State(s) of Solicitation (select all that apply)		n/non-US	
13. Offering and Sales Amounts			
Total Offering Amount \$1,728,471 USD or	Indefinite		
Total Amount Sold \$1,728,471 USD			
Total Remaining to be Sold \$0 USD or	Indefinite		
Clarification of Response (if Necessary):			
14. Investors			
X Select if securities in the offering have been or investors, and enter the number of such non-active sectors.	may be sold to per credited investors	rsons who do not qualify as accredited who already have invested in the offering.	0
Pogardloss of whether securities in the offering			

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

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15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$0 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Syndax Pharmaceuticals Inc	/s/ Arlene Morris	Arlene Morris	Chief Executive Officer	2014-02-12

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.