FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

OMB Number:	3235-0287						
Estimated average burden							
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Section obligati	this box if no lo n 16. Form 4 or lons may contin tion 1(b).		STA		d pursuar	t to Section 16(a tion 30(h) of the	a) of the S	Securiti	es Exchan	ge Ao	ct of 193	_	HIP	Estima	Number ated ave per res	erage burder	3235-0287 1 0.5	
1. Name and Address of Reporting Person <sup>*</sup> Tucker John H				2. Issuer Name and Ticker or Trading Symbol scPharmaceuticals Inc. [SCPH]								elationship o ck all applic Director	able)	g Perso	on(s) to Issu 10% Ov			
(Last) C/O SCP		irst) EUTICALS INC	(Middle) C.		3. Date of Earliest Transaction (Month/Day/Year) 01/18/2024								below)	give title Presiden	ive title Othe below		specify	
25 BURLINGTON MALL ROAD, SUITE 203				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BURLIN	et) RLINGTON MA 01803					X Form filed by One Reporting Perso Form filed by More than One Repo Person										•		
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Та	ble I - Noi	1-Deriva	ative S	ecurities Ac	quired	, Dis	posed o	f, oi	r Bene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					2A. Deemed Execution Date, if any (Month/Day/Yea	3. Transaction Code (Instr. ) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			A) or 3, 4 and 5)	or 5. Amount 4 and 5) Securities Beneficiall Owned Fol Reported		Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount		(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			(Instr. 4)	
Common Stock 01/18					/2024		Α		113,560 <sup>(1)</sup> A		\$0.00	254	254,207		D			
						curities Acq lls, warrants							Dwned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	te Execution Date, T		ansaction ode (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed	Expiratio	6. Date Exercisable and Expiration Date (Month/Day/Year) (Instruction Categoria (Instruction) (Instruction) (Instruction) (Instruction)				curity	Derivative der Security Sec		e s	10. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	

(Instr. 3) Price of Derivative Security			(Month/Day/Year)	) 8)		Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Derivative (Instr. 3 ar		(Instr. 5)	Beneficially Owned Following Reported Transaction(s)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Stock Option (right to buy)	\$5.76	01/18/2024		A		170,340		(2)	01/18/2034	Common Stock	170,340	\$0.00	170,340	D		

## Explanation of Responses:

1. Consists of a restricted stock unit ("RSU") award made pursuant to the scPharmaceuticals Inc. 2017 Stock Option and Incentive Plan. The RSUs vest as to 25% of the shares underlying the RSUs on each of the first four anniversaries of January 1, 2024, such that the RSUs will be fully vested on January 1, 2028.

2. The option shares vest over a four-year period, at a rate of 25% on January 1, 2025, with the remaining option shares vesting in 36 equal monthly installments thereafter, such that the option shares will be fully vested on January 1, 2028.

/s/ John H. Tucker

\*\* Signature of Reporting Person

01/22/2024 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.