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								
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 occ	11011 30(11)	or tire	IIIVESUIIEIIL	Compan	y Act C	31 1340						
Name and Address of Reporting Person* Truelver Lehn II.			2. Issuer Name and Ticker or Trading Symbol scPharmaceuticals Inc. [SCPH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Tucker John H</u>			٦	<u> </u>		· ·	10 11101	00111	J		7	Directo	r		10% Ov	vner	
(Lact)		(Firet)	(Middle)		Data	of Earlinet	Tranc	action (Mon	th/Day/V	'oar)			Officer below)	(give title		Other (s	pecify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/10/2020							President and CEO					
C/O SCPHARMACEUTICALS INC.											resident and GDG						
2400 DIS	STRICT A	VENUE, SUITE	310														
				— 4.	If Ame	endment, [Date o	f Original Fi	led (Mon	ith/Day	//Year)	6. In Line	dividual or J	oint/Group	Filing	(Check App	licable
(Street)	ICTON 1		04.000									1 1		led by One	Reno	rting Persor	,
BURLIN	IGTON I	MA	01803									1	_	,		One Repor	
-													Person		c trictri	One repor	ung
(City)	(State)	(Zip)														
		Ta	ble I - Non-D)erivati	ve Se	ecurities	sΔc	nuired C)isnos	ed of	f or Re	neficially	Owned				
					_											1.	
1. Title of Security (Instr. 3) 2. Transa Date			ate	Execution Date, Transaction Disposed Of (D) (Instr. 3, 4				and 5) Securities		Form	n: Direct I	7. Nature of Indirect					
		(N	(Month/Day/Year)		if any (Month/Day/Yea		Code (Instr.					Beneficia Owned F			(D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					`		· ·	_		(A) o	.	Reported Transacti	ı " '''			(Instr. 4)	
								Code	V Am	Amount (A) or (D)		Price	(Instr. 3 and 4)		1 1		
			Table II - De	rivativ	s Sec	urities	Δςαι	uired Di	snoseo	d of	or Bene	eficially (Owned			,	
								, options					ownca				
1. Title of 2. 3. Transaction 3A. Deemed				4.	5. Number of 6. Date Exercisable and 7. Title and Amo				d Amount	8. Price of	9. Number of		10.	11. Nature			
Derivative Conversion Date			Execution Date (Day/Year) if any	ate, Transactio		tion Derivative		Expiration Date of Securities (Month/Day/Year) Underlying			Derivative Security	derivative Securities			of Indirect Beneficial		
(Instr. 3) Price of (Month/Day/Year)					` Acquired (A) `			Derivative Secur			Security	(Instr. 5)	Beneficially		Direct (D) Own	Ownership	
Derivative Security					or Disposed (Instr. 3 and 4)			id 4)		Owned Following	or Indirect (I) (Instr. 4	(Instr. 4)					
				3, 4 and 5)		5)					Reported Transacti		' '				
												Amount		(Instr. 4)			
								Date	Expira			or Number					
				Code	V	(A)	(D)	Exercisable	Date		Title	of Shares					
Stock Option											Common						
(Right to	\$5.81	01/10/2020		A		127,500		(1)	01/10/2	2030	Stock	127,500	\$0.00	127,50	00	D	

Explanation of Responses:

1. The option shares vest over a four-year period, at a rate of 25% on the first anniversary of the grant date, with the remaining option shares vesting in 36 equal monthly installments thereafter, such that the option shares are fully vested on the fourth anniversary of the grant date.

Remarks:

Buy)

/s/ John H. Tucker

01/14/2020

** 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.