| SEC For | m 4 | | | | | | | | | | | | | | | | | |
|---|---|--|--|---------|--|--|--|------|--|--------------------|--|--|---|---|--|--|---|--|
| FORM 4 UNITED | | | | | TATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | OMB APPROVAL | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | ENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | |
| | | | | 1 110 | | | | | Investment C | | | | | | | | | |
| 1. Name and Address of Reporting Person SCHAEFFER LEONARD D | | | | | | | | | ker or Trading als Inc. [S | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| (Last) (First) (Middle) C/O SCPHARMACEUTICALS INC | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) Officer 06/14/2022 | | | | | | | | | (give title Other (specify below) | | | |
| 2400 DISTRICT AVENUE, SUITE 310 | | | | | 4.1 | | | | | | | | | Joint/Group Filing (Check Applicable | | | | |
| (Street) BURLINGTON MA 01803 | | | | | | | | | | | | | | | d by One Reporting Person d by More than One Reporting | | | |
| (City) | | | | | | | | | | | | | | | | | | |
| | | Tab | ole I - Nor | ו-Deriv | ativ | e Sec | curities | s Ac | quired, Di | isposed c | of, or Be | neficial | ly Owned | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/D | | | | | | ear) E | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Ins | | | | Beneficia Owned F | s ally following | Form (D) or | n: Direct of or Indirect I nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code V | Amount | (A) oi (D) | r Price | Price Reported Transaction (Instr. 3 and | | | | (Instr. 4) | |
| | | - | | | | | | | uired, Dis s, options, | | | | Owned | | | · · · · | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, T | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/) | ate | and 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactiv (Instr. 4) | e s lly J | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | c | ode | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to Buy) | \$4.53 | 06/14/2022 | | | A | | 16,300 | | (1) | 06/14/2032 | Common Stock | 16,300 | \$0.00 | 16,30 | 0 | D | | |

Explanation of Responses:

1. This stock option vests in full upon the earlier of (i) June 14, 2023, or (ii) the next annual meeting of the Issuer's stockholders.

Remarks:

/s/ John H. Tucker, attorney-in-06/15/2022 fact

** 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.