FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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|-------------|------|-------|

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWN |
|--|--|
| 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 |

IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

| | . , | | | | or S | Section 3 | 30(h) of th | hè Ín | vestm | ent C | ompany Act o | of 1940 | | | | | | |
|--|---|--|---------------|----------------------------------|-------------------------------|--|--|-------|------------------------------|---|--------------------|--|---------------------|---|---|---|--|--|
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol scPharmaceuticals Inc. [SCPH] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| | HARMAC | rst) (EUTICALS INC 'ENUE, SUITE 3 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/13/2019 | | | | | | \dashv | v Of | icer (give title ow) | Other (specify below) | | | |
| (Street) BURLIN (City) | IGTON M | |)1803 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | .ine) X Fo | , | | | |
| | | Tabl | e I - N | on-Deriv | ative | Secu | rities <i>F</i> | Acqı | uired | d, Di | sposed o | f, or B | enefici | ally Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | Execution Date, | | i, T | | | | es Acquired (A) or Of (D) (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Followi Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Trai | isaction(s) tr. 3 and 4) | | (111311.4) | |
| Common Stock 12/13/2 | | | :019 | | | P | | 5,000 | A | \$5.23 | 77(1) | 5,000 | D | | | | | |
| | | Та | ble II | | | | | | | | osed of, convertib | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, //Day/Year) | 4. Transa Code (I 8) | ction Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | re (i | 6. Date Expirat (Month | tion Da | | 7. Title Amoun Securiti Underly Derivati Securiti and 4) | t of ies ving | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were acquired in multiple transactions at prices ranging from \$5.17 to \$5.2335, inclusive. The reporting person undertakes to provide to scPharmaceuticals Inc., any security holder of scPharmaceuticals Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares acquired at each separate price within the ranges set forth in footnote (1) to this Form 4.

(D)

Date Exercisable

Expiration

Remarks:

/s/ John H. Tucker

of Shares

Title

12/17/2019

** 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.