

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * CxSynta LLC (Last) (First) (Middle) C/O CAXTON CORPORATION, 731 ALEXANDER ROAD, BUILDING 2 (Street) PRINCETON NJ 08540 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol SYNTA PHARMACEUTICALS CORP [SNTA]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 02/09/2007	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	02/09/2007		C		1,690,646	A	(1)	7,761,716	D (2)	

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Series A Convertible Preferred Stock	(1)	02/09/2007		C		2,154,105	(1)	(3)	Common Stock	1,690,646	\$ 0	0	D (2)	

1. Name and Address of Reporting Person *

CxSynta LLC

(Last) (First) (Middle)

C/O CAXTON CORPORATION, 731 ALEXANDER ROAD, BUILDING 2

(Street)
PRINCETON NJ 08540

(City) (State) (Zip)

1. Name and Address of Reporting Person *

CAXTON CORP

(Last) (First) (Middle)

731 ALEXANDER ROAD, BUILDING 2

(Street)
PRINCETON NJ 08540

(City) (State) (Zip)

Explanation of Responses:

1. Upon the closing of the Issuer's initial public offering on February 9, 2007, each share of Series A Convertible Preferred Stock, plus accrued dividends, converted into approximately .7848 shares of Common Stock.
2. These shares are directly owned by CxSynta LLC and indirectly owned by Caxton Corporation, the managing member of CxSynta LLC.
3. N/A.

By Caxton Corporation,
Managing Member of
CxSynta LLC, by /s/ Scott 02/13/2007
B. Bernstein, Secretary of
Caxton Corporation
/s/ Scott B. Bernstein,
Secretary of Caxton 02/13/2007
Corporation

** 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.