FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Morenstein Scott D	2. Date of Event Requiring Staten (Month/Day/Year	ment	3. Issuer Name and Ticker or Trading Symbol SYNTA PHARMACEUTICALS CORP [SNTA]					
(Last) (First) (Middle)	11/03/2015		Relationship of Reporting Pers (Check all applicable)	` '	(Mc	5. If Amendment, Date of Original Filed (Month/Day/Year)		
C/O CAXTON ALTERNATIVE MANAGEMENT 1330 6TH AVENUE, 20TH FLOOR (Street) NEW YORK NY 10019 (City) (State) (Zip)			X Director Officer (give title below)	10% Owne Other (spe below)	ecify App	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			. Amount of Securities leneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
No securities beneficially owned.			0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)		ite	3. Title and Amount of Secur Underlying Derivative Secur 4)		4. Conversion or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date	Expiration	n	Amount or Number of	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Scott D. Morenstein

11/05/2015

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).