FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	STATEMENT OF CHANGES IN BEN
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securiti or Section 30(h) of the Investment Cor
1. Name and Address of Reporting Person* Lundbeckfond Invest A/S	2. Issuer Name and Ticker or Trading Sy <u>scPharmaceuticals Inc.</u> [SCI

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ties Exchange Act of 1934 mpany Act of 1940

1. Name and Address of Reporting Person [*] <u>Lundbeckfond Invest A/S</u>				Issuer Name and Ticl Pharmaceutica					ationship of Reporting all applicable) Director	X 10%	Owner		
(Last)(First)(Middle)C/O SCPHARMACEUTICALS INC2400 DISTRICT AVENUE, SUITE 310				Date of Earliest Trans /21/2017	action (Mo	onth/Da	ay/Year)		Officer (give title below)	belov	r (specify v)		
(Street) BURLINGTON MA 01830 (City) (State) (Zip)				lf Amendment, Date o	f Original	Filed (Month/Day/Year	6. Indiv X	 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 - No	n-Derivativ	ve Securities A	quired	, Dis	posed of, o	r Benei	icially C	wned			
Date			2. Transaction Date (Month/Day/Y	Execution Date Year) if any	Execution Date, Transa		Transaction Disposed Of (D) (Instr. 3, 4 a Code (Instr.			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
					Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock			11/21/202	17	С		1,544,858	A	(1)	1,544,858	D		
Common Stock			11/21/201	17	С		984,366	A	(2)	2,529,224	D		

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

Р

654,762

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. Transa Code (8)		Deri Secu Acq Disp	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate	nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Series A Preferred Stock	(3)	11/21/2017		с			11,092,383	(3)	(3)	Common Stock	1,544,858 ⁽³⁾	\$0.00	0	D	
Series B Preferred Stock	(3)	11/21/2017		С			7,067,945	(3)	(3)	Common Stock	984,366 ⁽³⁾	\$0.00	0	D	

Explanation of Responses:

Common Stock

1. Represents the total number of shares of Common Stock received by the Reporting Person upon conversion of the Issuer's Series A Preferred Stock in connection with the closing of the Issuer's initial public offering.

2. Represents the total number of shares of Common Stock received by the Reporting Person upon conversion of the Issuer's Series B Preferred Stock in connection with the closing of the Issuer's initial public offering. 3. All series of Convertible Preferred Stock automatically converted into the Issuer's Common Stock on a 7.180193-for-1 basis upon on November 21, 2017 and had no expiration date.

Remarks:

/s/ Courtney Gaughan, Attorneyin-Fact

\$<mark>14</mark>

3,183,986

D

A

11/21/2017

** Signature of Reporting Person

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.

11/21/2017

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.

Date