

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

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

1. Name and Address of Reporting Person* <u>5AM Opportunities I (GP), LLC</u>  (Last) (First) (Middle) 501 2ND STREET, SUITE 350  (Street) SAN FRANCISCO CA 94107  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/26/2020	3. Issuer Name and Ticker or Trading Symbol <u>scPharmaceuticals Inc. [ SCPH ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) See Remarks	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person _____ <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	578,034	I	By 5AM Opportunities I, L.P. <sup>(1)</sup>

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person\*  
5AM Opportunities I (GP), LLC  
 (Last) (First) (Middle)  
 501 2ND STREET, SUITE 350  
 (Street)  
 SAN FRANCISCO CA 94107  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
5AM Opportunities I, L.P.  
 (Last) (First) (Middle)  
 501 2ND STREET, SUITE 350  
 (Street)  
 SAN FRANCISCO CA 94107  
 (City) (State) (Zip)

Explanation of Responses:

