FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF	CHANGES	IN	BENEFIC	CIAL	OWNE	RSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to 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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Tucker John H					2. Issuer Name and Ticker or Trading Symbol scPharmaceuticals Inc. [SCPH]								ck all applica Director	10% Ow		vner				
	HARMAC	First) EUTICALS INC /ENUE, SUITE			3. Date of Earliest Transaction (Month/Day/Year) 06/30/2020								X Officer (give title Other (sp below) President and CEO							
(Street) BURLIN (City)	IGTON M	State)	01803 (Zip)		-	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line							
		Та	ble I - No	n-Deri	ivativ	ve S	ecuritie	es Acq	uired,	Dis	posed of	, or Ben	eficially	Owned						
Date					action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 1)			Beneficia Owned Fo	curities F neficially (I ned Following (I		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock			06/3	30/20	0/2020		M		42,250	12,250 A		47,	47,250		D					
Common Stock 0			06/3	30/202)/2020		F		10,288 ⁽²⁾ D		\$7.36	36,962			D					
			Table II -								osed of, convertible			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, T	4. Transa Code (I 8)		ction Derivative I			6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Ar of Securities Underlying Derivative Sec (Instr. 3 and 4)			ies g Security	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)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	Date (D) Exercisab		sable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)					
Restricted Stock Units	(1)	06/30/2020			М			42,250	(3)		(3)		(3)	Common Stock	42,250	\$0.00	0		D	
Stock Option (right to buy)	\$3.25	06/30/2020			A		42,250		(4)		02/25/2029	Common Stock	42,250	\$0.00	42,25	0	D			

- 1. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 2. The shares reported as disposed were withheld by the Issuer to satisfy tax withholding obligations of the Reporting Person related to the vesting of restricted stock units.
- 3. On February 25, 2019, the Reporting Person was granted 84,500 restricted stock units (the "RSUs"). One half (1/2) of the RSUs shall vest upon the Issuer's submission of a New Drug Application ("NDA") for its product candidate, FUROSCIX and the remaining one half (1/2) shall vest upon the Food & Drug Administration's (the "FDA") approval of the NDA. On June 30, 2020, the performance criteria for the first half of the grant was met and 42,250 shares vested.
- 4. On February 25, 2019, the Reporting Person was granted an option to purchase 84,500 shares of common stock. One half (1/2) of the shares shall vest upon the Issuer's submission of an NDA for its product candidate, FUROSCIX and the remaining one half (1/2) shall vest upon the FDA's approval of the NDA. On June 30, 2020, the performance criteria for the first half of the grant was met and 42,250 shares vested.

Remarks:

/s/ John Tucker

07/02/2020

** 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.