## FORM 4

## **UNITED STATES SECU**

Washington, D.C. 20549

ΚI	IIES	AND	EXCF	IANGE	COMM	ISSION

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 Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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*					2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer						
Navani Annu					Scilex Holding Co [ SCLX ]						I ` _	(Check all applicable)  Director		10% Owner		ner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									Other (sp below)	ecify		
C/O SCILEX HOLDING COMPANY					08/16/2024												
960 SAN ANTONIO ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Inc	6. Individual or Joint/Group Filing (Check Applicable						
(Street)				-	and an analysis of the state of the sta						Line)	Line)					
PALO ALTO CA 94303			4303									Form filed by One Reporting Person Form filed by More than One Reporting					
THEO RETORES ON THE STATE OF TH				_								Person					
(City)	(Sta	ite) (2	Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Date,	Code (Instr.			d (A) or r. 3, 4 and 5)	5. Amount Securities Beneficial Owned Fo	Form: ly (D) or		Direct Ir Indirect B tr. 4) C	7. Nature of ndirect Beneficial Dwnership	
								Code V	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar			(1	nstr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
				<del></del>	, can	<del></del>											
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Code (	Transaction Derivative Code (Instr. Securities			6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amo of Securities Underlying Derivative Secu (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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Nonstatutory Stock Option (right to buy)	\$1.23	08/16/2024		A		250,000		(1)	08/16/2034	Common Stock	250,000	\$0.00	250,000	0	D		

## **Explanation of Responses:**

1. 1/48th of the shares subject to the option shall vest on a monthly basis following the grant date, subject to the Reporting Person's continued service to the Issuer through each such vesting date.

/s/ Jaisim Shah, as Attorney-in-08/19/2024 Fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.