FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL													
OMB Number:		3235-028											
11 –													

37 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).

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

					-	JCOLIO	11 00(11)	or are r	iii v c sti ii c i		inpuriy Act	01 10-1								
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol ZIOPHARM ONCOLOGY INC [ZIOP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
BELBEL CAESAR J						ZIOTILIUM ONGOLOGI ING [ZIOI]									D	irector	10% (Owner		
(Loot)	/Fi	ent) (Middle		3 D	2 Date of Fadigat Transportion (Month/Day/Mass)								+		fficer (give title elow)	Other below	(specify)		
(Last)	(Fi	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015									COO, CLO, and Secretary					
C/O ZIOPHARM ONCOLOGY, INC.,						12/01/2010											·			
ONE FIRST AVENUE, PARRIS BLDG 34																				
					, 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Li	ne)					
BOSTON	N M.	A (2129												X F	orm filed by On	e Reporting Pers	son		
																orm filed by Mo erson	re than One Rep	oorting		
(City)	(St	ate) (Zip)																	
		Tabl	e I - Noi	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally Ow	/ned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		Date,	Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			nd Se Be Ov	Amount of curities neficially ned Following ported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount		(A) or (D)	Price	Tra	nsaction(s) str. 3 and 4)		(111501.4)			
Common Stock 12/31/					/2015		A		65,000(1)		A	\$0.	.00 124,201		D					
		Та									osed of, onvertib				y Own	ed		,		
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Output 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			Date,	Code (Instr.		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price Derivativ Security (Instr. 5)	ve derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Nun of Sha	nber						

Explanation of Responses:

 $1.\ 21,\!666\ shares\ shall\ vest\ on\ 12/31/2016;\ 21,\!667\ shares\ shall\ vest\ on\ each\ of\ 12/31/2017\ and\ 12/31/2018.$

Remarks:

01/05/2016 /s/ Caesar J. Belbel

** 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.