FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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l	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

1 Name and Address of Departing Person*							Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer					
Name and Address of Reporting Person* De Groot Eleanor							ZIOPHARM ONCOLOGY INC [ZIOP]								Check a	all app	licable)				
DC OIO	ot Licano												Direc			% Owner her (specify					
(Loot)	(Fi	3 [Date of Earliest Transaction (Month/Day/Year)									X	Officer (give title below)			low)					
(Last)	`	rst) (I JE, PARRIS BU		01/02/2020									EVP, GM Cell Therapy								
NAVY YARD PLAZA							If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
					. 4. "	4. II Amendment, Date of Original Filed (Month/Day/Year)									Line)						
(Street) BOSTON	N MA 02129														X Form filed by One Reporting Person						
D03101	WIA 02125		72123		.										Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)														Peis	OH					
(City)	(50	uic) (<u></u>																		
		Tabl	e I - Nor	າ-Deriv	ative	Se	curitie	s Acc	uired	, Dis	posed o	f, o	r Ben	efici	ally C	Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ay/Year) Exec		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Se Be Ov		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect ect Beneficial Ownership		
					v	Amount				(A) or (D)	Price	. -	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)					
Common Stock 01/02/2											24,890	0	D \$4.5		55(2)	5 ⁽²⁾ 174,333		D			
		Та									sed of, onvertib				y Ow	ned					
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/Yea	Date,	Code (Instr.		n of		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)		
					Code	v	(A)		Date Evercies		Expiration	Title	or Nur of	ount mber							

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person to satisfy withholding tax obligations upon the vesting of restricted stock grants.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$4.46 to \$4.68, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

/s/ Robert Hadfield, Attorneyin-Fact

01/03/2020

** 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.