FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT	OF CHANG	ES IN BEN	EFICIAL (	OWNERSHIP
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ı	OMB APPRO	JVAL
	OMB Number:	3235-0287
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ı	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 Reporting Person* WEISER MICHAEL						2. Issuer Name and Ticker or Trading Symbol ZIOPHARM ONCOLOGY INC [ ZIOP ]									k all applic	cable)	g Pers	son(s) to Iss 10% Ow	
	PHARM O	NCOLOGY, IN				3. Date of Earliest Transaction (Month/Day/Year) 04/19/2016									Officer (give title below)		Other (sp below)		pecify
ONE FIRST AVENUE, PARRIS BLDG 34  (Street)  BOSTON MA 02129  (City) (State) (Zip)				-   4. I -	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	'					
(City)				n-Deriv	vativ	e Se	curit	ies Ac	nuired	Die	nosed o	f or Re	nefic	ially	Owned				
Date			2. Trans	saction	1		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 5. Amou Securitie Benefici Owned I		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)		се	Reported Transact (Instr. 3	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)	
Common Stock 04/19				9/201	2016		М		15,00	15,000 A		5.01	206,548			D			
Common Stock 04/19				9/201	)/2016		F		10,751 <sup>(1)</sup> D		\$	8.88	195,797			D			
		7	Table II -								osed of, onvertil				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,		ansaction ode (Instr.		of		6. Date Exercisable Expiration Date (Month/Day/Year)		of Securities		5	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		expiration Date	ļ.	Amou or Numb of Share	oer					
Stock Option (right to	\$5.01	04/19/2016			M			15,000	04/26/200	06 0	04/26/2016	Commor Stock	15,0	00	\$0.00	0		D	

## **Explanation of Responses:**

1. Represents shares withheld to pay the exercise price and withholding tax obligations.

## Remarks:

/s/ Caesar J. Belbel, Attorney-

04/20/2016

In-Fact

\*\* 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.