The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

Notice of Exempt Offering of Securities

OMB APP	ROVAL
OMB Number:	3235- 0076
Estimated burden	average
hours per response:	4.00

1. Issuer's Identity

CIK (Filer ID Nu	mber)	Previous Names	None			Entity Type
<u>0001107421</u>]	EASYWEB I	NC		Х	Corporation
Name of Issue	er					Limited Partnership
ZIOPHARM ONCOLOGY	INC					Limited Liability Company
Jurisdiction o Incorporation/Orga						General Partnership
DELAWARE						Business Trust
Year of Incorpora	tion/Organizati	on				Other (Specify)
X Over Five Years Ago	0					
Within Last Five Years (S	Specify Year)					
Yet to Be Formed	- F					
2. Principal Place of Busines	s and Contact In	formation				
Name	of Issuer					
ZIOPHARM ONCOLOGY	INC					
Street A	Address 1			Street	Ad	dress 2
ONE FIRST AVENUE			PARRIS I	BUILDING 34, N	AV	Y YARD PLAZA
City	State/Provin	ce/Country	ZIP	/PostalCode		Phone Number of Issuer
BOSTON	MASSACHUS	ETTS	02129		6	17-259-1970
3. Related Persons						
5. Refuted i croons						
Last Name		First	t Name			Middle Name
Cooper	Laure	ence		J.N.		
Street Address 1		Street A	Address 2			
c/o Ziopharm Oncology, Inc	One I Yard	First Ave. Par	ris Bldg 34	, Navy		
City		State/Provi	ince/Count	ry	2	ZIP/PostalCode
Boston	MAS	SACHUSET	TS	02129		
Relationship: X Executive	Officer X Direct	or Promote	er			
_						
Clarification of Response (if	inecessary):					

Last Name	First Name		Middle Name
Lafond	Kevin	G.	
Street Address 1	Street Address 2		
c/o Ziopharm Oncology, Inc.	One First Ave. Parris Bldg 34, Navy Yard		
City	State/Province/Country		ZIP/PostalCode
Boston	MASSACHUSETTS	02129	
Relationship: X Executive Officer	Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Hadfield	Robert	
Street Address 1	Street Address 2	
c/o Ziopharm Oncology, Inc.	One First Ave. Parris Bldg 34, Navy Yard	
City	State/Province/Country	ZIP/PostalCode
Boston	MASSACHUSETTS	02129
Relationship: X Executive Officer	Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Mauney	David	М.
Street Address 1	Street Address 2	
c/o Ziopharm Oncology, Inc.	One First Ave. Parris Bldg 34, Navy Yard	
City	State/Province/Country	ZIP/PostalCode
Boston	MASSACHUSETTS	02129
Relationship: X Executive Officer	Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Buck	Jill	
Street Address 1	Street Address 2	
c/o Ziopharm Oncology, Inc.	One First Ave. Parris Bldg 34, Navy Yard	
City	State/Province/Country	ZIP/PostalCode
Boston	MASSACHUSETTS	02129
Relationship: X Executive Officer	Director Promoter	
Clarification of Response (if Necess	ary):	
T / N	TI . N	

Last Name	First Name	Middle Name
De Groot	Eleanor	
Street Address 1	Street Address 2	
c/o Ziopharm Oncology, Inc.	One First Ave. Parris Bldg 34, Navy Yard	
City	State/Province/Country	ZIP/PostalCode
Boston	MASSACHUSETTS	02129
Relationship: X Executive Officer	Director Promoter	

Clarification of Response (if Necessary):

Last Name	First Name		Middle Name
Shukla	Sath		
Street Address 1	Street Address 2		
c/o Ziopharm Oncology, Inc.	One First Ave. Parris Bldg 34, Navy Yard		
City	State/Province/Country	2	ZIP/PostalCode
Boston	MASSACHUSETTS	02129	
Relationship: X Executive Officer	Director Promoter		

Clarification of Response (if Necessary):

Street Address 1 Street Address 2 c'o Ziopharn Oncology, Inc. One First Ave. Partis Bidg 34, Navy Yard ZIP/PostalCode Boston MASSACHUSETTS 02129 Relationship: Executive Officer X Director Promoter 02129 Clast Name First Name Middle Name Braunstein Scott Street Address 2 c'o Ziopharn Oncology, Inc. One First Ave. Partis Bidg 34, Navy Yard ZIP/PostalCode Boston MASSACHUSETTS 02129 Relationship: Executive Officer X Director Promoter 02129 Clast Name First Name ZIP/PostalCode Exickson Elan Z Street Address 1 Street Address 2 ZIP/PostalCode One First Ave. Partis Bidg 34, Navy Yard ZIP/PostalCode 2129 Cotopharm Oncology, Inc. One First Ave. Partis Bidg 34, Navy Yard ZIP/PostalCode Cotopharm Oncology, Inc. One First Ave. Partis Bidg 34, Navy Yard ZIP/PostalCode Cotopharm Oncology, Inc. Street Address 2 Street Address 2 c'o Ziopharm Oncology, Inc. <th>Last Name</th> <th>First Name</th> <th>Middle Name</th> <th></th>	Last Name	First Name	Middle Name	
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Street Address 1 Street Address 2 02 Japhenology, Inc. Paris Vec. Parris Bldg 34, Navy City State/Province/Country Q129 Boston MASS ACHUSE TTS Q129 Relationship: Executive Office: Vec. Parris Bldg 34, Navy Q129 Relationship: Executive Office: Vec. Parris Bldg 34, Navy Q129 Street Address 1 Ean Relative Street Address 2 Street Address 1 Street Address 2 Middle Name City State/Province/Country Q129 Parrier Address 1 MSS ACHUSE TTS Q129 City State/Province/Country Q129 Parrier Address 1 MSS ACHUSE TTS Q129 Street Address 1 First Name Middle Name Street Address 1 Middle Name Middle Name Street Address 1 Street Address 2 Middle Name Street A			Middle Name	
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Last Name First Name Middle Name Ezickson Elan Z. Street Address 1 Street Address 2 one First Ave. Parris Bldg 34, Navy Yard City State/Province/Country ZIP/PostalCode Boston MASSACHUSETTS 02129 Relationship: Executive Officer X Director Promoter City Clarification of Response (if Necessary): Middle Name Last Name First Name Middle Name Pagan Douglas W. Street Address 1 Street Address 2 Middle Name c/o Ziopharm Oncology, Inc. One First Ave. Parris Bldg 34, Navy Yard W. Street Address 1 Street Address 2 Middle Name Pagan Douglas W. Street Address 1 Street Address 2 ZIP/PostalCode Coty One First Ave. Parris Bldg 34, Navy Yard ZIP/PostalCode Boston MASSACHUSETTS 02129 Relationship: Executive Officer X Director Promoter ZIP/PostalCode Clarification of Response (if Necessary): User Yard Middle Name Tarriff Scott Street Address 1 Street Address 2 One First Name First Name Middle Name Tarriff Scott Street Address 1 </td <td>Relationship: Executive Officer</td> <td>X Director Promoter</td> <td></td> <td></td>	Relationship: Executive Officer	X Director Promoter		
Eickeson Elan Z. Street Address 1 Street Address 2 Ci Ziopharrology, Inc. Qie First Ave. Parits Bldg 34, Navy Yard ZIP/PostalCode Boston MASSACHUSETTS 02129 Relationship: Executive Officer > Iromoter Primoter Citarification of Response (if Necessarrie Primotan Middle Name Pagan Douglas Middle Name Pagan Douglas W. Street Address 1 Street Address 2 (of Ziopharrology, Inc. Qie First Ave. Parits Bldg 34, Navy Yard ZIP/PostalCode Boston MASSACHUSETTS O2129 Relationship: Executive Officer > Iromoter ZIP/PostalCode Street Address 1 Street Address 2 ZIP/PostalCode Sotor MASSACHUSETTS O2129 Relationship: Executive Officer > Iromoter ZIP/PostalCode Sotor MASSACHUSETTS O2129 Relationship: Executive Officer > Iromoter ZIP/PostalCode Sotor MASSACHUSETTS O2129 Relationship: Executive Officer > Iromoter ZIP/PostalCode International Construction of Response (if Necessarrole in the secutive Officer > Iromoter Siteet Address 2 Sotor Scott Scott Scott Street Address 1 Street Address 2 Scott Street Address 1 Street Address 2 Street Address 1 Street Address 2 Street Address 1 Street Address 2 Street Address 1 Street	Clarification of Response (if Neces	sary):		
Street Address 1 Street Address 2 Or Ziopham → Orgy, Inc. One First Ave. Parris Bidg 34, Navy Yard ZIP/PostalCode Deston MASS → UUSETTS O2129 Relationship: Executive Office × Ure or	Last Name	First Name	Middle Name	
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Pagan Douglas W. Street Address 1 Street Address 2 c/o Ziopharm Cology, Inc. One First Shidle 34, Navy Yard' ZIP/PostalCode Douglas MASSACHUSETTS 02129 Relationship: Executive Officer X- Promoter O1219 Relationship: Executive Officer X- Promoter Middle Name Startiff Scot Middle Name Tarriff Scot Middle Name Street Address 1 Street Address 2 c/o Ziopharm Cology, Inc. One First Name Middle Name	Clarification of Response (if Neces	sary):		
Street Address 1 Street Address 2 Cio Ziopharm Oncology, Inc. One First Ave. Parris Bldg 34, Navy Yard City State/Province/Country ZIP/PostalCode Boston MASSACHUSETTS 02129 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): First Name Middle Name Tarriff Scott Street Address 1 Street Address 2 c/o Ziopharm Oncology, Inc. One First Ave. Parris Bldg 34, Navy Yard TarPostalCode	Last Name	First Name	Middle Name	
c/o Ziopham Ocology, Inc. One First Ave. Parris Bldg 34, Navy Yard ZIP/PostalCode Boston MASSA CHUSETTS 02129 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary:	Pagan	Douglas	W.	
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Last NameFirst NameMiddle NameTarriffScottStreet Address 1Street Address 2c/o Ziopharm Oncology, Inc.One First Ave. Parris Bldg 34, Navy YardCityState/Province/CountryZIP/PostalCode	Relationship: Executive Officer	X Director Promoter		
TarriffScottStreet Address 1Street Address 2C/o Ziopharm Oncology, Inc.One First Ave. Parris Bldg 34, Navy YardCityState/Province/CountryZiP/PostalCode	Clarification of Response (if Neces	sary):		
Street Address 1Street Address 2c/o Ziopharm Oncology, Inc.One First Ave. Parris Bldg 34, Navy YardCityState/Province/CountryZIP/PostalCode	Last Name	First Name	Middle Name	
c/o Ziopharm Oncology, Inc. One First Ave. Parris Bldg 34, Navy Yard City State/Province/Country ZIP/PostalCode	Tarriff	Scott		
CityState/Province/CountryZIP/PostalCode	Street Address 1			
	c/o Ziopharm Oncology, Inc.			
Boston MASSACHUSETTS 02129	City	5	ZIP/PostalCode	
			00100	

Clarification of Response (if Necessary):

Agriculture		Health Care
Banking & Financial S	ervices	X Biotechnology
Commercial Banking	g	Health Insurance
Insurance		Hospitals & Physicians
Investing		Pharmaceuticals
Investment Banking Pooled Investment F	un d	
		Other Health Care
Is the issuer registere an investment compa		Manufacturing
the Investment Compa		Real Estate
Act of 1940?		Commercial
Yes	No	Construction
Other Banking & Fir	nancial Services	REITS & Finance
Business Services		Residential
Energy		Other Real Estate
Coal Mining		
Electric Utilities		
Energy Conservation	1	
Environmental Servi	ces	
Oil & Gas		
Other Energy		

Retailing Restaurants Technology Computers Telecommunications Other Technology Other Technology Lodging & Conventions Lodging & Conventions Other Travel Services Other Travel

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

	Investment Company Act Section 3(
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)	
Rule 504 (b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)	
Rule 504 (b)(1)(ii)	Section 3(c)(3)	Section 3(c)(11)	
Rule 504 (b)(1)(iii) X Rule 506(b)	Section 3(c)(4)	Section 3(c)(12)	
Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)	
Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)	
	Section 3(c)(7)		

- 7. Type of Filing
- X New Notice Date of First Sale 2019-09-12 First Sale Yet to Occur Amendment
- 8. Duration of Offering

Does the Issuer intend this	offering to last	more than	one year?	Yes X No	
9. Type(s) of Securities Off	ered (select all	that apply)			
Equity Debt X Option, Warrant or Other Security to be Acquired Other Right to Acquire S	Upon Exercise		-	Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities Other (describe)	
10. Business Combination	Fransaction				
Is this offering being made a merger, acquisition or exc		with a busir	iess combina	ation transaction, such as Yes X No	
Clarification of Response (i	f Necessary):				
11. Minimum Investment					
Minimum investment accep	pted from any c	outside inve	stor \$0 USE)	
12. Sales Compensation					
Recipient			Recip	ient CRD Number X None	
(Associated) Broker or Dea			(Asso	ciated) Broker or Dealer CRD Number X None	
Street City State(s) of Solicitation (sel Check "All States" or chec				Street Address 2 Province/Country eign/non-US	ZIP/Postal Code
13. Offering and Sales Amo	ounts				
Total Offering Amount Total Amount Sold Total Remaining to be Sold	\$19,515,153 U \$19,515,153 U	JSD	ndefinite ndefinite		
Clarification of Response (i	f Necessary):				
		d by the Co	ompany upor	n the exercise of warrant (assuming no cashless e	exercises)
14. Investors					
investors, and enter the r Regardless of whether se	number of such ecurities in the	non-accrec	lited investo ve been or m	persons who do not qualify as accredited rs who already have invested in the offering. hay be sold to persons who do not qualify as ready have invested in the offering:	1
15. Sales Commissions & F	inder's Fees Ex	rpenses			
Provide separately the amou known, provide an estimate				ees expenses, if any. If the amount of an expend	liture is not
Sales Commissions	\$0 USD	Estimate			
Finders' Fees	\$0 USD	Estimate			
Clarification of Response (i	f Necessary):				

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
ZIOPHARM ONCOLOGY INC	/s/ Robert Hadfield	Robert Hadfield	General Counsel & Secretary	2019-09-17

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.