FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>Lafond Kevin G</u>						2. Issuer Name and Ticker or Trading Symbol ZIOPHARM ONCOLOGY INC [ZIOP]								eck all applion Director Officer	cable) or (give title	10% Owne give title Other (spe		
(Last) (First) (Middle) C/O ZIOPHARM ONCOLOGY, INC. ONE FIRST AVENUE, PARRIS BLDG 34						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2019								below)	below) VP, Treasurer & CAO			
(Street) BOSTON MA 02129 (City) (State) (Zip)					_ 4.	If Ame	endment, I	Date o	of Original	Filed	(Month/Da	Line	dividual or Joint/Group Filing (Check Applicable) Compared to the control of th					
		Tab	le I - Noi	n-Deri	ivativ	e Se	curities	s Ac	quired,	Dis	posed o	of, or Be	neficial	y Owned				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date					ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					5. Amou Securitie Benefici Owned F	es ally Following	Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transaci (Instr. 3	ction(s)			
Common Stock 01/02/						2020			S ⁽¹⁾		21,57	0 D	\$4.55	2) 63	,985		D	
		-	Гable II -						,			, or Ben ble secu	•	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Code (of		6. Date Exercisal Expiration Date (Month/Day/Year		•	of Securiti		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to	\$4.72	12/31/2019			A		48,000		(3)	1	12/31/2029	Common Stock	48,000	\$0.00	48,000	0	D	

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
- 3. 1/12th of the shares underlying this option will vest in equal quarterly installments commencing one quarterly period after 12/31/2019.

Remarks:

01/03/2020 /s/ Kevin G. Lafond

** 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.