FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-02										
Estimated average burden										
hours per response	: 0.5									

	tion 1(b).	iuc. See		Filed	pursua or Se	ant to S ection 3	Section 30(h) o	16(a) of the In	of the Sovestmen	ecuriti nt Con	es Exchang npany Act o	e Act of f 1940	f 1934	1		nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* <u>Boyle Kevin S. Sr.</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol ZIOPHARM ONCOLOGY INC [ ZIOP ]								(Chec	Relationship of Reporting Per (Check all applicable)     X Director				suer	
(Last) (First) (Middle) C/O ZIOPHARM ONCOLOGY, INC. ONE FIRST AVENUE, PARRIS BLDG 34					3. Date of Earliest Transaction (Month/Day/Year) 11/16/2021								X	X Officer (give title below) Other (specify below)  Chief Executive Officer					
(Street) BOSTO	4. If Amendment, Date of Original Filed (Month/Day/Year)  Street)  BOSTON MA 02129										6. Indi Line) X	′							
		Table	I - Nor	า-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	ene	ficially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution ay/Year) if any		cution	ution Date,		Transaction Disposed Code (Instr. 5)		es Acquired (A Of (D) (Instr. 3			5. Amo Securit Benefic Owned Reporte	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount	ınt (A) oı (D)		Price	Transaction(s) (Instr. 3 and 4)				(111501.4)
Common Stock 11/16/				11/16/	2021		P		884	A		\$1.4	.4 875,884			D			
Common Stock 11/17/2					/2021			P		9,116	A		\$1.4	885,000			D		
		Tal									osed of, o				Owne	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	conversion r Exercise (Month/Day/Year) rice of errivative Execution Date, if any (Month/Day/Year)		on Date,		nsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		unt per		9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

**Explanation of Responses:** 

Remarks:

/s/ Cyndi Baily, Attorney-in-

Fact

\*\* Signature of Reporting Person

Date

11/17/2021

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.