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 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

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* Tarriff Scott | | | | | | 2. Issuer Name and Ticker or Trading Symbol ZIOPHARM ONCOLOGY INC [ZIOP] | | | | | | | | | elationship o ck all applio Directo | - | | on(s) to Issu 10% Ow | | |
|--|---|--|--|--------|------------------------------|--|--|---|---|---------------|---|-----------------|------------------|---|---|-----------------|--|---|--------|--|
| (Last) | Last) (First) (Middle) C/O ZIOPHARM ONCOLOGY, INC. | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015 | | | | | | | | | Other (spe below) | | pecify | |
| ONE FIRST AVENUE, PARRIS BLDG 34, | | | | | 4. 1 | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) BOSTON MA 02129 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Noi | n-Deri | ivativ | e Se | curities | s Ac | quired, D | isp | osed o | f, or B | enef | icially | / Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Dis Code (Instr. 5) | | Disposed | urities Acquired (A) sed Of (D) (Instr. 3, 4 | | A) or , 4 and | 5. Amour Securitie Beneficia Owned F Reported | s ally ollowing | Form: (D) or | Ownership orm: Direct O) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | | | , | Amount | (A) or (D) | | Price | Transact | ransaction(s) Instr. 3 and 4) | | [| | | | |
| | | - | | | | | | | uired, Dis , options | | | | | | 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, | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | of Securities | | curity | B. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | or Nu of | nount mber ares | | | | | | |
| Stock Option (right to | \$8.31 | 12/31/2015 | | | A | | 40,000 | | (1) | 13 | 2/31/2025 | Commo: Stock | 40 | ,000 | \$0.00 | 40,000 |) | D | | |

Explanation of Responses:

1. 40,000 shares shall vest on 12/31/2016.

Remarks:

/s/ Caesar J. Belbel, Attorney-

01/05/2016

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.