FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

OMB Number:	3235-0287						
Estimated average burden							
hours por rosponso:	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* <u>CANNON JAMES ANTHONY</u>					2. Issuer Name and Ticker or Trading Symbol ZIOPHARM ONCOLOGY INC [ZIOP]								heck all a	tionship of Repo all applicable) Director		g Pers	son(s) to Iss 10% Ow		
	PHARM O	NCOLOGY, IN				3. Date of Earliest Transaction (Month/Day/Year) 05/07/2019 Officer (give title below) below) Other (specify below)										pecify			
ONE FIRST AVENUE, PARRIS BLDG 34 (Street) BOSTON MA 02129					4. 1	, , , ,								ne) X Fo	rm fil	led by One led by Mor	(Check Apporting Person	n	
(City)	(S	tate)	(Zip)																
		Tab	le I - Nor	ı-Deriv	vativ	e Se	curit	ties Ac	quired,	Dis	osed o	f, or Be	neficia	Ily Ow	ned				
Date			Date	nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		, Transaction Dispo Code (Instr. 5)		Disposed	ities Acquii d Of (D) (In		4 and Securitie Benefici		s illy ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	Price	Tran	sacti	tion(s) and 4)			(Instr. 4)
Common	Stock			05/0	7/201	7/2019			М		15,00	00 A		7	398,050			D	
		-	Гable II -						uired, D , optior					y Owne	ed				
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,	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		expiration Date	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$0.7	05/07/2019			М			15,000	(1)	0	5/13/2019	Common Stock	15,000	\$0.0	0	0		D	

Explanation of Responses:

1. Fully vested.

Remarks:

/s/ Kevin Lafond, Attorney-in-

05/08/2019

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.