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FORM	4
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287					
Estimated average burden						
hours per response:	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

	tion 1(b).	lue. See		File					a) of the Se				1934			nours	per res	sponse:	0.5
1. Name and Address of Reporting Person* <u>LEWIS JONATHAN</u>					2.	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol ZIOPHARM ONCOLOGY INC [ZIOP] 5. Relationship of F (Check all applicab X Director										able)	g Pers	on(s) to Iss 10% O	
(Last) (First) (Middle) 1180 AVENUE OF THE AMERICAS, 19TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 12/12/2007									X Officer (give title Other (specify below) CEO					
(Street) NEW YORK NY 10036 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 						
(City)	(3	,	(Zip)	Doriv			ouritio	<u>- Λ</u>	auirod I		osed o	of or B	onofi		Owned				
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/k)				sactio			ar) 3. Transac Code (I 8)	3. Transaction Code (Instr. 8)		ities Acquired (A) or d Of (D) (Instr. 3, 4 ar		or 5. Amount of J and Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	Common Stock, \$.001 par value							Code	v	Amount	It (A) or PI		nce	(Instr. 3 a	r. 3 and 4)		D		
	510CK, .00		Table II - I	 Deriva	ative	Sec	urities	Acc	uired. Di	spa	sed of	or Be	nefici	allv (D	
1. Title of Derivative Security (Instr. 3)	title of 2. 3. Transaction 3A. Deemed Execution Date Conversion (Month/Day/Year) if any		(e.g., p	Duts, calls, 		S, Warrants, 6 5. Number of 6. Derivative E		6. Date Exe	Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		s) ount	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s ally g	y Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num of Si		Transactior (Instr. 4)		ion(s)		
Stock Option (right to buy)	\$0.08								01/08/2007	0	1/08/2014	Common Stock	¹ 25,	674		25,674		D	
Stock Option (right to buy)	\$0.08								01/27/2007	0	1/27/2014	Common Stock	¹ 242	,979		242,979		D	
Stock Option (right to buy)	\$4.31								01/27/2007	0	6/08/2015	Common Stock	¹ 87,	789		87,789		D	
Stock Option (right to buy)	\$4.31								01/27/2007	0	9/13/2015	Common Stock	¹ 54,	161		54,161		D	
Stock Option (right to buy)	\$5.01								04/26/200€	0.	4/26/2016	Common Stock	¹ 139	,315		139,315		D	
Stock Option (right to buy)	\$5.01								04/26/2006	0.	4/26/2016	Common Stock	¹ 75,	000		75,000		D	
Stock Option (right to buy)	\$6.49								(1)	1	2/13/2016	Common Stock	¹ 30,	000		30,00	00	D	
Stock Option (right to buy)	\$4.85								(2)	0	6/18/2017	Common Stock	¹ 35,	000		35,00	00	D	
Stock Option (right to buy)	\$2.73	12/12/2007			A		100,000		(3)	1	2/12/2017	Common Stock	100	,000	\$0	100,0	00	D	
Explanatio	n of Respon	Ses:																	

1. 10,000 shares vest on each of 12/13/07, 12/13/08 and 12/13/09.

2. 11,667 shares vest on each of 6/18/08 and 6/18/09; 11,666 shares vest on 6/18/10.

3. 33,334 shares vest on 12/12/08; 33,333 shares vest on each of 12/12/09 and 12/12/10.

Date

** Signature of Reporting Person

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.