FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APE	PROVAL
О	MB Number:	3235-02

0.5

Estimated average burden hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	, ,				or Se	ction 30(h) of the	Ínvestm	ent Co	mpany Act	of 19	140					,
1. Name and Address of Reporting Person* <u>Cooper Laurence James Neil</u>				2. Issuer Name and Ticker or Trading Symbol ZIOPHARM ONCOLOGY INC [ ZIOP ]						heck all ap		g Person(s) to I	Owner (specify			
(Last) (First) (Middle) C/O ZIOPHARM ONCOLOGY, INC. ONE FIRST AVENUE, BLDG, 34			3. Date of Earliest Transaction (Month/Day/Year) 05/05/2015						X belo	ow)	below utive Officer					
(Street) BOSTON (City)	N M.	Α (	)2129 Zip)		4. If A	mendment, Date o	of Origin	al File	d (Month/Da	ay/Ye	ear)		ne) X For For	m filed by One	Filing (Check A Reporting Person than One Rep	son
		Tabl	e I - No	on-Deriva	ative S	Securities Ac	quired	l, Dis	sposed o	f, o	r Bene	ficia	ally Own	ed		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)			Execution Date,		Transaction Disposed Code (Instr.			ies Acquired (A) o Of (D) (Instr. 3, 4 a			Secu Bene Own	nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) o (D)		Price		saction(s) 3 and 4)		(Instr. 4)	
Common Stock 05/05/2			015		A		1,000,000	00 <sup>(1)</sup> A		\$ <mark>0</mark> .	00 1	000,000	D			
		Та	ıble II -			curities Acqu lls, warrants,							y Owned	I		
Derivative Conversion D		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transact Code (Ins		6. Date Expirat (Month	ion Da		Am Sec Und Der	Title and count of curities derlying rivative curity (Ins	str. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Date Exercisable

## **Explanation of Responses:**

 $1.\ 333,334\ shares\ shall\ vest\ on\ 5/5/2016;\ 333,333\ shares\ shall\ vest\ on\ each\ of\ 5/5/2017\ and\ 5/5/2018$ 

## Remarks:

/s/ Caesar J. Belbel, Attorney-05/07/2015

Number

of Shares

In-Fact

Title

Expiration

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

Code

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.