FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden 0.5 hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Vieser Jaime | | | | | 2. Issuer Name and Ticker or Trading Symbol ZIOPHARM ONCOLOGY INC [ZIOP] | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|---|---|---------------------------------------|---|--|-------|--|------|---|-------|----------------------|---|--|---|---|--|-------------------------|-------------------------|-------------------------|
| (Last) (First) (Middle) C/O ZIOPHARM ONCOLOGY, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/04/2021 | | | | | | | | ^ | | give title | | Other (s below) | - 1 | | |
| ONE FIRST AVENUE, PARRIS BLDG 34 | | | 4. | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | N M | IA | 02129 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | n-Deri | vativ | ve Se | ecuritie | s Ac | quired | Dis | posed c | of, or | Bene | ficially | Owned | | | | |
| Date | | Date | Transaction ate lonth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | r, Transaction Dispose Code (Instr. | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | | Beneficia Owned Fo | s lly ollowing | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common | nmon Stock | | 03/0 | /04/2021 | | | | | | 4,167 | 167 ⁽¹⁾ A | | \$0.00 | 605,321 | | | D | | |
| Common | Stock | | | | | | | | | | | | | | 100,000 | | | I | By UTMA for child |
| Common | Stock | | | | | | | | | | | | | | 75,000 | | I | By UTMA for child | |
| Common | ommon Stock | | | | | | | | | | | | | 75,0 | 75,000 | | I | By UTMA for child | |
| Common Stock | | | | | | | | | | | | | 75,000 | | | I | By UTMA for child | | |
| | | | Table II - | | | | | | | | osed of | | | | owned | | | | , |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | version Date Execution Date, (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 8) | | 1. Fransa Code (I | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | nount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | c | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu | nount Imber Shares | | Transacti (Instr. 4) | | | |
| Stock Option (right to buy) | \$4.31 | 03/04/2021 | | | A | | 31,250 | | (2) | (| 03/03/2031 | Comm | | 1,250 | \$0.00 | 31,25 | 60 | D | |
| Stock Option (right to buy) | \$4.31 | 03/04/2021 | | | A | | 150,000 | | (3) | (| 03/03/2031 | Comm | | 50,000 | \$0.00 | 150,00 | 00 | D | |

Explanation of Responses:

- 1. The shares will vest on 5/19/2021.
- 2. 1/3rd of the shares underlying this option will vest on 4/4/2021, 5/4/2021 and 5/19/2021.
- $3.\,1/36$ th of the shares underlying this option will vest in equal monthly installments commencing one month after 12/15/2020.

Remarks:

/s/ Robert Hadfield, Attorney-

05/06/2021

** 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.