FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549	
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STATEMENT	OF	CHANGES	IN BE	NEFICIAL	OWNERS	HIP
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OMB APPROVAL									
OMB Number: 3235-0287									
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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* Postma Robert W					2. Issuer Name and Ticker or Trading Symbol ZIOPHARM ONCOLOGY INC [ZIOP]									c all applica Director	able)	ng Pers	Person(s) to Issuer 10% Owner		
	PHARM O	irst) NCOLOGY, INC				3. Date of Earliest Transaction (Month/Day/Year) 03/04/2021									Officer (below)	give title		Other (s	pecify
(Street)		UE, PARRIS BL	02129		4.							Individual or Joint/Group Filing (Check Applic Line) X Form filed by One Reporting Person Form filed by More than One Reporting				ı			
(City)	(S	tate)	(Zip)		-										Person				9
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
		2. Transaction Date (Month/Day/Year)		Execution Date,		Transaction Disp Code (Instr.			Securities Acquired (A) or sposed Of (D) (Instr. 3, 4 ar			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	V Amount		(A) (D)	Price	Reported Transactio (Instr. 3 an				1	nstr. 4)
Common	Stock			03/04	03/04/2021		1		A		2,500(1) A	1) A \$0.00		1,181,362(2)			D	
Common	Stock														4,195,508			1	See ootnote ⁽³⁾
Common Stock													3,574			I S	By Spouse's RA		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	e Conversion or Exercise Price of Derivative Security Code (Instr. Security Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. Security Code (Ins		5. Number of Derivative Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amou of Securities Underlying Derivative Securi					ities ng 'e Security		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	re es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)					
				c	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amoun or Number of Shar			(Instr. 4)			
Stock Option (right to buy)	\$4.31	03/04/2021			A		18,750		(4)		03/03/2031	Common Stock	18,75	0	\$0.00	18,7	50	D	
Stock Option (right to buy)	\$4.31	03/04/2021			A		150,000		(5)		03/03/2031	Common Stock	150,00	00	\$0.00	150,0	000	D	

Explanation of Responses:

- 1. The shares will vest on 5/19/2021.
- 2. Includes 946,970 shares of common stock underlying the Units. The Reporting Person purchased 946,970 units of the Issuer (the "Units") for \$2.64 per Unit in a private placement transaction with the Issuer. Each Unit consists of one share of common stock and a warrant to acquire one share of common stock.
- 3. The shares are directly held by WaterMill Asset Management Corp. ("WaterMill"). The Reporting Person serves as the principal of WaterMill.
- 4. 1/3rd of the shares underlying this option will vest on 4/4/2021, 5/4/2021 and 5/19/2021.
- $5.\ 1/36 th\ of\ the\ shares\ underlying\ this\ option\ will\ vest\ in\ equal\ monthly\ installments\ commencing\ one\ month\ period\ after\ 12/15/2020.$

Remarks:

/s/ Robert Hadfield, Attorney-05/06/2021 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.