The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL				
OMB Number:	3235- 0076			
Estimated burden	average			
hours per response:	4.00			

1. Issuer's Identity

CIK (Filer ID Nu	mber)	Previous Names	None			Entity Type
<u>0001107421</u>]	EASYWEB I	NC		Х	Corporation
Name of Issue	er					Limited Partnership
ZIOPHARM ONCOLOGY	INC					Limited Liability Company
Jurisdiction o Incorporation/Orga						General Partnership
DELAWARE						Business Trust
Year of Incorpora	tion/Organizati	on				Other (Specify)
X Over Five Years Ago	0					
Within Last Five Years (S	Specify Year)					
Yet to Be Formed	- F					
2. Principal Place of Busines	s and Contact In	formation				
Name	of Issuer					
ZIOPHARM ONCOLOGY	INC					
Street A	Address 1			Street	Ad	dress 2
ONE FIRST AVENUE			PARRIS I	BUILDING 34, N	AV	Y YARD PLAZA
City	State/Provin	ce/Country	ZIP	/PostalCode		Phone Number of Issuer
BOSTON	MASSACHUS	ETTS	02129		6	17-259-1970
3. Related Persons						
5. Refuted i croons						
Last Name		First	t Name			Middle Name
Cooper	Laure	ence		J.N.		
Street Address 1		Street A	Address 2			
c/o Ziopharm Oncology, Inc	One I Yard	First Ave. Par	ris Bldg 34	, Navy		
City		State/Provi	ince/Count	ry	2	ZIP/PostalCode
Boston	MAS	SACHUSET	TS	02129		
Relationship: X Executive	Officer X Direct	or Promote	er			
_						
Clarification of Response (if	inecessary):					

Last Name	First Name		Middle Name
Lafond	Kevin	G.	
Street Address 1	Street Address 2		
c/o Ziopharm Oncology, Inc.	One First Ave. Parris Bldg 34, Navy Yard		
City	State/Province/Country		ZIP/PostalCode
Boston	MASSACHUSETTS	02129	
Relationship: X Executive Officer	Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name		Middle Name
Braunstein	Scott		
Street Address 1	Street Address 2		
c/o Ziopharm Oncology, Inc.	One First Ave. Parris Bldg 34, Navy Yard		
City	State/Province/Country		ZIP/PostalCode
Boston	MASSACHUSETTS	02129	
Relationship: Executive Office	er X Director Promoter		
Clarification of Response (if Nece			
Last Name Cannon	First Name James	A.	Middle Name
Street Address 1	Street Address 2	Π.	
c/o Ziopharm Oncology, Inc.	One First Ave. Parris Bldg 34, Navy Yard		
City	State/Province/Country		ZIP/PostalCode
Boston	MASSACHUSETTS	02129	
Relationship: Executive Office	er X Director Promoter		
Clarification of Response (if Nece	essary):		
Last Name	First Name		Middle Name
Ezickson	Elan	Z.	
Street Address 1	Street Address 2		

c/o Ziopharm C	Oncology, Inc.	One First Ave. Parris Bldg 34, Navy Yard		
	City	State/Province/Country		ZIP/PostalCode
Boston		MASSACHUSETTS	02129	
Relationship :	Executive Officer X	Director Promoter		

Clarification of Response (if Necessary):

L	ast Name	First Name		Middle Name
Pagan		Douglas	W.	
Stre	et Address 1	Street Address 2		
c/o Ziopharm (Oncology, Inc.	One First Ave. Parris Bldg 34, Navy Yard		
	City	State/Province/Country		ZIP/PostalCode
Boston		MASSACHUSETTS	02129	
Relationship:	Executive Office	er X Director Promoter		

Clarification of Response (if Necessary):

	Last Name	First Name	Middle Name
Tarriff		Scott	
	Street Address 1	Street Address 2	
c/o Zioph	arm Oncology, Inc.	One First Ave. Parris Bldg 34, Navy Yard	
	City	State/Province/Country	ZIP/PostalCode
Boston		MASSACHUSETTS	02129
Relation	ship: Executive Officer	X Director Promoter	

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Mauney	David	
Street Address 1	Street Address 2	
c/o Ziopharm Oncology, Inc.	One First Ave. Parris Bldg 34, Navy Yard	
City	State/Province/Country	ZIP/PostalCode
Boston	MASSACHUSETTS	02129
Relationship: X Executive Officer	Director Promoter	

Clarification of Response (if Necessary):

Hadfield Debert
Hadfield Robert
Street Address 1Street Address 2
c/o Ziopharm Oncology, Inc. One First Ave. Parris Bldg 34, Navy Yard
City State/Province/Country ZIP/PostalCode
Boston MASSACHUSETTS 02129
Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Banking & Financia Commercial Ban Insurance Investing Investment Bank Pooled Investment Is the issuer regis an investment co the Investment C Act of 1940?	king ing nt Fund stered as mpany under	Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial	Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions
Yes	No	Construction	Tourism & Travel Services
Other Banking &	Financial Services	REITS & Finance	Other Travel
Business Services		Residential	Other
Energy		Other Real Estate	
Coal Mining			
Electric Utilities			

Energy Conservation Environmental Services

Oil & Gas

Other Energy

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 -		\$50,000,001 - \$100,000,000

\$100,000,000 Over \$100,000,000 X Decline to Disclose Not Applicable	Over \$100,000,000 Decline to Disclos Not Applicable	
6. Federal Exemption(s) and Exclusion(s) Claim	med (select all that ap	ply)
	Investment Co	ompany Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1) Section 3(c)(9)
Rule 504 (b)(1)(i)	Section 3(c)(2) Section 3(c)(10)
Rule 504 (b)(1)(ii)	Section 3(c)(3	
Rule 504 (b)(1)(iii)	Section 3(c)(4	
X Rule 506(b) Rule 506(c)	Section 3(c)(5	
Securities Act Section 4(a)(5)	Section 3(c)(6	
	Section 3(c)(7)	
7. Type of Filing	.,.,	
X New Notice Date of First Sale 2018-11-13 Amendment	First Sale Yet to O	ccur
8. Duration of Offering		
Does the Issuer intend this offering to last mor	re than one year? Y	es X No
9. Type(s) of Securities Offered (select all that	apply)	
X Equity		Pooled Investment Fund Interests
Debt		Tenant-in-Common Securities
X Option, Warrant or Other Right to Acquire A	0	Mineral Property Securities
Security to be Acquired Upon Exercise of C Other Right to Acquire Security	Jption, Warrant or	Other (describe)
10. Business Combination Transaction		
Is this offering being made in connection with a merger, acquisition or exchange offer?	a business combinatio	on transaction, such as Yes X No
Clarification of Response (if Necessary):		
11. Minimum Investment		
Minimum investment accepted from any outside	de investor \$0 USD	
12. Sales Compensation		
Recipient	Recipie	nt CRD Number None
Raymond James & Associates, Inc.	705	
(Associated) Broker or Dealer X None	(Associa	ated) Broker or Dealer CRD Number X None

Street Address 1

State(s) of Solicitation (select all that apply)

Check "All States" or check individual States

Street Address 2

State/Province/Country FLORIDA

Foreign/non-US

None

All States

ZIP/Postal Code 33716

FLORIDA

St. Petersburg

880 Carillon Parkway

None

City

MARYLAND
NEW YORK
TEXAS
VIRGINIA

13. Offering and Sales Amounts

Total Offering Amount\$107,007,575 USD orIndefiniteTotal Amount Sold\$50,000,000 USDIndefiniteTotal Remaining to be Sold\$57,007,575 USD orIndefinite

Clarification of Response (if Necessary):

Includes amounts which may be received by the Company upon the exercise of outstanding warrants (assuming no cashless exercises).

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$2,500,000 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

No fees in connection with exercise of warrants.

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16. Use of Proceeds
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Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment

Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

• Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
ZIOPHARM ONCOLOGY INC	/s/ Robert Hadfield	Robert Hadfield	General Counsel & Secretary	2018-11-19

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.