#### ZIOPHARM ONCOLOGY INC

Form 4/A April 27, 2006

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

Number:

3235-0287

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January 31, 2005

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * BAGLEY RICHARD E	2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
	ZIOPHARM ONCOLOGY INC [ZIOP]			
(Last) (First) (Middle) 197 EIGHTH STREET, SUITE 300	3. Date of Earliest Transaction (Month/Day/Year) 09/13/2005	X Director 10% OwnerX Officer (give title Other (specification) below)  President, COO & Treasurer		
(Street) CHARLESTOWN, MA 02129	4. If Amendment, Date Original Filed(Month/Day/Year) 09/15/2005	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

					1 CISON		
(City)	(State) (Z	Zip) Table	e I - Non-Do	erivative Securities Ac	equired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, \$.001 par value					0	D	

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

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# 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date Underlying Set (Month/Day/Year) (Instr. 3 and 4)		Securities	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 1.7	09/13/2005		<u>J(1)</u>	150,668	(2)	07/01/2014	Common Stock	150,668
Stock Option (right to buy)	\$ 4.31 (4)	09/13/2005		<u>J(1)</u>	63,197	(3)	06/08/2015	Common Stock	63,197
Stock Option (right to buy)	\$ 4.31 (4)	09/13/2005		J <u>(5)</u>	27,417	<u>(6)</u>	09/13/2015	Common Stock	27,417

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BAGLEY RICHARD E 197 EIGHTH STREET, SUITE 300 CHARLESTOWN, MA 02129	X		President, COO & Treasurer			

## **Signatures**

/s/ Richard E.
Bagley

\*\*Signature of Reporting Person

O4/26/2006

Date

## **Explanation of Responses:**

- \* 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).
- (1) Received in exchange for options to acquire shares of common stock of ZIOPHARM, Inc. in connection with a merger transaction involving ZIOPHARM, Inc. with ZIOPHARM Oncology, Inc. (f/k/a EasyWeb, Inc.) (the "Merger").
- (2) 50,223 shares vest on each of 7/1/05 and 7/1/06; 50,222 shares vest on 7/1/07.
- (3) 21,066 shares vest on each of 7/1/05 and 7/1/06; 21,065 shares vest on 7/1/07.
- (4) Amendment filed to correct option exercise price mistated in previously filed Form.

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- (5) Received pursuant to anti-dilution rights triggered upon the Merger.
- (6) 9,139 shares vest on each of 9/13/05, 7/1/06 and 7/1/07.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.