LEWIS JONATHAN

Form 4

January 04, 2012

FORM 4

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

OMB Number:

3235-0287 January 31,

2005

Check this box if no longer

subject to Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: Sanda Expires:

burden hours per

response...

OMB APPROVAL

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person <u>LEWIS JONATHAN</u>

(First)

(Street)

2. Issuer Name **and** Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

ZIOPHARM ONCOLOGY INC [ZIOP]

(Check all applicable)

CEO

[ZIC

(Middle)

3. Date of Earliest Transaction (Month/Day/Year)

12/30/2011

X Director _____ 10% Owner _X_ Officer (give title _____ Other (specify below) below)

C/O ZIOPHARM ONCOLOGY, INC.,, ONE FIRST AVENUE.,

BLDG 34

(Last)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person
___ Form filed by More than One Reporting

Person

BOSTON, MA 02129

(City) (State) (Zip) **Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. 7. Nature

Security (Month/Day/Year) Execution Date, if (Instr. 3) any (Month/Day/Year)

12/30/2011

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Ownership Indirect
Beneficially Form: Direct Beneficial
Owned (D) or Ownership
Following Indirect (I) (Instr. 4)
Reported (Instr. 4)

(A) or Amount (D) Price

Transaction(s)
(Instr. 3 and 4)

Code V Amount (D) Price (Inst. 9 and 4) $A_{(1)}^{(1)} = 102,781 \quad A = 50 \quad 581,991 \quad (2)$

Common Stock 12/31/2011

Common

Stock

 $F^{(3)}$ 21,475

S \$ 560,516

D

D

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

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SEC 1474 (9-02)

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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	2.	3. Transaction Date		4. T	5.	6. Date Exer		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		ionNumber	Expiration D		Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	(Year)	Under	, ,	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(211512
					4, and 5)						
					4, and 3)						
									Amount		
						.	.		or		
						Date Exercisable	Expiration Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
. 9	Director	10% Owner	Officer	Other		
LEWIS JONATHAN C/O ZIOPHARM ONCOLOGY, INC., ONE FIRST AVENUE., BLDG 34 BOSTON, MA 02129	X		CEO			

Signatures

/s/ Richard E. Bagley,
Attorney-In-Fact
01/04/2014

**Signature of Reporting Person 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).
- $(1) \quad 34,261 \text{ shares vest on } 12/30/2012; \text{ and } 34,260 \text{ shares vest on each of } 12/30/2013 \text{ and } 12/30/2014.$
- (2) Reflects 300 shares fewer than reported on a previouly filed Form 4s plus the currently reported grant due to a scrivener's error on the Form 4 filed on January 5, 2010.
- (3) Disposition represents shares sold to satisfy withholding tax obligations upon the vesting of a restricted stock grant.

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.

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