Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

### ZIOPHARM ONCOLOGY INC

Form 4

November 23, 2015

### FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

#### **OMB APPROVAL**

**OMB** 3235-0287 Number:

January 31, Expires: 2005

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Check this box if no longer subject to

Section 16. Form 4 or 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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \*

BELBEL CAESAR J

2. Issuer Name and Ticker or Trading

Symbol

ZIOPHARM ONCOLOGY INC [ZIOP]

3. Date of Earliest Transaction

(Last) (First) (Middle)

C/O ZIOPHARM ONCOLOGY. INC.,, ONE FIRST AVE., BLDG. 34

(Street)

(State)

(Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

(Month/Day/Year)

11/19/2015

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

Director 10% Owner X\_ Officer (give title Other (specify

below) below) COO, CLO, and Secretary

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

**BOSTON, MA 02129** 

(City)

(City)	(State)	(Zip) Tab	le I - Non-l	Derivative S	ecurit	ies Acqui	red, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired (A) Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or Code V Amount (D) Price			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	tes Ownership rially Form: Direct (D) ring or Indirect red (I) rtion(s) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/19/2015		M	153,333	A	\$ 2.3	212,534	D	
Common Stock	11/19/2015		S	153,333	D	\$ 12.84 (1)	59,201	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. Transaction Code (Instr. 8)	5. Number of tiorDerivative Securities b) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 2.3	11/19/2015		M		153,333	<u>(2)</u>	06/26/2023	Common Stock	153,333

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

BELBEL CAESAR J C/O ZIOPHARM ONCOLOGY, INC., ONE FIRST AVE., BLDG. 34 BOSTON, MA 02129

COO, CLO, and Secretary

# **Signatures**

/s/ Caesar J.

Belbel

\*\*Signature of Reporting Person

11/23/2015

## **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).
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions ranging from \$12.70 to \$12.99, inclusive. The reporting person undertakes to provide to ZIOPHARM Oncology, Inc., any security holder of ZIOPHARM Oncology, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote (1).
- (2) The option is vested with respect to 153,333 shares; the option vests with respect to the remaining 76,667 shares on 6/27/2016.

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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