FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* ONSI DOUGLAS E | | | | | | 2. Issuer Name and Ticker or Trading Symbol LEAP THERAPEUTICS, INC. [LPTX] | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | |
|--|---|--|---|------------------------|---|---|-----|---|---------------------------------|--|------------------------|--|---|----|---|---|--|
| (Last) (First) (Middle) C/O LEAP THERAPEUTICS, INC. 47 THORNDIKE STREET SUITE B1-1 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2019 | | | | | | | X Officer (give title below) Other (specify below) CFO,GC,Treasurer and Secretary | | | | | |
| (Street) CAMBRIDGE MA 02141 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | . | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | | | ction 2A. Deemed Execution Date, | | | 3. Transactic Code (Ins 8) Code V | 4. Securion Disposer 5) Amount | tities Acquired (A) or d Of (D) (Instr. 3, 4 ar | | 5. Amou Securitie Benefici Owned Reported Transact (Instr. 3 | es Form (D) o (I) (In d) tion(s) | | : Direct Indirect str. 4) | . Nature of Indirect Seneficial Ownership Instr. 4) | |
| 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/Yea | 4. Transa Code (| ection | 5. Number n of | | 6. Date Exerc Expiration Da (Month/Day/\) | isable and | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Number of Shares | | | | | | |
| Employee Stock Option (Right to Buy) | \$2 | 01/01/2019 | | A | | 50,000 | | (1) | 12/31/2028 | Common Stock | 50,000 | \$0 | 50,000 |) | D | | |

Explanation of Responses:

1. The Option was granted pursuant to Leap's 2016 Equity Incentive Plan and shall vest and become exercisable in a series of 48 equal monthly installments until the Option is fully vested, with the first such monthly installment vesting on the one-month anniversary of January 1, 2019, the Vesting Start Date.

Douglas E. Onsi

01/03/2019

** 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.