

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* CAVANAUGH JAMES H (Last) (First) (Middle) C/O LEAP THERAPEUTICS, INC. 47 THORNDIKE STREET SUITE B1-1 (Street) CAMBRIDGE MA 02141 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol LEAP THERAPEUTICS, INC. [LPTX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 02/09/2021	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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)
			Code	V	Amount	(A) or (D)	Price			

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 Derivative Securities 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 Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Warrant (Right to Buy)	\$1.95	02/09/2021		j ⁽¹⁾		1,154		02/05/2019	02/05/2026	Common Stock, \$0.001 par value per share	1,154	(2)	1,154	I ⁽¹⁾	See Footnote

Explanation of Responses:

- These warrants to purchase common stock were acquired by the reporting person in connection with a transfer (the "Transfer"), for no consideration, of warrants to purchase common stock by HealthCare Ventures IX, L.P. ("HCVIX") to the limited partners of HCVIX, including the reporting person, on a pro rata basis. The term of HCVIX expired on December 31, 2020, at which time HCVIX entered into liquidation. The process of liquidating HCVIX, including the distribution of marketable and non-marketable securities, has commenced in 2021, and HealthCare Partners IX, L.P., the General Partner of HCVIX, as liquidator, will use its best efforts to complete the orderly liquidation of HCVIX.
- The warrants were acquired in connection with the purchase of an equal number of shares of common stock by HCVIX on February 5, 2019 for \$1.75 per share. Each such purchased share of common stock was issued with a warrant to purchase one share of common stock. HCVIX will continue to hold 4,144,804 shares of common stock following the Transfer.

/s/ Douglas E. Onsi, as
attorney-in-fact for James 02/11/2021
Cavanaugh

** 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.