FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burde | en | | | | | | |
| l | hours per response: | 0.5 | | | | | | |

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

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|--|---|--------------------|---|---------------------------------|--|--|-----------------|--|--------------------|--|---|---|--|--------------------------------------|--|---------------------------------------|--|--|
| Name and Address of Reporting Person* Miraballi Christophor | | | | | | 2. Issuer Name and Ticker or Trading Symbol LEAP THERAPEUTICS, INC. [LPTX] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Mirabelli Christopher | | | | | | | | · | | - | | X Directo | or | X | 10% Ov | /ner | | |
| (Last) (First) (Middle) | | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | (give title | | Other (s below) | pecify | | |
| C/O LEAP THERAPEUTICS, INC. | | | | | | 01/01/2019 | | | | | | | Pres,CEO Chairman of Board | | | | | |
| 47 THORNDIKE STREET SUITE B1-1 | | | | | | | | | | | | | | | | | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | 4. Il Alliendinent, Date di Originali i lieu (Montili Dayi Teal) | | | | | | | Line) | | | | | | |
| CAMBRIDGE MA 02141 | | 02141 | | | | | | | | | X Form filed by One Reporting Person | | | | | | | |
| | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | (State) (Zip) | | | | | | | | | | Persor | ı | | | | | |
| | | Tab | le I - Non-D | erivativ | e Se | curities | s Ac | quired, Di | sposed o | of, or Be | neficial | ly Owned | | | | | | |
| Date | | | | Transaction te onth/Day/Y | Execution Date, | | Code (Instr. 5) | | | | | | Form (D) or | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Transaci (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| 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 | e (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (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 | Amount or 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.

/s/ Douglas E. Onsi as attorney-

in-fact for Christopher

01/03/2019

Date

<u>Mirabelli</u>

** Signature of Reporting Person

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.