The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

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

Notice of Exempt Offering of Securities

OMB APPROVAL		
OMB Number:	3235- 0076	
Estimated av burden	verage	
hours per response:	4.00	

1. Issuer's Identity

CIK (Filer ID Number)	Previous Names	None	Entity Type
0001509745	Dekkun Corp		X Corporation
Name of Issuer	r		Limited Partnership
LEAP THERAPEUTICS, INC.			Limited Liability Company
Jurisdiction of			General Partnership
Incorporation/Organization			Business Trust
DELAWARE			Other (Specify)
Year of Incorporation/Orga	nization		
X Over Five Years Ago			
Within Last Five Years (Specify Yea	ar)		
Yet to Be Formed			
2. Principal Place of Business and Cont	act Information		
Name of Issuer			
LEAP THERAPEUTICS, INC.			
Street Address 1			Street Address 2
47 Thorndike Street, Suite B1-1			
City State/P	rovince/Country	ZIP/PostalC	Code Phone Number of Issuer
Cambridge MASSAG	CHUSETTS	02141	617-714-0360
3. Related Persons			
Last Name	First	Name	Middle Name
	Christopher		
Street Address 1		Address 2	
c/o Leap Therapeutics, Inc.	47 Thorndike Stree	et, Suite B1-1	
City		nce/Country	ZIP/PostalCode
Cambridge	MASSACHUSET	TS	02141
Relationship: X Executive Officer X I	Director Promote	r	
Clarification of Response (if Necessary):		
Chief Executive Officer, President and	Director		
Last Name	First	Name	Middle Name
Lawlor	Augustine		
Street Address 1	Street A	Address 2	
c/o Loop Therapoutics Inc		C	
c/o Leap Therapeutics, Inc.	47 Thorndike Stree	et, Suite B1-1	
City		nce/Country	ZIP/PostalCode
City		nce/Country	ZIP/PostalCode 02141

Clarification of Response (if Necessary):

Chief Operating Officer

Last Name Onsi	First Name Douglas	Middle Name
Street Address 1	Street Address 2	
c/o Leap Therapeutics, Inc.	47 Thorndike Street, Suite B1-1	
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02141
Relationship: X Executive Offic	er Director Promoter	
Clarification of Response (if Nece	essary):	
Chief Financial Officer		
Last Name	First Name	Middle Name
Cavanaugh	James	
Street Address 1	Street Address 2	
c/o Leap Therapeutics, Inc.	47 Thorndike Street, Suite B1-1	
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02141
Relationship: Executive Office	er X Director Promoter	
Clarification of Response (if Nece	essary):	
Director		
Last Name	First Name	Middle Name
Littlechild	John	
Street Address 1	Street Address 2	
c/o Leap Therapeutics, Inc.	47 Thorndike Street, Suite B1-1	
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02141
Relationship: Executive Office	er X Director Promoter	
Clarification of Response (if Nece	essary):	
Director		
Last Name	First Name	Middle Name
Dietz	Thomas	
Street Address 1	Street Address 2	
c/o Leap Therapeutics, Inc.	47 Thorndike Street, Suite B1-1	
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02141
Relationship: Executive Office	er X Director Promoter	
Clarification of Response (if Nece	essary):	
Director		
Last Name	First Name	Middle Name
Loscalzo	Joseph	
Street Address 1	Street Address 2	
c/o Leap Therapeutics, Inc.	47 Thorndike Street, Suite B1-1	
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02141
Relationship: Executive Office	er X Director Promoter	

Clarification of Response (if Necessary):

Director

Last Name	First Name	Middle Name
Li	William	
Street Address 1	Street Address 2	
c/o Leap Therapeutics, Inc.	47 Thorndike Street, Suite B1-1	
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02141
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Necess	ary):	
Director		
Last Name	First Name	Middle Name
Mashiach	Nissim	
Street Address 1	Street Address 2	
c/o Leap Therapeutics, Inc.	47 Thorndike Street, Suite B1-1	
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02141
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Necess	ary):	
Director		
4. Industry Group		
Agriculture	Health Care	Retailing
Banking & Financial Services	X Biotechnology	Restaurants
Commercial Banking	Health Insurance	Technology
Insurance	Hospitals & Physicians	Computers
Investing	1	-
Investment Banking	Pharmaceuticals	Telecommunications
Pooled Investment Fund	Other Health Care	Other Technology
Is the issuer registered as	Manufacturing	Travel
an investment company under the Investment Company	Real Estate	Airlines & Airports

the Investment Company Act of 1940? Yes No Other Banking & Financial Services Business Services Energy Coal Mining Electric Utilities

Energy Conservation

Environmental Services

Environmental Se

Oil & Gas

Other Energy

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000

Commercial

Construction

Residential

REITS & Finance

Other Real Estate

Lodging & Conventions

Other Travel

Other

Tourism & Travel Services

\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
X Decline to Disclose	Decline to Disclose
Not Applicable	Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

	Investment Company Act Section 3(c)	
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)
Rule 504 (b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)
Rule 504 (b)(1)(ii)	Section 3(c)(3)	Section 3(c)(11)
Rule 504 (b)(1)(iii)	Section 3(c)(4)	Section 3(c)(12)
X Rule 506(b) Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)
Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)
	Section 3(c)(7)	

7. Type of Filing

X New Notice Date of First Sale 2017-11-14 First Sale Yet to Occur Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes X No

9. Type(s) of Securities Offered (select all that apply)

X Equity	Pooled Investment Fund Interests
Debt	Tenant-in-Common Securities
X Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
X Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as	Yes X No
a merger, acquisition or exchange offer?	IES A NU

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

Recipient	Recipient CRD Number X None	
NONE	None	
(Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number	None
Raymond James & Associates, Inc.	705	
Street Address 1	Street Address 2	
227 Park Avenue, Suite 410		
City	State/Province/Country	ZIP/Postal Code
New York	NEW YORK	10172

Recipient	Recipient CRD Number X None	
NONE	None	
(Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number No.	ne
Ladenburg Thalmann & Co. Inc.	505	
Street Address 1	Street Address 2	
277 Park Avenue, 26th Floor		
City	State/Province/Country	ZIP/Postal Code
New York	NEW YORK	10172
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Foreign/non-US	

13. Offering and Sales Amounts

Total Offering Amount	\$18,000,001 USD or	Indefinite
Total Amount Sold	\$18,000,001 USD	
Total Remaining to be Sold	\$0 USD or	Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$400,000 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

• Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*

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- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
	1	1	Chief Executive Officer and President	2017-11-29

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.