FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMP Number:	3235-0287							
OMB Number:								
Estimated average burden								
hours per response:	0.5							

					10	Secu	on 30(n) (	oi trie	mvestme	ent Co	трапу Асі	01 1940							
1. Name and Address of Reporting Person*  Granfield Christine				2. Issuer Name and Ticker or Trading Symbol LEAP THERAPEUTICS, INC. [ LPTX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Granne	LIG CIII ISC	<u>IIIC</u>												Directo			10% Ov	· I	
					$\vdash$									X Officer below)	(give title		Other (s	specify	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)									,		οα Λ	, ,	,	
C/O LEAP THERAPEUTICS, INC.						05/26/2021								VP, Head of Reg Affairs/Qual					
47 THO	NDIKE S	TREET SHITE I	R1_1																
47 THORNDIKE STREET SUITE B1-1					1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Ctuant)					7. '	Anc	indinient, i	Daic	or Origini	ar nec	(WOTHIND	ay/ (Car)	Lin		Joint Croup	ı iiiig	(Cricck Ap)	pileable	
(Street)	IDCE 1	r A	004.44											X Form f	iled by One	Repo	orting Perso	n	
CAMBR	IDGE N	IA	02141											Form f	Form filed by More than One Reporting				
-														Person					
(City)	(S	state)	(Zip)																
		Tab	ole I - Non	-Deriva	ativo	e Se	curities	s Ac	auired	. Dis	posed o	of. or Be	neficial	lv Owned	l				
4 70 - 6	2						2A. Deem		3.	,	<del>.</del>			5. Amou		c 0	nership	7. Nature	
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					action		Execution		Trans	Transaction   Disposed Of (D) (					Securities Form		n: Direct   c	of Indirect	
					Day/Ye	ay/Year)   if any (Month/Day/Y				(Instr	. 5)			Benefici Owned F				Beneficial Ownership	
					- 1	(monanzo				1				d	(1) (111		(Instr. 4)		
									Code	V	Amount (A) or (D)		Price		Transaction(s) (Instr. 3 and 4)				
			Table II F	\ <del>!</del> 4		C		Λ		<b>D</b> :		D	- <b>6</b> : - : - II:	O					
			Table II - D								osea or converti			Owned					
			<u> </u>			- Cuii	_									. 1			
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution D	Date, Ti	ransaction ode (Instr.		Derivative		6. Date Exercisable ar			7. Title and Amo		8. Price of Derivative	9. Number derivative		10. Ownership Form:	11. Nature of Indirect	
Security	or Exercise	(Month/Day/Year)	if any						(Month/Day/Year)			Underlyir	ıg	Security	Securities			Beneficial	
(Instr. 3) Price of (Month/Day/Year) 8				) Securities Acquired				Derivative Secu (Instr. 3 and 4)					(Instr. 5)	Beneficial Owned	ly	Direct (D) or Indirect	Ownership (Instr. 4)		
Security						(A) or							,		Following Reported Transaction(s)	(I) (Instr. 4)	(,		
						Disposed of (D) (Instr.													
						3, 4 and 5)									(Instr. 4)	`			
													Amount	1					
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						ļ.,	(0)	<u></u>	Date		Expiration	Tiala	of						
				-   0	ode	٧	(A)	(D)	Exercisa	mie	Date	Title	Shares						
Employee Stock																			
Option	\$1.62	05/26/2021			Α		30,000		(1)		05/25/2031	Common Stock	30,000	\$0	30,000		D		
(Right to			l				'	1				Stock	'	1	1			1	

## **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 36 equal monthly installments until the Option is fully vested, with the first such monthly installment vesting on the one month anniversary of May 26, 2021, the Vesting Start Date.

/s/ Douglas E. Onsi, as attorney-in-fact for Christine

05/28/2021

Granfield

\*\* 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.