FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL							
OMB Number: 3235-028							
Estimated average burden							
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

Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol LEAP THERAPEUTICS, INC. [ LPTX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Sirard (	<u>ynthia</u>			-		111111		LOTICE	, 1110	<u></u> [ -			Directo	r	X	10% Ow	ner
(Last)	(F	irst)	(Middle)	3	. Date	of Earliest	Trans	saction (Mon	th/Day/	/Year)			Officer below)	(give title		Other (s below)	pecify
C/O LEAP THERAPEUTICS, INC.			0	01/31/2022						Chief Medical Officer							
47 THORNDIKE STREET SUITE B1-1																	
			4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street)			004.44									Line		ed by One	Reno	rting Persor	
CAMBR	IDGE N	IA	02141										=	,	•	One Report	
(City)	(9	state)	(Zip)										Person				
			blo I Non D	orivoti	C	a a u riti a	. ^ ^	auirad F	Niono.		f or Do	noficially	Owned				
			ble I - Non-D		_				<u> </u>		-		_			1	
1. Title of Security (Instr. 3)  2. Transplate (Month/L				Execution Date		r, Transaction Disposed C Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 ar		Beneficia Owned Fe	s Form ally (D) or ollowing (I) (In		: Direct   I r Indirect   I str. 4)   (	'. Nature of ndirect Beneficial Ownership			
							Code	/ Ar	mount	unt (A) or Pr		Reported Transacti (Instr. 3 a	tion(s)		[	Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Execution D Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Year	Code	Transaction Code (Instr. 8)		Derivative		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)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		ration	Title	Amount or Number of Shares		(Instr. 4)	on(a)		
Restricted Stock Units	\$0 <sup>(1)</sup>	01/31/2022		A		225,000		(2)	(	(2)	Common Stock	225,000	\$0 <sup>(1)</sup>	225,00	00	D	

## **Explanation of Responses:**

- 1. The Restricted Stock Units were awarded pursuant to Leap's 2016 Equity Incentive Plan for no consideration. Restricted Stock Units will be settled in common stock.
- 2. The Restricted Stock Units will cliff vest and be settled after three years of continuous service or upon a change of control of Leap, whichever is earlier.

/s/ Douglas E. Onsi, as attorneyin-fact for Cynthia Sirard

\*\* 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.