FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL	OWNED CHID
STATEMENT OF CHANGES IN DENEFICIAL	OWNERSHIP

IJ	OMB API	PROVAL
	OMB Number:	3235-028

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Estimated average burden hours per response:

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

Check this box to indicate that a
transaction was made pursuant to a
contract, instruction or written plan for
the purchase or sale of equity
securities of the issuer that is intended
to satisfy the affirmative defense
conditions of Rule 10b5-1(c). See

Instruction 10.

1. Name and Address of Reporting Person* O'Mahony John Mark				2. Issuer Name and Ticker or Trading Symbol LEAP THERAPEUTICS, INC. [LPTX]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below)						
(Last) (First) (Middle) C/O LEAP THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 10/02/2024							— below)	f Manufac	below)			
47 THOI	RNDIKE S	TREET SUITE I	31-1		4. If Amendment, Date of Original Filed (Month/Day/Year)						6 1	6. Individual or Joint/Group Filing (Check Applicable					
(Street) CAMBRIDGE MA 02141					4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)									1 01301					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			Transactior ite onth/Day/Yo	Execution Date,		Code (Instr. 5)			ed (A) or tr. 3, 4 and	Beneficia Owned F	es F ially (I Following (I	Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
						Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(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)	erivative Conversion Date Execution Date, Transaction of Code (Instr. Derivative		ve es ed ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Securities (Instr. 3 and 4)				8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)						
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (Right to Buy)	\$2.45	10/02/2024		Α		85,000		(1)	10/02/2034	Common Stock	85,000	\$0	85,000	D			

Explanation of Responses:

1. The Option was granted pursuant to Leap's 2022 Equity Incentive Plan. By its terms, the Option shall vest and become exercisable for the shares underlying the Option in a series of 36 equal monthly installments for so long as the reporting person continues to be employed by or provides service to the Company, with the first of such monthly installments vesting on the one month anniversary of October 2,

/s/ Douglas E. Onsi, as attorney-in-fact for John Mark 10/04/2024 O'Mahony

** 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.