FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
rvasiliigton,	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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OMB APPROVAL								
OMB Number: 3235-0287								
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

1. Name and Address of Reporting Person* CAVANAUGH JAMES H				2. Issuer Name and Ticker or Trading Symbol LEAP THERAPEUTICS, INC. [LPTX]						(Che	elationship o	able)	Perso	10% Ow	ner		
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023							below)	give title		Other (spector)	pecify	
C/O LEAP THERAPEUTICS, INC.				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
47 THORNDIKE STREET SUITE B1-1											Line) X Form filed by One Reporting Person						
(Street)	IDGE M	IA	02141										Form fil Person	ed by Mor	e than	One Report	ing
					Rul	e 10b5-	1(c)	Transa	ctio	n Indi	ication						
(City)	(5	state)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							satisfy					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L			2A. Deemed Execution Date oay/Year) if any (Month/Day/Year)		Date,	, Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		Beneficia Owned Fo	For Ily (D)		Direct Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v .	Amount	(A) o (D)	r Price	Reported Transacti (Instr. 3 a	orted saction(s) tr. 3 and 4)			(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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Date, Transaction Derivative Code (Instr. Securities			re I es (d (A) sed estr.	6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
	Code V (A) (D) Exercisable Date						Title	Amount or Number of Shares		(Instr. 4)							
Stock Option (Right to Buy)	\$0.34	03/31/2023		Α		150,000		(1)	03/	/31/2033	Common Stock	150,000	\$0	150,00	00	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 4 quarterly installments on each of March 31, 2023, June 30, 2023, September 30, 2023, and December 31, 2023 for so long as the reporting person continues to be a director, consultant or service provider of the Company until the Option is fully vested.

/s/ Douglas E. Onsi as attorneyin-fact for James Cavanaugh

** 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.