

| OMB APPROVAL | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>HealthCare Ventures IX, L.P.</u> (Last) (First) (Middle) <u>C/O LEAP THERAPEUTICS, INC.</u> <u>47 THORNDIKE STREET SUITE B1-1</u> (Street) <u>CAMBRIDGE MA 02141</u> (City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol <u>LEAP THERAPEUTICS, INC. [LPTX]</u> | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below) |
| | 3. Date of Earliest Transaction (Month/Day/Year) <u>07/30/2018</u> | |
| 4. If Amendment, Date of Original Filed (Month/Day/Year) | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|---|-------------------------------------------------------------------|------------|-------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| | | | Code | V | Amount | (A) or (D) | Price | | | |

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 Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (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 | | | | |
| Warrant (Right to Buy) | \$6.085 | 07/30/2018 | | j ⁽¹⁾ | | 1,057,769 | | 11/14/2017 | 11/14/2024 | Common Stock | 1,057,769 | \$0 | 0 | D | |

1. Name and Address of Reporting Person*
HealthCare Ventures IX, L.P.
 (Last) (First) (Middle)
C/O LEAP THERAPEUTICS, INC.
47 THORNDIKE STREET SUITE B1-1
 (Street)
CAMBRIDGE MA 02141
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Healthcare Partners IX, L.P.
 (Last) (First) (Middle)
C/O LEAP THERAPEUTICS, INC.
47 THORNDIKE STREET SUITE B1-1
 (Street)
CAMBRIDGE MA 02141
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Healthcare Partners IX, LLC
 (Last) (First) (Middle)
C/O LEAP THERAPEUTICS, INC.
47 THORNDIKE STREET SUITE B1-1
 (Street)
CAMBRIDGE MA 02141
 (City) (State) (Zip)

(City)

(State)

(Zip)

Explanation of Responses:

1. HealthCare Ventures IX, L.P. ("HCV IX") distributed these warrants to its limited partners on a pro rata basis, for no consideration. In the distribution, Eli Lilly and Company, a 5% or greater stockholder of the Company and limited partner of HCV IX, received a warrant to purchase 331,221 shares of common stock. No shares of outstanding common stock were distributed. HCV IX continues to hold 3,573,376 shares of common stock, which represents 24.3% of the outstanding common stock.

[/s/ Jeffrey Steinberg as](#)
[Administrative Officer of](#)
[HealthCare Partners IX, LLC,](#) [08/01/2018](#)
[General Partner of HealthCare](#)
[Partners IX, L.P., General Partner](#)
[of HealthCare Ventures IX, L.P.](#)

[/s/ Jeffrey Steinberg as](#)
[Administrative Officer of](#)
[HealthCare Partners IX, LLC,](#) [08/01/2018](#)
[General Partner of HealthCare](#)
[Partners IX, LP](#)

[/s/ Jeffrey Steinberg as](#)
[Administrative Officer of](#) [08/01/2018](#)
[HealthCare Partners IX, LLC](#)

** 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.