FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
wasiiiiqtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* ONSI DOUGLAS E				2. Issuer Name and Ticker or Trading Symbol LEAP THERAPEUTICS, INC. [LPTX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ONSI DOUGLAS E												7	Director			10% Ow	·
(Last)	(1	First)	(Middle)		Date of Earliest Transaction (Month/Day/Year)							Officer (below)	(give title		Other (s below)	pecify	
C/O LEAP THERAPEUTICS, INC.					03/31/2023						CEO,CFO,Pres.,GC,Treas.,&Sec.						
47 THORNDIKE STREET SUITE B1-1																	
					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. In	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					, , , , ,						1 1	Line) X Form filed by One Reporting Person					
CAMBR	IDGE N	ΊA	02141									2	_				
-													Form filed by More than One Reporting Person				
(City)	(\$	State)	(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
				2. Transact							5. Amoun	s Form			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Date (Month/D								Code (Instr.			str. 3, 4 and 5			Beneficia		r Indirect E	
					(Month/Day/Yea						Owned Following Reported		(I) (Instr. 4)				
					Code V Amount (A) or (D)					r Price	Transaction(s) (Instr. 3 and 4)						
			Table II - D	erivativ	e Sec	urities	Aca	uired. Di	ispo	sed of	or Ben	eficially (Owned	•		<u> </u>	
								, option									
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe		6. Date Exe			7. Title an		8. Price of	9. Number		10.	11. Nature
Security or Exercise (Month/Day/Year) if any Cod				Code	de (Instr. Securities (M			Expiration Date of Securities (Month/Day/Year) Underlying			g	Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day/Yea	ar) 8)	Acquired (A) or Disposed		Derivative Secu (Instr. 3 and 4)					(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security					of (D) (In 3, 4 and	str. 5)						Following Reported		(I) (Instr. 4)		
							П		\top			Amount	1	Transaction (Instr. 4)	on(s)		
					l.,		_	Date		xpiration	 	or Number					
n 1				Code	V	(A)	(D)	Exercisable	e D	ate	Title	of Shares					
Employee Stock											Common						
Option (Right to	\$0.34	03/31/2023		A		750,000		(1)	03	3/31/2033	Stock	750,000	\$0	750,00	0	D	
Buy)																	

Explanation of Responses:

1. The Option was granted pursuant to Leap's 2016 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 March 31, 2023, the Vesting Start Date.

/s/ Douglas E. Onsi

04/04/2023

** 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.