## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

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).

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.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	1011 10.				,														
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol LEAP THERAPEUTICS, INC. [ LPTX ]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>LI WILLIAM</u>				1									Director	or		10% Ov	vner		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)						$\dashv$	Officer (give title below)			Other (s	specify			
C/O LEAP THERAPEUTICS, INC.				10/02/2024															
47 THORNDIKE STREET SUITE B1-1				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street)														Line)  Form filed by One Reporting Person					
CAMBR	IDGE M	A	02141										'		iled by Mor		n One Repo		
(City)	(S	tate)	(Zip)											1 01001	•				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
		Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired, I	Disp	osed o	f, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D.				Execution Date,		Code (Instr. 5)			ed (A) or tr. 3, 4 and	5. Amou Securitie Benefici Owned F	s Forn	m: Direct or Indirect	7. Nature of Indirect Beneficial Ownership						
			•					′ <del>  ′                                     </del>		(4)		Reported Transact	ı ['''	```		(Instr. 4)			
								Code	٧	Amount	(A) or (D)	Price	(Instr. 3						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
			(	e.g., p	uts,	call	s, warr	ants	, option	s, c	onvertil	ble secu	rities) ¯						
Derivative Conversion Date			if any	Execution Date, Ti		ransaction ode (Instr.) Of Derivat Securit Acquir (A) or Dispos of (D) (		Derivative (Month/Day/Y Securities Acquired		Date	te 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(s (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$2.45	10/02/2024			A		25,000		(1)	1	0/02/2034	Common Stock	25,000	\$0	25,000	0	D		

## **Explanation of Responses:**

1. The Option was granted pursuant to Leap's 2022 Equity Incentive Plan, as amended. 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 December 31, 2024, March 31, 2025, June 30, 2025, and September 30, 2025 for so long as the reporting person continues to be a director, consultant or service provider of the Company.

/s/ Douglas E. Onsi as attorneyin-fact for William Li 10/04/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.