FORM 4

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

Nashington,	D C	20540
wasiiiigton,	D.C.	20048

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-028 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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

1. Name and Address of Reporting Person* <u>Mirabelli Christopher</u>					2. Issuer Name and Ticker or Trading Symbol LEAP THERAPEUTICS, INC. [ LPTX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				1									X Directo	r	10% O	wner		
(Last)	,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/29/2024								below)		Other (below)	specify	
C/O LEAP THERAPEUTICS, INC.				$\vdash$														
47 THORNDIKE STREET SUITE B1-1					_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)				
(Street)														X Form filed by One Reporting Person				
CAMBR	IDGE M	A	02141										Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		R	ule '	10b5-	1(c)	Transa	ction	Indi	ication						
	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.									d to								
		Tab	le I - Non	ı-Deriv	vativ	e Se	curities	Ac	quired, D	ispos	ed o	f, or Bei	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		ed (A) or tr. 3, 4 and		es Form ally (D) o following (I) (In	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code V	Am	nount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)		
		7	Гable II - I	Deriva	ative	Secu	urities A	Acqı	uired, Dis	pose	d of,	or Bene	eficially	Owned	,			
									, options									
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)	Date,	4. Transactior Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and of Securiti Underlying Derivative (Instr. 3 and	es g Security	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$2.68	01/29/2024			A		85,000		(1)	01/29/	/2034	Common Stock	85,000	\$0	85,000	D		

## **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 January 29,

> /s/ Douglas E. Onsi, as attorney-in-fact for Christopher 01/31/2024 Mirabelli

\*\* 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.