FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DC	20549	
vasnington,	D.C.	20549	

STATEMENT	OF CI	HANGES	IN BEN	IEFICIAL	OWNERSHIP)

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:									

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									-		-	y	Director	•		10% Ow	ner	
(Last)	(F	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)						<u> </u>	below)	give title		Other (s below)		
C/O LEAP THERAPEUTICS, INC.				0	01/27/2024								CEO,C	CEO,CFO,Pres.,GC,Treas.,&Sec.			ec.	
47 THORNDIKE STREET SUITE B1-1				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)					_								2	X Form filed by One Reporting Person				
CAMBR	IDGE M	ſΑ	02141											Form fil Person	ed by Mor	e than	One Report	ing
(City)	(S	State)	(Zip)		R	Rule 10b5-1(c) Transaction Indication												
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plate the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							an that	is intended to	o satisfy			
Table I - Non-Derivativ						ive Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3) 2. Tran Date (Month					2A. Deem Execution if any (Month/Da	Date,	Transaction Disposed Code (Instr.		ties Acquir d Of (D) (Ins	ed (A) or str. 3, 4 and 5	Beneficia Owned Fo	lly ollowing	Form: (D) or	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code V Amo				Amount	(A) o	r Price	Reported Transaction(s) (Instr. 3 and 4)					
			Table II -						uired, Dis					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	d 4. 5. Number Derivative Code (Instr. Securities		e s l (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) T. Title and Amo of Securities Underlying Derivative Securities (Instr. 3 and 4)			ies g Security	Derivative Security		er of es lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares		(Instr. 4)	action(s) . 4)		
Employee Stock Option (Right to Buy)	\$2.68	01/29/2024			A		170,000		(1)	01/2	/29/2034	Common Stock	170,000	\$0	170,00)0	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, 2024.

/s/ Douglas E. Onsi

01/31/2023

** 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.