FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OTATEMENT OF OUR	NOTO IN DENETION	OWNEROUSE					
STATEMENT OF CHAI	NGES IN BENEFICIAL	OWNERSHIP					

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

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	nd Address of eld Christ	Reporting Person*						ker or Trading EUTICS		LPTX]		telationship of the color all applications	cable)	g Perso	` '	
		<u> </u>		L									(give title		10% Ow Other (s	
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)					'	below) below VP, Head of Reg Affairs/Q						
C/O LEAP THERAPEUTICS, INC.				10	10/02/2024						. ,		-0			
47 THORNDIKE STREET SUITE B1-1					If Amendment, Date of Original Filed (Month/Day/Year)					6 1	6. Individual or Joint/Group Filing (Check Applicable					
(Street)				-	II AIIIC	mament, i	Jaie	or Original r lie	ed (Month/De	ay/ (Cai)	Line)	·			
CAMBR	IDGE M	Í A	02141										iled by More		ting Persor One Repor	
(City)	(S	tate)	(Zip)									. 0.00.				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date			Fransaction te onth/Day/Y	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			Beneficia	es For ially (D) Following (I) (rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code V Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				msu. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Conversion or Exercise Price of Derivative Security 1. Title of Conversion Date (Month/Day/Year) 2. Date Execution Date, if any (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)		Code (Transaction of Code (Instr. Derivative		ve es d ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (Right to Buy)	\$2.45	10/02/2024		A		85,000		(1)	10/02/2034	Common Stock	85,000	\$0	85,000)	D	

Explanation of Responses:

1. The Option was granted pursuant to Leap's 2022 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 October 2,

/s/ Douglas E. Onsi, as attorney-in-fact for Christine Granfield

10/04/2024

** 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.