ZIOPHARM ONCOLOGY INC

Form 4 March 14, 2007

FORM 4

OMB APPROVAL

Expires:

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per response... 0.5

3235-0287

January 31,

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

LEWIS JONATHAN

2. Issuer Name and Ticker or Trading

Symbol

ZIOPHARM ONCOLOGY INC [ZIOP]

Issuer

(Check all applicable)

(Last)

(First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)

03/12/2007

_X__ Director 10% Owner X_ Officer (give title Other (specify

5. Relationship of Reporting Person(s) to

below) **CEO**

below)

1180 AVENUE OF THE AMERICAS, 19TH FLOOR

> (Street) 4. If Amendment, Date Original

> > Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

NEW YORK, NY 10036

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

(Zip)

(State)

4. Securities Acquired 5. Amount of 3. Transaction(A) or Disposed of Code (D) (Instr. 3, 4 and 5) (Instr. 8)

6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Beneficial Ownership Owned Indirect (I) (Instr. 4) Following (Instr. 4) Reported

(A) or

Transaction(s) (Instr. 3 and 4)

Price Code V Amount (D)

Common

(City)

Stock, 03/12/2007 \$.001 par value

P 2.000 A

2,000

D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: ZIOPHARM ONCOLOGY INC - Form 4

$\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (\emph{e.g.}, puts, calls, warrants, options, convertible securities) \\ \end{tabular}$

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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 0.08					01/08/2007	01/08/2014	Common Stock	25,674
Stock Option (right to buy)	\$ 0.08					01/27/2007	01/27/2014	Common Stock	242,979
Stock Option (right to buy)	\$ 4.31					01/27/2007	06/08/2015	Common Stock	87,789
Stock Option (right to buy)	\$ 4.31					01/27/2007	09/13/2015	Common Stock	54,161
Stock Option (right to buy)	\$ 5.01					04/26/2006	04/26/2016	Common Stock	139,315
Stock Option (right to buy)	\$ 5.01					04/26/2006	04/26/2016	Common Stock	75,000
Stock Option (right to buy)	\$ 6.49					<u>(1)</u>	12/13/2016	Common Stock	30,000

8. P Der Sec (Ins

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

LEWIS JONATHAN

1180 AVENUE OF THE AMERICAS, 19TH FLOOR X CEO

NEW YORK, NY 10036

Signatures

/s/ Jonathan
Lewis

**Signature of Reporting Person

O3/13/2007

Explanation of Responses:

- * 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).
- (1) 10,000 shares vest on each of 12/13/07, 12/13/08 and 12/13/09.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 3