Edgar Filing: ZIOPHARM ONCOLOGY INC - Form 4

	A ONCOLOGY I	NC										
Form 4	2007											
February 23	<u> </u>								OMB AP	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549							MMISSION	OMB Number:	3235-0287			
Check th if no lor subject to Section Form 4 Form 5 obligation may cor <i>See</i> Inst 1(b).	nger to 16. or Filed pu ons ntinue.	MENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ursuant to Section 16(a) of the Securities Exchange Act of 1934, (a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							January 3 Expires: 200 Estimated average burden hours per response 0.			
(Print or Type	Responses)											
ESSEX WOODLANDS HEALTH Sy				IARM O	nd Ticker or Tr	-		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 10001 WOODLOCH FOREST DRIVE, SUITE 175			3. Date of Earliest Transaction(Month/Day/Year)02/23/2007				 be	Director X 10% Owner Officer (give title Other (specify below) below)				
				nendment, D onth/Day/Ye	Date Original ar)		A	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
THE WOC	DLANDS, TX 7	7380					Pe	rom med by wid	ore than One Rep	porting		
(City)	(State)	(Zip)	Tal	ble I - Non-	Derivative Se	curitie	es Acquir	ed, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securities A onor Disposed of (Instr. 3, 4 an	of (D) d 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/22/2007			Code V A	Amount 1,913,876	(D) A	Price \$ 5.225	1,913,876	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) ((D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Warrant	\$ 5.75	02/22/2007		С	382,776		02/22/2007	02/23/2012	Common Stock	382,77

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Reporting Owners

Reporting Owner Name / Address		Relationsh						
	Director	10% Owner	Officer	Other				
ESSEX WOODLANDS HEALTH VENTURES FUND VI L P 10001 WOODLOCH FOREST DRIVE SUITE 175 THE WOODLANDS, TX 77380		Х						
Signatures								
/s/ Martin P. Sutter, Managing Director of Essex Woodlands Health Ventures VI, LLC as General Partner of Essex Woodlands Health Ventures VI, LP as General Partner of the Reporting Person								

**Signature of Reporting Person

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).

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.

Date