#### ZIOPHARM ONCOLOGY INC

Form 4 April 27, 2006

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

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if no longer subject to Section 16. Form 4 or

Check this box

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).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person
LEWIS JONATHAN

(First)

(State)

(Middle)

(Zip)

2. Issuer Name and Ticker or Trading Symbol

ZIOPHARM ONCOLOGY INC

[ZIOP]

3. Date of Earliest Transaction

(Month/Day/Year) 04/26/2006

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

**CEO** 

\_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify below) 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)

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

5. Amount of Securities Beneficially Owned **Following** Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A) Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

or

Common Stock,

\$.001 par value

0 D

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

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# 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. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (E) (Instr. 3, 4, and 5)	Expiration Dat (Month/Day/Y or	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(Α) (Γ	Date Exercisable	Expiration Date	Title	Amount of Number of Shares	
Stock Option (right to buy)	\$ 0.08					<u>(1)</u>	01/08/2014	Common Stock	25,674	
Stock Option (right to buy)	\$ 0.08					<u>(2)</u>	01/27/2014	Common Stock	242,97	
Stock Option (right to buy)	\$ 4.31					<u>(3)</u>	06/08/2015	Common Stock	87,789	
Stock Option (right to buy)	\$ 4.31					<u>(4)</u>	09/13/2015	Common Stock	54,161	
Stock Option (right to buy)	\$ 5.01	04/26/2006		A	139,315	04/26/2006	04/26/2016	Common Stock	139,31:	
Stock Option (right to buy)	\$ 5.01	04/26/2006		A	75,000	04/26/2006	04/26/2016	Common Stock	75,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
• 6	Director	10% Owner	Officer	Other	
LEWIS JONATHAN					
1180 AVENUE OF THE AMERICAS, 19TH FLOOR	X		CEO		
NEW YORK, NY 10036					

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## **Signatures**

/s/ Jonathan Lewis 04/26/2006

\*\*Signature of
Reporting Person

Date

## **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) 8,558 shares vest on each of 1/8/05, 1/8/06 and 1/8/07.
- (2) 80,993 shares vest on each of 1/27/05, 1/27/06 and 1/27/07.
- (3) 29,263 shares vest on each of 6/8/05, 1/27/06 and 1/27/07.
- (4) 18,054 shares vest on each of 9/13/05 and 1/27/06; 18,053 shares vest on 1/27/07.

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.

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