## Edgar Filing: ZIOPHARM ONCOLOGY INC - Form 4

ZIOPHARM Form 4 February 25,	ONCOLOGY IN 2013	IC									
FORM	4									PPROVAL	
	UNITED	STATES		ITIES Al hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check thi if no long	er								Expires:	January 31, 2005	
subject to Section 16. STATEMENT OF CHA				HANGES IN BENEFICIAL OWNERSHI SECURITIES					Estimated average burden hours per		
Form 4 or Form 5					a		1		response	•	
obligation may conti <i>See</i> Instru 1(b).	$\frac{18}{1000}$ Section 17(a	) of the l		ility Hold	ing Com	pany	Act o	ge Act of 1934, if 1935 or Sectio 40	n		
(Print or Type R	Responses)										
BELBEL CAESAR J Sy				Name and				5. Relationship of Reporting Person(s) to Issuer			
			ZIOPHARM ONCOLOGY INC [ZIOP]					(Check all applicable)			
(Last) C/O ZIOPH INC.,, ONE	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>02/22/2013</li></ul>					Director       10% Owner         Officer (give title       Other (specify below)         EVP, CLO, and Secretary					
				f Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BOSTON, N	/IA 02129								Aore than One R		
(City)	(State)	Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		(Instr. 8)	Disposed (Instr. 3,	l (A) c l of (D 4 and (A) or	)) 5)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	02/22/2013			F	Amount 5,400 (1)	(D) D	Price \$ 4.5	52,787	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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	<ol> <li>5.</li> <li>tionNumber of</li> <li>Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)</li> </ol>	;	Date	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
BELBEL CAESAR J C/O ZIOPHARM ONCOLOGY, INC., ONE FIRST AVE., BLDG. 34 BOSTON, MA 02129				EVP, CLO, and Secretary				
Signatures								
/s/ Caesar J. Belbel	02/25/2013							
<u>**</u> 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) Represents shares withheld to satisfy withholding tax obligations upon the vesting of restricted stock grants.

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.