

ZIOPHARM ONCOLOGY INC  
 Form 3  
 February 17, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person * Â LEBEL FRANCOIS (Last) (First) (Middle)  C/O ZIOPHARM ONCOLOGY, INC., NAVY YARD, Â ONE FIRST AVE., BLDG #34 (Street)  BOSTON, Â MA Â 02129 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 02/09/2015	3. Issuer Name <b>and</b> Ticker or Trading Symbol ZIOPHARM ONCOLOGY INC [ZIOP]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Executive Vice President R&D	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable      Expiration Date	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title      Amount or Number of	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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				Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	03/17/2023	Common Stock	45,000	\$ 5.71	D	Â
Employee Stock Option (right to buy)	Â (2)	06/26/2023	Common Stock	110,000	\$ 2.3	D	Â
Employee Stock Option (right to buy)	Â (3)	12/30/2023	Common Stock	150,000	\$ 4.34	D	Â
Employee Stock Option (right to buy)	Â (4)	12/30/2024	Common Stock	175,000	\$ 5.07	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LEBEL FRANCOIS C/O ZIOPHARM ONCOLOGY, INC., NAVY YARD ONE FIRST AVE., BLDG #34 BOSTON, MA 02129	Â	Â	Â Executive Vice President R&D	Â

## Signatures

/s/ Francois  
Lebel 02/17/2015

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) The option is vested with respect to 15,000 shares; the option vests with respect to the remaining 30,000 shares on 3/18/2015 and 3/18/2016.
- (2) The option is vested with respect to 36,667 shares; the option vests with respect to the remaining 73,333 shares on 6/27/2015 and 6/27/2016.
- (3) The option is vested with respect to 50,000 shares; the option vests with respect to the remaining 100,000 shares on 12/31/2015 and 12/31/2016.
- (4) The option vests in equal installments on each of the following dates: 12/31/2015, 12/31/2016 and 12/31/2017.

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.