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Onconova Therapeutics, Inc. Form 4 N

November	25, 2013											
FOR	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	UNITED	STATES			AND EX n, D.C. 2		COMMISSIO	N OMB Number	: 3235-0)287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Ut 30(h) of the International Section 10 Section 17(a) of the Section 10 Section 10 Section 17(a) of the Section 10 Section 17(a) of the Section 10 Section 17(a) of the Section 10 Section					N BENEI RITIES the Secur olding Co	Estimate burden I respons	January 3 Expires: 200 Estimated average burden hours per response 0					
1(b).												
Print or Type	e Responses)											
1. Name and Address of Reporting Person <u>*</u> Hoffman Michael B			2. Issuer Name and Ticker or Trading Symbol Onconova Therapeutics, Inc. [ONTX]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 712 FIFTH AVENUE, 36TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 11/22/2013			X Director Officer (giv below)		10% Owner Other (specify				
(Street) NEW YORK, NY 10019			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 						
(City)	(State)	(Zip)	Tabl	a T. Nau	Destination		Person	of on Donoff	si aller Orene ad			
1.Title of 2. Transaction Date 2A. Deem Security (Month/Day/Year) Execution (Instr. 3) any (Month/D			ed Date, if	3.	4. Securi	ties Acquired sposed of (D)	Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			

		Code V	Amount	(D)	Price	(Instr. 3 and 4)		
Common Stock	11/22/2013	Р	100	A	\$ 14.37	4,312,600	Ι	By the Michael and Jane Hoffman 2013 Descendants Trust (1)
Common Stock	11/22/2013	Р	4,900	A	\$ 14.39	4,317,500	Ι	By the Michael and Jane Hoffman

or

(Instr. 3 and 4)

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Common Stock						84,530	Ι		2013 Descen Trust (By the Hoffm 2013 Descen Trust (Non-C Exemp Trust)	1) an ndants GST ot	
Reminder: R	leport on a sep	arate line for each cla	ss of securities bene	Person inform require	ns who re lation con ed to resp ys a curre	or indirectly. spond to the itained in thi bond unless ently valid O	s form are the form	not	SEC 14 (9-0		
	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)	Code	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date A (Month/Day/Year) U e S		Amo Unde Secur	le and unt of rlying rities (. 3 and 4)	Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									
			Rel	ationships							
Repor	rting Owner N	Name / Address			ficer Oth	ier					
712 FIFT	Michael B H AVENUE RK, NY 10	E, 36TH FLOOR 019	X	X							
Signa	tures										
/s/ By Aj attorney-i	ay Bansal as n-fact	8	11/25/2013								
<u>**</u> Signa	ature of Reportin	g Person	Date								
D	~									•	

Reporting Owners

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) These shares are held in trust for the benefit of the reporting person's descendants. The reporting person's spouse is a trustee of the trust.

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.