Fruchtman Steven M Form 4 January 05, 2018

# FORM 4

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

Check this box

if no longer subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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)

(Last)

(City)

1. Title of

Security

(Instr. 3)

1. Name and Address of Reporting Person \* Fruchtman Steven M

(First)

375 PHEASANT RUN

(Street)

NEWTOWN, PA 18940

(State)

(Month/Day/Year)

2. Issuer Name and Ticker or Trading

Symbol

Onconova Therapeutics, Inc.

3. Date of Earliest Transaction

01/03/2018

4. If Amendment, Date Original

Filed(Month/Day/Year)

3. 4. Securities

Execution Date, if Code (Month/Day/Year) (Instr. 8)

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

Following Reported (A) Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

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

Owned

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 Conversion Security or Exercise

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

4. 5. Number of TransactionDerivative Code Securities

6. Date Exercisable and Expiration Date (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31,

Expires: 2005 Estimated average

burden hours per response...

0.5

10% Owner

Other (specify

(Middle)

(Zip)

2. Transaction Date 2A. Deemed

[ONTX]

(Month/Day/Year)

Chief Medical Officer 6. Individual or Joint/Group Filing(Check

Director

X\_ Officer (give title

Applicable Line) \_X\_ Form filed by One Reporting Person

5. Relationship of Reporting Person(s) to

(Check all applicable)

below)

Form filed by More than One Reporting

Person

Issuer

below)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Indirect Beneficial Ownership (T)

(Instr. 4)

(Instr. 4)

#### Edgar Filing: Fruchtman Steven M - Form 4

(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Code V (A) (D) Date Expiration Title Amount Exercisable Date or Number of Shares Stock Option Common (1) 01/03/2028 \$ 1.5 01/03/2018 43,627 A 43,627 Stock (right to purchase)

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Fruchtman Steven M 375 PHEASANT RUN NEWTOWN, PA 18940

Chief Medical Officer

## **Signatures**

/s/ Mark Guerin as attorney-in-fact

01/05/2018

\*\*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) These options vest over three years in 36 equal monthly installments.

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.

Reporting Owners 2