

ZIOPHARM ONCOLOGY INC
 Form 3
 April 02, 2008

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

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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 SCHWARTZ BRIAN (Last) (First) (Middle) NAVY YARD PLAZA,Â 1 FIRST AVENUE PARISH, BUILDING #3 (Street) BOSTON,Â MAÂ 02129 (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year) 03/26/2008 | 3. Issuer Name and 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) V.P. Chief Medical Officer | 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 |
|--|--|---|--|--|---|

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) |
|------------------------------------|--|---|--|
| Common Stock | 25,000 ⁽¹⁾ | D | Â |

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

SEC 1473 (7-02)

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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) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|--|---|---|--|
|---|---|--|---|---|--|

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| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Security | Direct (D) or Indirect (I) (Instr. 5) | |
|------------------------------|------------------|-----------------|--------------|----------------------------|----------|---------------------------------------|---|
| Stock Options ⁽²⁾ | Â ⁽³⁾ | 05/10/2016 | Common Stock | 100,000 | \$ 5.35 | D | Â |
| Stock Options ⁽²⁾ | Â ⁽⁴⁾ | 12/13/2016 | Common Stock | 15,000 | \$ 6.49 | D | Â |
| Stock Options ⁽²⁾ | Â ⁽⁵⁾ | 06/18/2015 | Common Stock | 35,000 | \$ 4.85 | D | Â |
| Stock Options ⁽²⁾ | Â ⁽⁶⁾ | 12/12/2017 | Common Stock | 50,000 | \$ 2.73 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| SCHWARTZ BRIAN NAVY YARD PLAZA 1 FIRST AVENUE PARISH, BUILDING #3 BOSTON, MA 02129 | Â | Â | Â V.P. Chief Medical Officer | Â |

Signatures

/s/ Brian Schwartz 04/02/2008

**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) Restricted stock grant. Restrictions lapse on 12/1/2008.
- (2) Right to buy.
- (3) 33,334 shares are currently vested. 33,333 shares vest on each of 5/10/08 and 5/10/09.
- (4) 5,000 shares are currently vested. 5,000 shares vest on each of 12/13/08 and 12/13/09.
- (5) 11,667 shares vest on each of 6/18/08 and 6/18/09; 11,666 shares vest on 6/18/10.
- (6) 16,667 shares vest on each of 12/12/08 and 12/12/09; 16,666 shares vest on 12/12/10.

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.