

ZIOPHARM ONCOLOGY INC  
 Form 3  
 June 12, 2013

**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 *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Lafond Kevin G		(Month/Day/Year)	ZIOPHARM ONCOLOGY INC [ZIOP]	
(Last)	(First)	(Middle)	06/03/2013	
C/O ZIOPHARM ONCOLOGY, INC., Â 1 FIRST AVE. PARRIS BLDG. #34, NAVY YARD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
BOSTON, Â MA Â 02129			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below) (specify below)	
			Vice Pres., Treasurer, & CAO	
			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	36,046 <sup>(1)</sup>	D	Â

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)	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)	
Employee Stock Option (Right to Buy)	Â (2)	02/06/2019	Common Stock	3,334	\$ 0.8	D	Â
Employee Stock Option (Right to Buy)	Â (2)	12/31/2019	Common Stock	11,667	\$ 2.85	D	Â
Employee Stock Option (Right to Buy)	Â (3)	12/31/2020	Common Stock	25,000	\$ 4.77	D	Â
Employee Stock Option (Right to Buy)	Â (4)	12/31/2022	Common Stock	20,000	\$ 4.16	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Lafond Kevin G C/O ZIOPHARM ONCOLOGY, INC. 1 FIRST AVE. PARRIS BLDG. #34, NAVY YARD BOSTON, MA 02129	Â	Â	Â Vice Pres., Treasurer, & CAO	Â

## Signatures

/s/ Kevin G. 06/12/2012  
Lafond

\_\_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) Includes 9,380 shares of restricted stock, of which 4,690 shares vest on each of 12/30/13 and 12/30/14.
- (2) Fully vested.
- (3) The option is vested with respect to 16,667 shares; the option vests with respect to the remaining 8,333 shares on 12/31/2013.
- (4) The option vests in three equal installments on 12/31/2013, 12/31/2014 and 12/31/2015.

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.