Onconova Therapeutics, Inc.

Form 4 July 29, 2013

# 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

2. Issuer Name and Ticker or Trading

Onconova Therapeutics, Inc.

3. Date of Earliest Transaction

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

Symbol

[ONTX]

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \*

Reddy E Premkumar

(Last) (First) (Middle)

C/O ONCONOVA THERAPEUTICS, INC., 375

PHEASANT RUN

(State)

(Street)

Filed(Month/Day/Year)

(Month/Day/Year)

07/25/2013

4. If Amendment, Date Original

Form filed by More than One Reporting

Applicable Line)

Issuer

X\_ Director

Officer (give title

NEWTOWN, PA 18940

(City)

(Instr. 3)

1.Title of Security

2. Transaction Date 2A. Deemed (Month/Day/Year)

(Zip)

Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

Code V Amount (D) Price

(A)

5. Amount of Securities Beneficially Owned Following Reported

(Instr. 3 and 4)

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

(Instr. 4) Transaction(s)

7. Nature of Indirect (D) or Indirect Beneficial Ownership (Instr. 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

\_X\_ Form filed by One Reporting Person

(Check all applicable)

10% Owner

Other (specify

Estimated average

burden hours per

6. Ownership

Form: Direct

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: Onconova Therapeutics, Inc. - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of 6. Date Exercisable		cisable and	7. Title and Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative		Expiration Date		Underlying Securities I	
Security	or Exercise		any	Code	Securities	(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)				(
	Derivative				or Disposed of				
	Security				(D)				
	•				(Instr. 3, 4,				
					and 5)				
				C + V	(A) (D)	D.	Е	T. 1	
				Code V	(A) (D)		Expiration	Title	Amount
						Exercisable	Date		or
									Number
									of Shares
Stock						(1)		Common	
Option	\$ 15	07/25/2013		A	10,000	(1)	07/25/2023	Stock	10,000
Option								SIOCK	

#### **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Reddy E Premkumar

C/O ONCONOVA THERAPEUTICS, INC.
375 PHEASANT RUN

# **Signatures**

NEWTOWN, PA 18940

/s/ Ajay Bansal, as attorney o7/25/2013 in fact

\*\*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).

This option, representing a right to purchase a total of 10,000 shares of Common Stock, is immediately exercisable and vests over 12 (1) months from July 25, 2013, with 1/12thvesting on August 25, 2013 and 11/12th vesting in 11 equal monthly installments thereafter, subject to continued service to the Issuer through each vesting date.

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.

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