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
notruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* 683 Capital Management, LLC						2. Issuer Name and Ticker or Trading Symbol Onconova Therapeutics, Inc. [ONTX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
	MBUS CIF	· ·	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/27/2018										Office	er (give title v)	Other below		(specify	
SUITE 2205						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEW YO	ORK N	Y 1	10019												X	on orting					
(City)	(S	tate) (Zip)																		
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or	Bene	efici	ally (Owne	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)					Execution Date,		Transaction Disposed O Code (Instr.			es Acquired (A) or Of (D) (Instr. 3, 4 a			and 5) Secur Benef Owne		cially I Following	Fori	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	nount (A) or (D)		Price		Reported Transaction(s) (Instr. 3 and 4)				(111511.4)	
Common Stock, \$0.01 par value ⁽¹⁾ 04/27/20					2018	018			P		11,838,235 A		A	\$0.4	425	14,503,169			I ⁽²⁾	By 683 Capital Partners, LP	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any					4. Transa Code (I 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr	rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		vative irity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code		(A)	(D)	Date Exercisable		Expiration Date	Title	or	ount nber res							

Explanation of Responses:

- 1. This Form 4 is filed jointly by 683 Capital Management, LLC ("683 Management"), 683 Capital Partners, LP ("683 Partners") and Ari Zweiman (collectively, the "Reporting Persons"). Each of the Reporting Persons may be deemed to be a member of a Section 13(d) group that collectively owns more than 10% of the Issuer's outstanding shares of Common Stock. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein except to the extent of his or its pecuniary interest therein.
- 2. Represents securities held directly by 683 Partners. 683 Management is the investment manager of 683 Partners. Ari Zweiman is the Managing Member of 683 Management. As a result, each of 683 Management and Ari Zweiman may be deemed to beneficially own the securities held by 683 Partners.

/s/ Ari Zweiman, Managing Member of 683 Capital GP,

LLC, in its capacity as general 05/01/2018

partner of 683 Capital Partners,

LP

/s/ Ari Zweiman, Managing

Member of 683 Capital 05/01/2018

Management, LLC

05/01/2018 /s/ Ari Zweiman

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.