FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPR	OV
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	32
	Estimated average hu	ırdan

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

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response:	0.5								

1. Name and Address of Reporting Person* Bienen Henry S						2. Issuer Name and Ticker or Trading Symbol Onconova Therapeutics, Inc. [ONTX]										tionship of Reporting F all applicable) Director		ng Pers	Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) C/O ONCONOVA THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 04/26/2017											Officer (give title elow)		Other below)	(specify	
375 PHEASANT RUN (Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
NEWTO	WN PA	A :	18940												A		n filed by Mo		•	
(City)	(S	tate) (Zip)																	
		Tab	le I - Non	-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally C	Owne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,		recution Date, any				ities Acquired (A d Of (D) (Instr. 3,			nd S	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount (A		(A) or (D)	Price	Trans		saction(s) r. 3 and 4)			(111501.4)		
Common Stock 04/26					26/2017				P		3,810)	A	\$2	\$2.1		12,724		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
			Transa Code (ansaction of I ode (Instr. Derivative (6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)				rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O Fe D OI (I)	0. Ownership orm: Virect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Code	, v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	nber									

Explanation of Responses:

/s/ Mark Guerin as attorney-in-

** Signature of Reporting Person

Date

04/28/2017

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.