FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHA	ANGES IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* MARINO JAMES J					2. Issuer Name and Ticker or Trading Symbol Onconova Therapeutics, Inc. [ONTX]								elationship of ck all applica Director	,		on(s) to Issu 10% Ow		
(Last)	(Fir:	st) (HERAPEUTICS	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/26/2016								Officer (below)	(give title		Other (s below)	pecify
375 PHEASANT RUN (Street) NEWTOWN PA 18940				4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(Sta	ate) (Zip)											Person				
		Tak	le I - No	n-Deri	vativ	e Se	ecurities	s Ac	quired,	Dis	posed o	f, or Ben	eficially	Owned				
1. Title of Security (Instr. 3) 2. Trans: Date (Month/I				action 2A. Deemed Execution Date, if any (Month/Day/Yea			Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		Beneficia Owned Fo	s Ily	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	٧	Amount	(A) or (D)	Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)	
Common Stock 08/01/3				/2016	2016 ⁽¹⁾		X		24,405 A S		\$4.1(1)	24,	24,415		D			
												or Benet		Owned		,		
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution Conversion Date Execution Conversion (Month/Day/Year) if any		3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	ve es ally ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		expiration Date	Title	Amount or Number of Shares					
Subscription Rights (right to buy)	\$4.1	07/26/2016 ⁽¹⁾			X			15	07/08/201	6 0	7/26/2016	See Footnote ⁽¹⁾	15	\$0	0		D	
Warrants (right to	\$4.92	08/01/2016 ⁽¹⁾			X		18,303		07/29/201	6 0	7/27/2021	Common Stock ⁽²⁾	18,303	(1)	18,30	13	D	

Explanation of Responses:

1. The common stock and the warrants reported on this Form 4 were acquired pursuant to the exercise of subscription rights previously distributed by Onconova Therapeutics, Inc. (the "Company) to all holders of the Company's common stock. The subscription rights entitled each recipient thereof to purchase 1.5 units ("Units") for each share of stock owned. Each Unit consists of one share of the Company's common stock and 0.75 of a warrant, with each warrant representing the right to purchase one share of the Company's common stock. The purchase price for each Unit was \$4.10. Shareholders could also subscribe for an additional allocation of Units, for which rights were not exercised. This allocation to shareholders was completed on August 1, 2016.

2. Each warrant entitles the holder to purchase one share of the Company's common stock at an exercise price of \$4.92 from the date of issuance through July 27, 2021.

/s/ Ramesh Kumar as attorneyin-fact

08/10/2016

** 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.