

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>683 Capital Management, LLC</u> <hr/> (Last) (First) (Middle) 3 COLUMBUS CIRCLE SUITE 2205 <hr/> (Street) NEW YORK NY 10019 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 02/08/2018	3. Issuer Name and Ticker or Trading Symbol <u>Onconova Therapeutics, Inc. [ ONTX ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  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, par value \$0.01 per share <sup>(1)</sup>	2,464,934	I <sup>(2)</sup>	By 683 Capital Partners, LP

**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 Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
Series A Convertible Preferred Stock Purchase Warrant	02/12/2018	12/31/2019	Series A Convertible Preferred Stock <sup>(3)</sup>	200,000	1.01	I <sup>(1)(2)</sup>

1. Name and Address of Reporting Person* <u>683 Capital Management, LLC</u> <hr/> (Last) (First) (Middle) 3 COLUMBUS CIRCLE SUITE 2205 <hr/> (Street) NEW YORK NY 10019 <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>683 Capital Partners, LP</u> <hr/> (Last) (First) (Middle) C/O 683 CAPITAL GP, LLC 3 COLUMBUS CIRCLE, SUITE 2205 <hr/> (Street) NEW YORK NY 10019 <hr/> (City) (State) (Zip)		
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**Explanation of Responses:**

1. This Form 3 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.
3. Each share of Series A Convertible Preferred Stock of the Issuer is convertible into 10 shares of Common Stock of the Issuer, subject to adjustment.

/s/ Ari Zweiman, Managing  
Member of 683 Capital GP,  
LLC, in its capacity as general 02/12/2018  
partner of 683 Capital  
Partners, LP

/s/ Ari Zweiman, Managing  
Member of 683 Capital 02/12/2018  
Management, LLC

/s/ Ari Zweiman 02/12/2018

\*\* 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 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).

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.**