FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

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

# **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 2. Date of Event 3. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting Person\* Requiring Statement Onconova Therapeutics, Inc. [ ONTX ] 683 Capital Management, LLC (Month/Day/Year) 02/08/2018 4. Relationship of Reporting Person(s) to Issuer 5. If Amendment, Date of Original Filed (Last) (First) (Middle) (Check all applicable) (Month/Day/Year) 3 COLUMBUS CIRCLE Director 10% Owner **SUITE 2205** Other (specify Officer (give title 6. Individual or Joint/Group Filing (Check below) below) Applicable Line) Form filed by One Reporting Person (Street) Form filed by More than One 10019 NEW YORK NY Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security (Instr. 4) 2. Amount of Securities 3. Ownership 4. Nature of Indirect Beneficial Ownership Beneficially Owned (Instr. 4) Form: Direct (D) or Indirect (I) (Instr. 5) **I**(2) 2,464,934 Common Stock, par value \$0.01 per share(1) By 683 Capital Partners, LP **Table II - Derivative Securities Beneficially Owned** (e.g., puts, calls, warrants, options, convertible securities) 2. Date Exercisable and 1. Title of Derivative Security (Instr. 4) 3. Title and Amount of Securities 6. Nature of Indirect **Expiration Date** Underlying Derivative Security (Instr. 4) Conversion Ownership Beneficial Ownership (Month/Day/Year) or Exercise Form: (Instr. 5) Direct (D) Price of Amount Derivative or Indirect Security (I) (Instr. 5) Number Date Expiration Exercisable Date Title **Shares** Series A Convertible Preferred Stock Purchase Series A Convertible By 683 Capital T(1)(2) 02/12/2018 12/31/2019 200,000 1.01 Warrant Preferred Stock(3) Partners, LP

Name and Address of Reporting Person* <u>683 Capital Management, LLC</u>			
(Last)	(First)	(Middle)	
3 COLUMBUS CIRCLE			
SUITE 2205			
(Street)			
NEW YORK	NY	10019	
(City)	(State)	(Zip)	
1. Name and Address 683 Capital Pa	s of Reporting Persor artners, <u>LP</u>	*	
(Last)	(First)	(Middle)	
C/O 683 CAPITA	AL GP, LLC		
3 COLUMBUS O	CIRCLE, SUITE 2	205	
(Street)			_
NEW YORK	NY	10019	
(City)	(State)	(Zip)	

### **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.

LLC, in its capacity as general partner of 683 Capital Partners, <u>LP</u>

<u>/s/ Ari Zweiman, Managing</u> <u>Member of 683 Capital</u> 02/12/2018

Management, LLC

/s/ Ari Zweiman 02/12/2018 Date

\*\* Signature of Reporting Person

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

- $^{\star}$  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.