FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-02							
Estimated average burden							
hours per response:	0.5						

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

					_		( )				1									
1. Name and Address of Reporting Person*  MEHTA VIREN				2. Issuer Name and Ticker or Trading Symbol Onconova Therapeutics, Inc. [ ONTX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
MEH I	A VIKEN	<u> </u>			٦				<u> </u>	,		1		)	Director	r		10% Ov	ner	
-						O Data of Facility of Transaction (Marsh /Day Marsh						$\dashv$		(give title		Other (s	pecify			
(Last)	,	*	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/18/2022									below)			below)			
C/O ONCONOVA THERAPEUTICS, INC					"	, 10, 2														
12 PENNS TRAIL					A If Assess described Pales of Orbital Filed (Massibility 2005)								C In	6 Individual or Isiat/Crown Filing (Chook Assissable						
					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														7	Form fi	ed by One	Repo	rting Persor	ı	
NEWTO	WN PA	A	18940												Form filed by More than One Reporting					
															Person					
(City)	(S	tate)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of	Security (Ins	tr. 3)		2. Transa					3. 4. Securities Acquired (A)				A) or	) or 5. Amount of 4 and Securities				7. Nature of		
Date (Month/D				Day/Y		Execution Date, if any		Code (Instr.				s, 4 and	Beneficia	ollowing (D) o	(D) or	or Indirect Instr. 4)	Indirect Beneficial Ownership (Instr. 4)			
			(Mont		(Month/Da	flonth/Day/Year)		8)					Reported		(I) (Ins					
									Code	v	Amount	nt (A) or Pi		Price	Transaction(s) (Instr. 3 and 4)					
			Table II - I	Derivat	tivο	Sec	uritios	Δςαι	uired D	lien	nsed of	or Bo	anofi	cially	Owned					
											onvertit				Ownea					
1. Title of	2.	3. Transaction	3A. Deemed	4.			5. Numb	oer	6. Date Ex	ercisa	able and	7. Title	e and	Amount	8. Price of	9. Number	r of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D	ate, Tr	ransaction ode (Instr.		tion of I		Expiration Date of Securities (Month/Day/Year) Underlying			•	Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial			
(Instr. 3) Price of (Month/Day/Year)						Securities		Derivative Secu					(Instr. 5)	Beneficially Owned		Direct (D) Owr	Ownership			
Derivative   Security						Acquired (Instr. 3 and 4)						4)		Following	.	(I) (Instr. 4)	(Instr. 4)			
							Disposed of (D) (Instr.							Reported Transaction(s)	on(s)	.				
				3, 4 and 5)									(Instr. 4)	\ \						
														mount						
													1	lumber						
				c	ode	v	(A)		Date Exercisab		Expiration Date	Title		f Shares						
Stock													Ī							
Option (right to	\$1.26	08/18/2022			A		66,468		08/18/2023	3(1)	08/18/2032	Comm		66,468	\$ <del>0</del>	66,468	8	D		

## **Explanation of Responses:**

(right to

purchase)

1. These options vest 100% on the first anniversary of the grant date.

/s/ Mark Guerin, Attorney-in-

\*\* Signature of Reporting Person

**Fact** 

Stock

08/19/2022

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.