Onconova Therapeutics, Inc.

Form 3 July 24, 2013

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *

Â Altland James

(Last) (First) (Middle)

Statement

(Month/Day/Year)

07/24/2013

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

4. Relationship of Reporting 5. If Amendment, Date Original

C/O ONCONOVA

THERAPEUTICS, INC., Â 375

PHEASANT RUN

(Street)

Onconova Therapeutics, Inc. [ONTX]

Person(s) to Issuer

Filed(Month/Day/Year)

(Check all applicable)

Director _X__ Officer

10% Owner Other

(give title below) (specify below) SVP, Finance & Corp. Develop.

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person Form filed by More than One Reporting Person

NEWTOWN. PAÂ 18940

(City) (State) (Zip)

1. Title of Security (Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership

(I) (Instr. 5) 4. Nature of Indirect Beneficial Ownership

(Instr. 5) Form: Direct (D) or Indirect

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

> 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 control number.

SEC 1473 (7-02)

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

5. Ownership Form of Derivative

6. Nature of Indirect Beneficial Ownership

Date Exercisable Expiration Date

Title

Amount or Number of Derivative Security

Price of

(Instr. 5) Security: Direct (D)

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				Shares		or Indirect (I) (Instr. 5)	
Stock Option (right to purchase)	07/31/2011	08/01/2017	Common Stock	60,015	\$ 6	D	Â
Stock Option (right to purchase)	03/17/2010	03/17/2020	Common Stock	3,750	\$ 5.76	D	Â
Stock Option (right to purchase)	(1)	03/17/2020	Common Stock	15,003	\$ 5.76	D	Â
Stock Option (right to purchase)	12/10/2010	12/10/2020	Common Stock	11,252	\$ 6.13	D	Â
Stock Option (right to purchase)	12/05/2011	12/05/2021	Common Stock	2,960	\$ 6.13	D	Â
Stock Option (right to purchase)	12/18/2012	12/19/2022	Common Stock	3,750	\$ 13.28	D	Â
Stock Option (right to purchase)	(2)	12/19/2022	Common Stock	18,754	\$ 13.28	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Altland James C/O ONCONOVA THERAPEUTICS, INC. 375 PHEASANT RUN NEWTOWN, PA 18940	Â	Â	SVP, Finance & Corp. Develop.	Â	

Signatures

/s/ James Altland 07/24/2013

**Signature of Person Date

Reporting Person

Explanation of Responses:

- * 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).
- This option, representing a right to purchase a total of 15,003 shares of Common Stock, is immediately exercisable and vests over 4 years (1) from March 17, 2010, with 25% vesting on March 17, 2011 and 75% vesting in 36 equal monthly installments thereafter, subject to continued service to the Issuer through each vesting date.
- This option, representing a right to purchase a total of 18,754 shares of Common Stock, is immediately exercisable and vests over 4 years (2) from December 18, 2012, 25% vesting on December 18, 2013 and 75% vesting in 36 equal monthly installments thereafter, subject to continued service to the Issuer through each vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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