FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB A	PPROVAL
OMB Number:	3235-028

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(h).

mstruc	cuon 1(b).			File					a) of the Se Investmen				1 1934						
1. Name and Address of Reporting Person* MCINERNEY TIMOTHY				or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol ZIOPHARM ONCOLOGY INC [ZIOP]									(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below)					
(Last) (First) (Middle) ONE COVENTRY LANE				3. Date of Earliest Transaction (Month/Day/Year) 05/13/2009															
(Street) HOPEWELL NJ 08525				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	itate)	(Zip)										Person						
1. Title of Security (Instr. 3)			2. Transa Date	ansaction		2A. Deemed Execution Date,		3. Transa Code (A) or	or 5. Amount		Form (D) o	: Direct r Indirect	7. Nature of Indirect Beneficial Ownership		
					Code			v	Amount		or	Price	Reported Transaction(s) (Instr. 3 and 4)		(,, (,	,	(Instr. 4)		
Common	Stock, \$.00)1 par value													78,205		D		
			Table II - I						uired, D s, option						Owned				
Security or Exercis (Instr. 3) Price of	Conversion or Exercise Price of Derivative		3A. Deemed Execution Da if any (Month/Day/	Date, Ti	ransaction ode (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				С	ode	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Nu of	nount mber ares					
Warrants to Purchase Common Stock	\$4.75								09/13/200	5 0	5/31/2012	Commo Stock, \$.001 p value	120	,767		20,76	7	D	
Director Stock Option (right to buy)	\$4.31								(1)	0	7/20/2015	Commo Stock, \$.001 p value	ar 15	5,029		15,029		D	
Director Stock Option (right to buy)	\$5.01								04/26/200	6 0	4/26/2016	Commo Stock		5,000		15,000		D	
Warrants to Purchase Common Stock	\$5.09								05/03/200	6 0	5/03/2013	Commo Stock, \$.001 p value	ar 80	,737		80,737		D	
Director Stock Option (right to buy)	\$6.49								(2)	1	2/13/2016	Commo Stock		5,000		15,000	0	D	
Warrant	\$5.75								02/23/200	7 0	2/23/2012	Commo		5,739		35,739	9	D	
Stock Option (right to buy)	\$4.85								(3)	0	6/18/2017	Commo Stock		5,000		15,000	0	D	
Stock Option (right to buy)	\$2.73								(4)	1	2/12/2017	Commo Stock		,000		20,000	0	D	
Stock Option (right to	\$0.7	05/13/2009			A		15,000		(5)	0	5/13/2019	Commo Stock		5,000	\$0	15,000	0	D	

Explanation of Responses:

- 1. 7,515 shares vest on 7/20/06 and 7,514 shares vest on 7/20/07.
- 2. 5,000 shares vest on each of 12/13/07, 12/13/08 and 12/13/09.

3. 5,000 shares vest on each of 6/18/08, 6/18/09 and 6/18/10.

- $4.\ 6,\!667\ shares\ vest\ on\ each\ of\ 12/12/08\ and\ 12/12/09;\ 6,\!666\ shares\ vest\ on\ 12/12/10.$
- 5. 5,000 shares vest on each of 12/31/09, 6/30/2010 and 12/31/2010.

/s/ Timothy McInerney

05/14/2009

** 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.