FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Velleca Mark A.						2. Issuer Name and Ticker or Trading Symbol G1 Therapeutics, Inc. [GTHX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
velleca	Mark A.	•			٦		<u></u>	Cutte	<u>, 1110</u>	<u>.</u> [•				X	Directo	or		10% Ov	vner		
(Last)	(F	irst)	(Middle))										X	Officer below)	(give title		Other (s	specify		
C/O G1 THERAPEUTICS, 79 TW ALEXANDER DR. 4501 RESEARCH COMMONS, SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 12/18/2017									President and CEO						
4301 KE	SEARCH (LOMINIONS, SU	IIE I		_																
(Street)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
RESEAR	_		- 											X Form filed by One Reporting Person							
TRIANGLE NC 27709 PARK													Form f Persor	One Repo	rting						
(City)	(S	tate)	(Zip)																		
		Tab	le I - 1	Non-Deri	vative	Sec	uriti	ies A	cquire	ed, D	isposed o	of, or B	enefic	ially	Owned	ł					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Executi		Date,	3. 4. Securities Transaction Code (Instr. 8)				Benefic Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)			
Common Stock 12/18/201				.017	17			M ⁽¹⁾		7,500	A	\$3.7	72	7,	7,500		D				
Common Stock 12			12/18/2	2017				S ⁽¹⁾		7,500	D	\$20.01	41(2)	0.00			D				
		T	able								posed of				wned						
						calls	_				, converti			-							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	er							
Stock Options (Right to	\$3.72	12/18/2017			M ⁽¹⁾			7,500	(3	()	12/21/2025	Commo Stock	n 7,50	0	\$0.00	181,93	3	D			

Explanation of Responses:

- 1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price represents the weighted average price with a low of \$20.00 and a high of \$20.08.
- 3. The shares underlying this option vested as to 25% of the shares on December 21, 2016, with the remainder vesting in 36 equal monthly installments thereafter, subject to the Reporting Person's continued service through each applicable vesting date.

Remarks:

/s/ Brian Shea, attorney-in-fact 12/20/2017

** Signature of Reporting Person

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.