FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasilington,	D.C.	20040

STATEMENT	OF CHANGE	S IN BENEFI	CIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0										
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).

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

					_		. ,				ilipally Act	00.0							
1. Name and Address of Reporting Person* Bailey John E. (Jack) Jr.				2. Issuer Name and Ticker or Trading Symbol G1 Therapeutics, Inc. [GTHX]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Barrey John E. (Jack) Jr.</u>				1						•			X	X Director			10% Ow	ner	
(Last)	(F	irst)	(Middle)											X	Officer (below)	give title		Other (s below)	pecify
C/O G1 THERAPEUTICS					3. Date of Earliest Transaction (Month/Day/Year) 01/01/2021								President and CEO						
700 PARK OFFICES DR, SUITE 200																			
(Street)					4. If Amendment,				Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)				
TRIANC PARK	GLE N	C	27709)		•	One Reporting Person More than One Reporting		
															Person	ca by wor	C triair	One repon	"' ⁹
(City)	(S	tate)	(Zip)																
		Та	ble I - No	n-Deriv	ativ	e Se	curities	s Ac	quired	Dis	posed o	f, or I	3ene	eficially	Owned				
Date		2. Transa Date (Month/D	Day/Year) Exe		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.			ties Acquired (A) or d Of (D) (Instr. 3, 4 a			5. Amoun Securities Beneficia Owned Fo	s Formally (D) o		: Direct I Indirect I str. 4)	7. Nature of ndirect Beneficial Dwnership		
								Code	v	Amount	(A (D) or)	Price	Reported Transacti (Instr. 3 a	ion(s)		[Instr. 4)	
Common	Stock			01/01/	/2021		Α		213,333 ⁽¹⁾ A \$		\$0.00(2	(2) 221,333(3)			D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year	ate, Transaction Code (Instr.			Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) (Instr. 3			urities ying tive Se	ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercisa		Expiration Date	Title	O N	mount r lumber f Shares	unt (Instr. 4 per	(Instr. 4)	on(s)		
Stock Options (Right to Buy)	\$17.99	01/01/2021			A		320,000		(4)		01/01/2031	Comm		20,000	\$0.00 320,000		00	D	

Explanation of Responses:

- 1. Represents a restricted stock unit ("RSU") award that vests one-third (1/3rd) on each of the first, second and third anniversaries of the grant date, subject to the Reporting Person's continued service through each applicable vesting date.
- 2. Each RSU represents a contingent right to receive one share of Issuer common stock.
- 3. Represents 8,000 shares of common stock and 213,333 restricted stock units.
- 4. The shares underlying this option vest as to 34% of the shares on January 1, 2022, with the remainder vesting in eight equal quarterly installments thereafter, subject to the Reporting Person's continued service through each applicable vesting date.

Remarks:

<u>/s/ James Stillman Hanson, attorney-in-fact</u>

01/05/2021

** 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.