FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL						
	OMB Number:	3235-0287						
	Estimated average burden							
l	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 or Section 30(h) of the Investment Company Act of 1940

1. Name ar Malik I		2. Issuer Name and Ticker or Trading Symbol G1 Therapeutics, Inc. [GTHX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) below)								
(Last) (First) (Middle) C/O G1 THERAPEUTICS, 79 TW ALEXANDER DR. 4501 RESEARCH COMMONS, SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 03/15/2018								Ch. Medical Officer & SVP R&D					
(Street) RESEARCH TRIANGLE NC 27709 PARK					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 Person					
(City) (State) (Zip)																			
		Tab	le I - 1	Non-Deri	vative	Sec	uriti	ies Ad	cquire	ed, D	isposed c	of, or B	eneficia	lly O	wned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y						2A. De Execu if any (Mont	ition E	Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			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	1		ted action(s) 3 and 4)			(Instr. 4)
Common	018	В			M ⁽¹⁾		496	A	\$4.17		4,	4,696		D					
Common Stock 03/15/201						8		M ⁽¹⁾		3,280	A	\$0.39	0.39		7,976		D		
Common Stock 03/15/201					018	.8		S ⁽¹⁾		3,776	D	\$38.175	7(2)	4,200			D		
		Т	able						-		posed of, , converti			y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transa Code (8)			vative urities uired or oosed o) tr. 3, 4	6. Date Exer Expiration I (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		Deriv	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	ode V		(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
Stock Options (Right to Buy)	\$4.17	03/15/2018			M ⁽¹⁾			496	(3	3)	05/10/2026	Common Stock	496	\$0	0.00	99,503		D	
Stock Options (Right to	\$0.39	03/15/2018			M ⁽¹⁾			3,280	(4	1)	12/05/2023	Commoi Stock	3,280	\$0	0.00	0.00		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 \$38.01 and a high of \$38.42.
- 3. The shares underlying this option vested as to 25% of the shares on May 10, 2017, with the remainder vesting in 36 equal monthly installments thereafter, subject to the Reporting Person's continued service through each applicable vesting date.
- 4. All shares underlying this option have vested.

Remarks:

/s/ Peter N. Cunningham, attorney-in-fact

03/16/2018

** 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.