FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPROVAL            |     |  |  |  |  |  |  |  |  |
|---|-------------------------|-----|--|--|--|--|--|--|--|--|
|   | OMB Number: 3235        |     |  |  |  |  |  |  |  |  |
|   | Estimated average burde | en  |  |  |  |  |  |  |  |  |
| 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

|  |   |            |  |           | Oi   | Jectio                          | /// 30(II) C   | JI LIIC | investment C  | ompany Act         | 01 1940   |   |   |   |  |  |  |
|--|---|------------|--|-----------|--|---------------------------------|--|---------|---|--------------------|---|---|---|---|--|--|--|
| 1. Name ar   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol G1 Therapeutics, Inc. [GTHX] |            |  |           |  |                                 |  |         | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                    |   |   |   |   |  |  |  |
| RUDNICK SETH   |   |            |  |           |  | GI Increpedites, inc. [ GIIIA ] |  |         |   |                    |   |   | X Directo   | or  | 10% O  | wner   |  |
| (Last) (First) (Middle)  |   |            |  |           | _  |                                 |  |         |   |                    |   |   |   | (give title   | Other (<br>below)  | specify  |  |
| C/O G1 THERAPEUTICS, 79 TW ALEXANDER DR.   |   |            |  |           |  |                                 | f Earliest<br>018  | Tran    | saction (Montl  | n/Day/Year)        |   |   |   |   |  |  |  |
| 4501 RESEARCH COMMONS, SUITE 100   |   |            |  |           |  |                                 |  |         |   |                    |   |   |   |   |  |  |  |
| (Street) RESEARCH  |   |            |  | -   4. li | 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 |   |   |  |  |  |
| TRIANC<br>PARK   |   | C          | 27709  |           |  |                                 |  |         |   |                    |   |   | Form fi<br>Persor                                   |   | than One Repo  | rting  |  |
| (City)   | (S  | tate)      | (Zip)  |           |  |                                 |  |         |   |                    |   |   |   |   |  |  |  |
|  |   | Tab        | le I - Nor   | n-Deriv   | ative  | e Sec                           | curities   | s Ac    | quired, Di  | sposed o           | f, or Be  | neficiall   | y Owned   |   |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transar Date (Month/Date   |   |            |  |           |  | Execution Date                  |  |         | Code (Instr.   5)   |                    |   |   | 5. Amour<br>Securitie<br>Beneficia<br>Owned F       | s Form<br>ally (D) o<br>ollowing (I) (Ir  | 6. Ownership<br>Form: Direct<br>D) or Indirect<br>I) (Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |  |
|  |   |            |  |           |  |                                 |  |         | Code V  | Amount             | (A) oi<br>(D)   | Price   | Reported<br>Transact<br>(Instr. 3 a                 | tion(s)   |  | (Instr. 4)   |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |            |  |           |  |                                 |  |         |   |                    |   |   |   |   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security           |            | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year | Date, T   | 4.<br>Transaction<br>Code (Instr.                        |                                 | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) (Instr.<br>3, 4 and 5) |         | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)          |                    | 7. Title and Amount<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |            |  |           | Code   | v                               | (A)  | (D)     | Date<br>Exercisable   | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares  |   |   |  |  |  |
| Stock<br>Option<br>(right to<br>buy)   | \$38.39   | 06/07/2018 |  |           | A  |                                 | 10,000   |         | (1)   | 06/07/2028         | Common<br>Stock   | 10,000  | \$0.00  | 10,000  | D  |  |  |

## Explanation of Responses:

1. The shares underlying this option will vest in their entirety twelve months after June 7, 2018, subject to the Reporting Person's continued service as a director.

## Remarks:

/s/ Megan Gates, attorney-infact 06/11/2018

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.