FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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* Malik Rajesh						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					
(Last) (First) (Middle) C/O G1 THERAPEUTICS, 79 TW ALEXANDER DR. 4501 RESEARCH COMMONS, SUITE 100						Date of Earliest Transaction (Month/Day/Year)									Officer (give title below) Ch. Medical Office		icer 8	Other (s below) Strain Strain		
						07/16/2018														
(Street) RESEARCH TRIANGLE NC 27709 PARK				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. 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)						tive Securities Acquired, Disposed of, or Beneficially Owne														
		Tab	le I - N	Non-Deriv	/ative	Sec	uriti	ies A	cquire	ed, D	isposed o	of, or B	enefici	ally	Owned	1				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y						Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at			Benef		es ially Following	Form (D) o	n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	ction(s)			(1130.4)	
Common Stock 07/16/201					018	8			M ⁽¹⁾		3,776	A	\$4.1	7	12	12,176		D		
Common Stock 07/16/201					018	8			S ⁽¹⁾		2,514	D	\$41.90	\$41.909 ⁽²⁾		9,662		D		
Common Stock 07/16/201					018	8			S ⁽¹⁾		1,262	D	\$42.700	\$42.7008 ⁽³⁾		8,400		D		
		T	able I								posed of , converti				wned					
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)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (Ir	Price of crivative curity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amoun or Numbe of Shares							
Stock Options (Right to	\$4.17	07/16/2018			M ⁽¹⁾			3,776	(4	4)	05/10/2026	Common Stock	3,776		\$0.00	84,399	,	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 \$41.50 and a high of \$42.27. The Reporting Person undertakes to provide G1 Therapeutics, Inc., any security holder of G1 Therapeutics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnote 2 and 3 to this Form 4.
- 3. The price represents the weighted average price with a low of \$42.57 and a high of \$42.74.
- 4. 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.

Remarks:

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

07/17/2018

** 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.