#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	205/19
vvasiliilyttii,	D.C.	20049

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

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours por rospons	o. 0 F							

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* <u>RUDNICK SETH</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol G1 Therapeutics, Inc. [ GTHX ]									eck all applic	or		10% (	Owner	
(Last) (First) (Middle) C/O G1 THERAPEUTICS, INC. 79 T.W. ALEXANDER DRIVE						Date of 0/04/20		iest Tra	nsactio	on (Mor	nth/Day/Year)		Officer below)	(give title		Other below	(specify			
(Street) RESEARCH TRIANGLE NC 27709 PARK					4.	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)	(S	tate)	(Zip)																	
		Tab	le I -	Non-Der	ivativ	e Sec	curit	ties A	cquii	red, [	Disposed (	of, or l	Bene	eficiall	y Owned					
1. Title of Security (Instr. 3)			2. Transact Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			or and 5)	Beneficial Owned Fo		Form:	Direct Indirect tr. 4)	. Nature of ndirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			09/04/2	018	8			M <sup>(1)</sup>		10,000	A	1	0.39	10,000		D			
Common	Common Stock 09/04/20			018	3			S <sup>(1)</sup>	П	9,500	D	\$59	).9293 <sup>(2)</sup>	500		D				
Common	Stock	Stock 09/04/20			018	3		S <sup>(1)</sup>		500	D	\$	60.31	0.00		D				
Common	ı Stock												58,282		I		See Footnote <sup>(3)</sup>			
		-	Table								sposed of				Owned					
Derivative Conversion Date Exercise (Month/Day/Year) if an		Execu if any			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Inst. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			of Sec Under Deriva	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	1	Amount or Number of Shares						
Stock Options (Right to Buy)	\$0.39	09/04/2018			M <sup>(1)</sup>			10,000		(4) 01/21/20		Comm		10,000	\$0.00	20,607		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 \$59.31 and a high of \$60.23. 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 to this Form 4.
- 3. These shares are held in the Seth A. Rudnick 2014 GST Trust U/A Dated 03/01/2014 (the "Trust") for the benefit of the Reporting Person's heirs. The Reporting Person's spouse is trustee of the Trust. The Reporting Person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.
- 4. All shares underlying this option have vested.

# Remarks:

/s/ Jennifer Moses, attorney-infact 09/06/2018

\*\* 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.