FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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: 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* <u>Velleca Mark A.</u>						2. Issuer Name and Ticker or Trading Symbol G1 Therapeutics, Inc. [GTHX]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
-														X	Officer	(give title		Other (s	pecify	
(Last) (First) (Middle) C/O G1 THERAPEUTICS, 79 TW ALEXANDER DR. 4501 RESEARCH COMMONS, SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 08/15/2018									President and CEO					
(Street) RESEARCH TRIANGLE NC 27709 PARK				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Andividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																				
		Tab	le I - 1	Non-Deriv	vative	Sec	uriti	ies A	cquire	d, D	isposed o	of, or B	enefic	ally	Owned	l				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/You						Execution Da			Code (Instr.					Benefic		ies For ially (D) Following (I) (Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	ction(s)		1	(Instr. 4)	
Common Stock 08/15/201						8			M ⁽¹⁾		5,000	A	\$3.7	\$3.72		14,000		D		
Common Stock 08/15/201					018	8			S ⁽¹⁾		2,699	D	\$55.32	\$55.3287 ⁽²⁾		11,301		D		
Common Stock 08/15/201					018	8		S ⁽¹⁾		2,301	D	\$56.51	\$56.5171 ⁽³⁾		9,000		D			
		Т	able I								posed of				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)	5. Notion of Instr. Der See Acc (A) Dis of (oosed O) tr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (Ir	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares	er						
Stock Options (Right to	\$3.72	08/15/2018			M ⁽¹⁾			5,000	(4		12/21/2025	Commor Stock	5,00	00 \$0.00 134,4		134,43	3	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 \$55.10 and a high of \$55.56. 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 footnotes 2 and 3 to this Form 4.
- 3. The price represents the weighted average price with a low of \$56.41 and a high of \$57.24.
- 4. The shares underlying this option vested as to 25% of the shares on December 21, 2016, 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/ Verna Krishnamurthy, attorney-in-fact

08/17/2018

** 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.