FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person* Strum Jay						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 Officer (give title Other (specify				ner
(Last)	(F	iret)	(Middle)											X below)			below)	
(Last) (First) (Middle) C/O G1 THERAPEUTICS, 79 TW ALEXANDER DR.					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2018								C	hief Scient	tific (Officer		
4501 RESEARCH COMMONS, SUITE 100																		
(Street)				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
RESEAR														X Form f	iled by One	Repor	rting Person	ا ا
TRIANG PARK	LE N	C	27709											Form f Persor	iled by More	than	One Report	ting
(City)	(S	tate)	(Zip)															
		Tab	ole I - Non	ı-Deriv	ative	e Se	curities	s Ac	quired	, Dis	posed o	f, or Be	neficia	ly Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ear) i	A. Deeme Execution f any Month/Da	Date,	Code	Transaction Disposed Code (Instr. 5)		ties Acquired (A) o d Of (D) (Instr. 3, 4 a		Beneficia Owned F	es Formally (D) (I) (I	Form: (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) o (D)	r Price	Reported Transact (Instr. 3	tion(s)			Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Security or Exercise (Month/Day/Year) if any			Date, 1	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ve es ed ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)			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. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Stock Options (Right to	\$20.49	01/02/2018			A		25,000		(1)		01/02/2028	Common Stock	25,000	\$0.00	25,000		D	

Explanation of Responses:

1. The shares underlying this option vest as to 25% of the shares on January 02, 2019, 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/ Brian Shea, attorney-in-fact 01/04/2018

** 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.