Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	.C. 20549
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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

	Name and Address of Reporting Person* <u>UDNICK SETH</u>						2. Issuer Name and Ticker or Trading Symbol G1 Therapeutics, Inc. [GTHX]								 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner 					
(Last) (First) (Middle) C/O G1 THERAPEUTICS, INC. 79 T.W. ALEXANDER DRIVE						Date of ./05/20		iest Tra	nsactio	n (Mon	th/Day/Year)				Officer below)	(give title		Other below	(specify)	
	ESEARCH RIANGLE NC 27709				4.	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 Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
		Tab	ole I -	Non-Der	ivativ	e Sec	urit	ies A	cquir	ed, D	isposed o	of, or I	Bene	ficially	/ Owned					
			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				Beneficia Owned Fo		Form:	Direct Indirect	7. Nature of Indirect Beneficial Owners (1)		
									Code	v	Amount	(A) or (D)	Price		Reported Transacti (Instr. 3 a				(Instr. 4)	
Common Stock 11/05/2				018	8			M ⁽¹⁾		10,000	A	\$(0.39	10,000		D				
Common	Stock			11/05/2	018				S ⁽¹⁾		10,000	D	\$41.	5347(2)	0.0	00				
Common	Common Stock													58,282		I		See Footnote ⁽³⁾		
		-	Table								sposed of , converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution Date, if any		4. Transa Code (8)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	or Nu of	ımber						
Stock Options (Right to	\$0.39	11/05/2018			M ⁽¹⁾			10,000		(4) 01/21/2024		Comm		0,000	\$0.00 607		7	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 \$41.38 and a high of \$41.99. 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/ James Stillman Hanson, attorney-in-fact

11/07/2018

** Signature of Reporting Person

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.