FORM 4

obligations may continue. See

Instruction 1(b)

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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
-blineting many continue Con	

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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* SHAFFER CHRISTY L															ionship of Reporting all applicable) Director		10% (Owner	
(Last) (First) (Middle) C/O G1 THERAPEUTICS, INC. 79 T.W. ALEXANDER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 11/30/2017										Offic below	er (give title w)	Other below	(specify)		
(Street) RESEAR TRIANG PARK		3 2	27709		4. If Amendment, Date of Original Filed (Month/Day/Ye						ay/Ye	ar)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																
		Tab	le I - Noi	n-Deriva	ative S	Secu	ıritie	s Acc	uired,	Dis	posed o	f, o	r Ben	efici	ially (Owne	ed		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Pric	e		action(s) 3 and 4)		(Instr. 4)
Common	Stock			11/30/	2017				J		99,513	3	D	\$0.	$00^{(1)}$ 0 I Ven				By L2 Ventures, LLC ⁽²⁾
Common Stock			11/30/2017					J		995		A	\$0.	00 ⁽³⁾		995	I	By Hatteras Venture Advisors V, LLC ⁽⁴⁾	
		Та									sed of, onvertib					vned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transacti Code (Ins B)	str.	on of		6. Date Exercis Expiration Date (Month/Day/Ye		е	7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	or Nu Date Expiration of		or Nur of	ount nber															

Explanation of Responses:

- 1. In-kind distribution from L2 Ventures, LLC to its members, without consideration.
- 2. The Reporting Person is one of the general partners of Hatteras Venture Advisors V, LLC, which is the general partner of L2 Ventures, LLC ("L2 Ventures"). L2 Ventures is the record holder of the securities, and the Reporting Person may be deemed to share voting and dispositive power over the securities held by L2 Ventures. The Reporting Person disclaims beneficial ownership of these securities, except to the extent of her pecuniary interest therein.
- 3. In-kind distribution from L2 Ventures, LLC to its members, including Hatteras Venture Advisors V, LLC, without consideration.
- 4. The Reporting Person is one of the general partners of Hatteras Venture Advisors V, LLC, which is the record holder of the securities, and the Reporting Person may be deemed to share voting and dispositive power over the securities held by Hatteras Venture Advisors V, LLC. The Reporting Person disclaims beneficial ownership of these securities, except to the extent of her pecuniary interest therein.

Remarks:

/s/ Megan Gates, attorney-in-

12/04/2017

** 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.