| SEC F | Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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| поша рег тезропас. | 0.5 |

| 1. Name and Address of Reporting Person [*] Ruddy Stephen B. | | | 2. Issuer Name and Ticker or Trading Symbol Deciphera Pharmaceuticals, Inc. [DCPH] | | tionship of Reporting Per all applicable) Director | son(s) to Issuer 10% Owner | |
|--|---------|----------|--|----------|--|-------------------------------|--|
| | | | 3. Date of Earliest Transaction (Month/Day/Year) | X | Officer (give title below) | Other (specify below) | |
| (Last) | (First) | (Middle) | | | Chief Technical | Officer | |
| C/O DECIPHERA PHARMACEUTICALS, INC. | | | 05/29/2018 | | Chief rechnical Officer | | |
| 500 TOTTEN POND ROAD | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv | idual or Joint/Group Filing | g (Check Applicable | |
| (Ctra at) | | | | Line) | | | |
| (Street) | | | | X | Form filed by One Rep | orting Person | |
| WALTHAM | MA | 02451 | | l | , , , | ů. | |
| , | | | | | Form filed by More that Person | n One Reporting | |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | | • | , | | , | | | | | |
|---------------------------------|--|---|------------------------------|---|---|---------------|-------|---|---|---|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| L | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|--------|-----|--|--------------------|---|--|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 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 Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$26.5 | 05/29/2018 | | A | | 90,000 | | (1) | 05/28/2028 | Common Stock | 90,000 | \$0.00 | 90,000 | D | |

Explanation of Responses:

1. This stock option was issued pursuant to the Issuer's 2017 Stock Option and Incentive Plan. 25% of the shares shall vest on May 29, 2019 and the remaining shares shall vest in 36 equal monthly installments thereafter, subject to continued service through such dates.

Remarks:

<u>/s/ Jeffrey M. Held, Attorney-</u> <u>in-Fact</u>

<u>09/20/2018</u>

** 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.