FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL				
	OMB Number:	3235-0287				
l	Estimated average burd	en				
l	hours per response:	0.5				

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

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 <sup>*</sup> aylor Michael Douglas							2. Issuer Name and Ticker or Trading Symbol  Deciphera Pharmaceuticals, Inc. [ DCPH ]									g Pers	Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) C/O DECIPHERA PHARMACEUTICALS, INC. 500 TOTTEN POND ROAD						/03/20	)19				nth/Day/Year)				below)			Other (i	
(Street) WALTHAM MA 02451  (City) (State) (Zip)					-   4. I -	4. If Amendment, Date of Original Filed (Month/Day/Year)									vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(S		(Zip)	Von Doris	,otiv.	. 500		ioo A	oguiro	4 D	Nichood 6	of or E	Popofic	sially.	Owner	<b>.</b>			
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yell)			on	n 2A. Deeme			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amo Securit Benefic Owned		unt of ies ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Common Stock 09/03/201					019	19			М		7,500	A	\$1.	.89	7,	7,500		D	
Common	Stock			09/03/20	019				S <sup>(1)</sup>		7,500	D	\$36.2	633 <sup>(2)</sup>		0	D		
		Ţ	able								sposed 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	eemed tion Date, n/Day/Year)		Transaction Code (Instr.		vative urities uired or oosed O) tr. 3, 4 5)	6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forn Dire or In (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	V (A)		(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber	1				
Stock Option (Right to	\$1.89	09/03/2019			M			7,500	(3)		12/17/2025	Commo Stock		00	\$0.00	509,635	5	D	

## Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$35.90 to \$36.57, inclusive. The reporting person undertakes to provide to Deciphera Pharmaceuticals, Inc., any security holder of Deciphera Pharmaceuticals, 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 ranges set forth in this footnote.
- 3. This stock option award was issued pursuant to Deciphera Pharmaceuticals, LLC's 2015 Equity Incentive Plan. The option vests in 16 equal quarterly installments at the end of each quarter following the vesting commencement date of March 1, 2014, subject to continued service through such dates.

## Remarks:

/s/ Thomas P. Kelly, Attorney-

09/05/2019

in-Fact

\*\* 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.