FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasimigton,	D.O.	20070

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB AP	PROVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per respons	se: 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

					-										1						
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Deciphera Pharmaceuticals, Inc. [DCPH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Hoerter Steven L.						Designera i narmaceuticais, me. [Dern]									:	X Directo	or		10% O	vner	
(Last)	(Fi	rst)	(Middle)		3. [Date of Earliest Transaction (Month/Day/Year)										X Officer below)	(give title		Other (: below)	specify	
C/O DECIPHERA PHARMACEUTICALS, INC.							01/21/2021									President and CEO					
200 SMITH STREET																					
,			4. 1	f Ame	endmer	nt, Date	of Ori	iginal Fi	led	(Month/D	ay/Year)		6. Ir	6. Individual or Joint/Group Filing (Check Applicable							
(Street)			If Amendment, Date of Original Filed (Month/Day/Year)										Line)								
WALTH.	AM M	A	02451												-	X Form filed by One Reporting Person					
(City)	(9)	tate)	(Zip)													Form filed by More than One Reporting Person					
(City)	(5)	late)	(ZIP)																		
		Tab	le I - Nor	า-Deriv	ative	e Se	curit	ies Ad	quir	red, D	isp	osed c	of, or Be	nef	iciall	ly Owned	t				
1. Title of	Security (Inst	tr. 3)		2. Trans	action		2A. De		3.			4. Securi	ities Acqui	ed (A) or	r 5. Amount of				7. Nature	
Date (Month/Da						ar)	Execution Date, if any		´ c	Code (Instr. 5)		d Of (D) (Instr. 3, 4			Benefici	ally (D)	(D) o	m: Direct or Indirect	of Indirect Beneficial		
							(Month/Day/Year)		ar) 8	3)				- Reporte	d i		nstr. 4)	Ownership (Instr. 4)			
						c	Code	′	Amount	(A) o (D)	r P	rice	Transac (Instr. 3								
Common Stock 01/21/2					1/202	/2021 M 1,078 A		\$25.4	43	43,845		D									
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
	(e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of 2. 3. Transaction 3A. Deemed 4				4.	4. 5. Nui			6. Date Exercisable and 7. Title and			d	8. Price of				10.	11. Nature				
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/Day	,	Transa Code (8)					Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		urity	Derivative Security (Instr. 5)	derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	es ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
				ŀ			1				Т				ount						
														or Nur	nber						
					Code	v	(A)	(D)	Date Exer	e rcisable		epiration ate	Title	of Sha	ıres						
Stock							\top				T										
Option (Right to Buv)	\$25.4	01/21/2021			M			1,078		(1)	03	3/17/2029	Common Stock	1,0	078	\$0.00	395,73	35	D		

Explanation of Responses:

1. This stock option was issued pursuant to the Issuer's 2017 Stock Option and Incentive Plan. 25% of the options vested on March 18, 2020, and the remaining options shall vest in equal monthly installments over the following three years, subject to continued service through such dates.

Remarks:

/s/ Jeffrey Held, Attorney-in-

01/25/2021

** 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.