FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
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

1. Name ar  Kelly T  (Last)  C/O DEC	3. [	Suer Name and Ticker or Trading Symbol     Deciphera Pharmaceuticals, Inc. [ DCPH ]  3. Date of Earliest Transaction (Month/Day/Year) 10/28/2019									all appli Directo Officer below)	or 10% Owner (give title Other (specif			wner				
(Street) WALTHAM MA 02451  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								3. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye						2A. Deemed Execution Date,			3. Transaction Code (Instr.		4. Securities Disposed Of	I (A) or	5. Amo Securit Benefic Owned		unt of es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
Common Stock 10/28/201						1.9			Code M	v	Amount 3,750	(A) or (D)	Price	39	Reported Transaction(s) (Instr. 3 and 4)		D		(Instr. 4)
Common		s <sup>(1)</sup> 3,750 D \$40.0026 <sup>(2)</sup> 0  Se Securities Acquired, Disposed of, or Beneficially Owned s, calls, warrants, options, convertible securities)								0		D							
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)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (In	Price of erivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owr Forr Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (Right to	\$1.89	10/28/2019			M			3,750	(3)		12/17/2025	Commo Stock	n 3,75	0	\$0.00	123,008	3	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 \$40.00 to \$40.02, 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 installments over a 4-year period following the vesting commencement date of February 23, 2015, subject to continued service through such dates.

## Remarks:

/s/ Thomas P. Kelly

10/30/2019

\*\* 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.