FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>Bristol James Arthur</u>						2. Issuer Name and Ticker or Trading Symbol Deciphera Pharmaceuticals, Inc. [DCPH]									ationship of Reportin atl applicable) Director		10% Owr		
	CIPHERA I	PHARMACEUT	(Middle)	, INC.		3. Date of Earliest Transaction (Month/Day/Year) 02/05/2019									Officer (give title below)		Other (specified below)		specify
500 TOTTEN POND ROAD					4. It	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WALTH	A. M. M.	τ.Α	02451											X F	orm f	iled by One	Repo	orting Perso	n
WALIH.	AIVI IVI	[A	J2451 		_										Form filed by More than One Reporting Person				rting
(City)	(S	tate)	(Zip)																
		Tab	le I - N	on-Deriv	/ative	Sec	uriti	ies Ac	quire	d, Di	sposed o	f, or Be	eneficia	lly Ov	vnec	i			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date /Year) if any		xecution Date, any				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a		and 5) Secu Bene Owne		ed Following		n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tr	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 02/05/			02/05/2	2019)19			М		2,595	A	\$1.8	39 :		2,595		D		
Common Stock 02/05/2			2019	019			S ⁽¹⁾		2,595	D	\$28.01	.017(2)		0		D			
		Т	able II								posed of converti			y Owr	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Execution if any (Month/I		4. Transa Code (8)		5. Number		6. Date Exerci Expiration Da (Month/Day/Y		ite	7. Title ar Amount of Securities Underlyin Derivativ (Instr. 3 a	of s ng e Security	Deriva Secur	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y [10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to	\$1.89	02/05/2019			M			2,595	(3)		12/17/2025	Common Stock	2,595	\$0.	00	135,813	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 \$28.00 to \$28.08, 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 was 100% exercisable on the date of grant, December 18, 2015.

Remarks:

/s/ Thomas P. Kelly, Attorneyin-Fact

02/07/2019

** Signature of Reporting Person

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.