| EC For | m 4 FORM | 4 | UNITED | STA | TES | S SE | ECU | | | | | NGE | CON | IMI | SSION | | | | | |
|---|--|--|--------------|-------|--------------------------------------|--|---|--------|-------------------------------------|--|--------------------|---|--------------------------------|---------------------------|--|--|--|--|---|--|
| Check this box if no longer subject to STATEME Section 16. Form 4 or Form 5 obligations may continue. See | | | | | | Washington, D.C. 20549 NT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | | | | | OMB APPROVAL OMB Number: 3235-0 Estimated average burden | | | |
| — obligati | tion 1(b). | iue. See | | File | | | | | a) of the Se Investmen | | | | 1934 | | | hours | per res | ponse: | 0.5 | |
| 1. Name and Address of Reporting Person [*] <u>Walsh Dennis Leo</u> (Last) (First) (Middle) | | | | | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | | | | | | | | | | | Officer (give title Other (speci below) below) | | | | | |
| C/O DECIPHERA PHARMACEUTICALS, INC. 200 SMITH STREET | | | | | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | | |
| (Street) WALTHAM MA 02451 | | | | | R | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | | |
| | | | ole I - Nor | | | | | | · · · | Dis | | • | | | | | | | | |
| Da | | | | Date | Transaction ite onth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | Dispose | ecurities Acquired (A osed Of (D) (Instr. 3, | | 4 and Securiti Benefic | | es Fo ially (D Following (I) | | nership : Direct · Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | | rice | Transaction(s) (Instr. 3 and 4) | | | | | |
| Common | Stock | | Table II - I | | 1/202 | | | | U ⁽¹⁾ | | 11,00 | | | (2) | |) | | D | | |
| | | | | | | | | | s, optior | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. 3. Transaction Date Security 3. Conversion of Exercise (Month/Day/Year) 3. Transaction Date Security (Month/Day/Year) 3. Date Security (Month/E | | | Date, | | Transaction Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Am of Securities Underlying Derivative Secc (Instr. 3 and 4) | | | Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ow Fo Ily Dir or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficia Ownershi (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisat | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |
| Stock Option Right to Buy) | \$17 | 06/11/2024 | | | D ⁽¹⁾ | | | 52,000 | (3) | | (3) | Commo Stock | ⁿ 52, | 000 | (3) | 0 | | D | | |
| Stock Option Right to Buy) | \$21.05 | 06/11/2024 | | | D ⁽¹⁾ | | | 12,000 | (3) | | (3) | Commo Stock | ¹ 12, | 000 | (3) | 0 | | D | | |
| Stock Option Right to Buy) | \$ 8.27 | 06/11/2024 | | | D ⁽¹⁾ | | | 9,570 | (3) | | (3) | Commo Stock | ¹ 9,5 | 70 | (3) | 0 | | D | | |
| tock Option Right to Buy) | \$13.98 | 06/11/2024 | | | D ⁽¹⁾ | | | 18,500 | (3) | | (3) | Commo Stock | ¹ 18,: | 500 | (3) | 0 | | D | | |
| Stock Option Right to Buy) | \$21.27 | 06/11/2024 | | | D ⁽¹⁾ | | | 3,269 | (3) | | (3) | Commo Stock | ⁿ 3,2 | :69 | (3) | 0 | | D | | |
| tock Option Right to Buy) | \$14.91 | 06/11/2024 | | | D ⁽¹⁾ | | | 30,000 | (3) | | (3) | Commo Stock | ¹ 30,0 | 000 | (3) | 0 | | D | | |
| tock Option | \$14.46 | 06/11/2024 | | | D ⁽¹⁾ | | | 4,727 | (3) | | (3) | Commo Stock | ¹ 4,7 | 27 | (3) | 0 | | D | | |

Explanation of Responses:

1. This Form 4 reports securities disposed pursuant to the Agreement and Plan of Merger (the "Merger Agreement"), dated as of April 29, 2024, by and among the Issuer, Ono Pharmaceutical Co., Ltd. ("Parent"), and Topaz Merger Sub, Inc., a wholly owned subsidiary of Parent ("Merger Sub"). Pursuant to the Merger Agreement, Merger Sub completed a cash tender offer to acquire all of the issued and outstanding shares of common stock of the Issuer, par value \$0.01 per share (the "Common Stock") for a price per share of \$25.60, without interest and subject to tax withholding (the "Merger Consideration"). Effective as of June 11, 2024 (the "Effective Time"), Merger Sub merged with and into the Issuer, with the Issuer continuing as the surviving corporation in the Merger and as a wholly owned subsidiary of Parent.

2. Pursuant to the terms of the Merger Agreement, at the Effective Time, each share of Common Stock held by the Reporting Person was tendered in exchange for the Merger Consideration, without interest and subject to tax withholding.

3. Pursuant to the terms of the Merger Agreement, immediately prior to the Effective Time, each outstanding stock option of the Issuer having an exercise price per share that is less than the Merger Consideration became fully vested, and was cancelled and automatically converted into the right to receive an amount in cash equal to (A) the number of shares underlying such option multiplied by (B) the Merger Consideration.

06/11/2024

** 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.