FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-0								
Estimated average burden								
hours per response: 0.								

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*     Kelly Thomas Patrick					<u>De</u>	2. Issuer Name and Ticker or Trading Symbol  Deciphera Pharmaceuticals, Inc. [ DCPH ]								5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director 10% Owner					
(Last)	`	rst) (PHARMACEUTI	Middle CAL	,		3. Date of Earliest Transaction (Month/Day/Year) 05/01/2019									Officer (give title below)  Chief Financi			Other (specify below)	
500 TOTTEN POND ROAD					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WALTHAM MA 02451															Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) (	Zip)												1 0100				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year					ear) if	2A. Deemed Execution I if any (Month/Day			3. Transaction Code (Instr. 8)		4. Securities Disposed O		and 5) Secur Benef Owner		rities Ficially (I		m: Direct or irect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Repor Transa			tr. 4)	(Instr. 4)
Common Stock 05/01/2019					9				M		13,500	A	\$1.8	89		3,500		D	
Common Stock 05/01/2019				9	)			S <sup>(1)</sup>		13,500	D	\$22.92	2.9277(2)		0		D		
		Ta	able	II - Deriva (e.g., p							sposed of, , converti				vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)			nsaction le (Instr.		lumber ivative curities quired or posed D) str. 3, 4	Expiration De (Month/Day/		Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		of Deri Sec	Price rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$1.89	05/01/2019			M			13,500	) (3	)	12/17/2025	Common Stock	13,500	\$	0.00	153,008		D	

## Explanation of Responses:

- $1. \ The \ sale \ was \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ Reporting \ Person.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$22.34 to \$23.33. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff at the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.
- 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 2/23/2015, subject to continued service through such dates.

## Remarks:

/s/ Thomas P. Kelly

05/03/2019

\*\* 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.