FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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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

1. Name and Address of Reporting Person* <u>Taylor Michael Douglas</u>						2. Issuer Name and Ticker or Trading Symbol Deciphera Pharmaceuticals, Inc. [DCPH]									tionship of Reporting F all applicable) Director		g Pers	10% Ov	vner
(Last) (First) (Middle) C/O DECIPHERA PHARMACEUTICALS, INC. 500 TOTTEN POND ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/05/2019									Officer (give title below) President and CEO				респу
(Street) WALTH			02451 (Zip)		- 4. l	f Amen	dmer	ent, Date of Original Filed (Month/Day/Year)						Indiv ne) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				n
		Tab	le I - I	Non-Deriv	vative	Sec	uriti	ies A	cquired	l, D	isposed c	of, or B	eneficia	ally	Owned	<u> </u>			
		2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8))		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code V	,	Amount	(A) or (D)	Price			ransaction(s) nstr. 3 and 4)			(Instr. 4)	
Common Stock 02/05/20				019	19		M		1,700	A	\$1.8	1.89		1,700		D			
Common	Common Stock 02/05/20			019	19			S ⁽¹⁾		1,700	D	\$28.006)065 ⁽²⁾		0		D		
		7	able								sposed of, , converti				wned	,			•
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)		Transaction Code (Instr.		vative urities uired or oosed O) tr. 3, 4	6. Date Exert Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		De Se (In	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y [1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	isable	Expiration Date	Title	Amoun or Numbe of Shares	r					
Stock Option (Right to	\$1.89	02/05/2019			M			1,700	(3)		12/17/2025	Common Stock	1,700		\$0.00	551,932	2	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 \$28.03, 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 quarterly installments at the end of each quarter following the vesting commencement date of March 1, 2014, subject to continued service through such dates.

Remarks:

/s/ Thomas P. Kelly, Attorney-

02/07/2019

in-Fact

** 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.