FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)															
Name and Address of Reporting Person * Herskowitz Neil			2. Issuer Name and Ticker or Trading Symbol Checkpoint Therapeutics, Inc. [CKPT]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner				
2 GANSEVOORT ST, 9TH		3. Date of Earliest Transaction (Month/Day/Year) 01/13/2017							-	Office	r (give title belo	ow)	Other (specify b	elow)	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
NEW YORK, NY 10014 (City) (State)		Table I - Non-Derivative Securities Acqu							Acanin	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/	(ear)	2A. Deemed Execution Date,		3. Transac Code (Instr. 8)		4. Securities Acquire (A) or Disposed of			quired of			ties Following	6. Ownership Form:	7. Nature of Indirect Beneficial Ownership
						Code	V	Amount	(A) or (D)	Price			· /		(Instr. 4)
COMMON STOCK (RESTRICTED)	01/13/2017					A	5	0,000	A	\$ 0	50,000 (1)			D	
Reminder: Report on a separate line	e for each class of so	curitie	es beneficial	lly ow	ned o	Pe	ersons	who re				ction of inf	ormation		1474 (9-02)
Reminder: Report on a separate line		- Der	rivative Sec	curitie	es Ac	Pe co the	ersons ontaine e form Dispos	who reed in the displa	is forr ys a c r Bene	n are urren ficiall	not requ tly valid	uired to res		ss	1474 (9-02)
1. Title of 2. 3. Transac Derivative Conversion Date	tion 3A. Deem Execution any/Year)	[- Der (e.g. ed Date, ;		curities s, wan	es Ac rrant	quired, ss, optio fative ities red sed 3,	ersons ontaine e form Dispos ons, con Date E	who reed in the displa	is form ys a c r Bene e securi	ficially ficially ficially ficially 7. Tit Amou Unde Secur	not requ tly valid y Owned le and ant of rlying	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Herskowitz Neil 2 GANSEVOORT ST, 9TH FLOOR NEW YORK, NY 10014	X					

Signatures

/s/ James F. Oliviero, Attorney-in-Fact	01/19/2017
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) The shares of restricted stock vest as follows: One-third on January 13, 2020, one-third on January 13, 2021 and one-third on January 13, 2022.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.