FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 Ty | pe Response | s) | | | | | | | | | | | | | | |
|---|---|---|--|--|-------|-----------------|--|------------------------|---------------------------------------|--|---|--|--------------------------------------|---|---|------------------------------------|
| 1. Name and Address of Reporting Person* ROSENWALD LINDSAY A MD | | | | 2. Issuer Name and Ticker or Trading Symbol Checkpoint Therapeutics, Inc. [CKPT] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 2 GANSEVOORT STREET, 9TH FLOOR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/10/2017 | | | | | | | Office | er (give title belo | ow) | Other (specify b | elow) | |
| (Street) NEW YORK, NY 10014 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | | f Co (In | Transac de str. 8) | (A) or Disposed of | | of (D) | Beneficia Reported | ally Owned Following d Transaction(s) | | Ownership Form: | Beneficial | |
| | | | | (Month/Day | | | Code | V | Amount | (A) or (D) | Price | | or : (I) | | or Indirect | Ownership (Instr. 4) |
| COMMON STOCK 07/10/201 | | 07/10/2017 | | A | | A | | 10,000 | A | \$ 0 | 10,000 (1) | | | D | | |
| | | | | Derivative Se | | | t | he fo | orm disp posed of, | lays a or Ben | curre eficial | ently valid | OMB con | spond unle trol numbe | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/\square) | 3A. Deemed Execution Dat | Code | etion | 5. Num of | vative rities ired or osed of the control of the co | 6. Da and E (Mon | te Exercis Expiration th/Day/Yo | able Date | 7. T Am Und Sect (Ins 4) | Amount or Number of | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form of Derivatir Security Direct (I or Indire | Beneficia Ownersh (Instr. 4) |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| ROSENWALD LINDSAY A MD 2 GANSEVOORT STREET, 9TH FLOOR NEW YORK, NY 10014 | X | | | | | |

Signatures

| /s/ James F. Oliviero, Attorney-in-Fact | 07/12/2017 |
|---|------------|
| **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 10,000 shares of restricted Common Stock will vest on July 10, 2020, subject to Dr. Rosenwald's continued service on the board on such date.

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.