

INITIAL STATEMENT OF 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)

1. Name and Address of Reporting Person* Oliviero James F III (Last) (First) (Middle) C/O CHECKPOINT THERAPEUTICS, INC., 2 GANSEVOORT STREET, 9TH FLOOR (Street) NEW YORK, NY 10014 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 09/09/2016	3. Issuer Name and Ticker or Trading Symbol Checkpoint Therapeutics, Inc. [NONE]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) CEO and President	5. If Amendment, Date Original Filed(Month/Day/Year)
		6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock (Restricted)	1,000,000 (1)	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Oliviero James F III C/O CHECKPOINT THERAPEUTICS, INC. 2 GANSEVOORT STREET, 9TH FLOOR NEW YORK, NY 10014			CEO and President	

Signatures

/s/ James F. Oliviero	10/04/2016
<small>**Signature of Reporting Person</small>	<small>Date</small>

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

The shares of restricted stock vest as follows: One-third will vest over time in installments with one-half on October 13, 2017, one-fourth on October 13, 2018 and one-fourth on October 13, 2019. One-third of the shares will vest in three equal parts based on the Company's achievement of fully-diluted Market Capitalization of

- (1) \$250,000,000, \$500,000,000, and \$750,000,000 respectively. The final third will vest in two equal installments as follows: (i) one installment will vest upon the earlier of (A) the Company's first Corporate Development Transaction or (B) the first FDA approval of a Company product or medical device, and (ii) the second installment will vest upon the earlier of (A) the Company's second Corporate Development Transaction or (B) a second FDA approval of a Company product or medical device.

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

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