## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

pe Response	s)														
1. Name and Address of Reporting Person *- WEISS MICHAEL S			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					
			3. Date of Earliest Transaction (Month/Day/Year) 06/05/2020							Office	r (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 PersonForm filed by More than One Reporting Person						
)	(State)	(Zip)		Table I - Non-Derivative Securities Acqu					Acqui	nired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	any		Code (Instr. 8)		(A) or Disposed of		of (D)	(D) Beneficially Own		Following	Ownership Form:	Beneficial Ownership	
					C	ode	V	Amoun	(A) or (D) Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
ON STOCE	ζ	06/05/2020				A		24,390 (1)	A	\$ 0	62,280	(2)		I	See Note 3
Report on a s	separate line fo	Table II - D	Derivative Se	curiti	es Ac	P c ti	Personta he fo	ons who lined in orm disp	respon this for plays a	m are curre eficial	not requesting ntly valid	uired to res OMB cont	spond unle	ss	1474 (9-02)
2. Conversion or Exercise Price of Derivative Security	Date	3A. Deemed Execution Dat Year) any	4. e, if Transac Code (ear) (Instr. 8	etion	5. Numl of Deriv Secur Acqu (A) or Dispo of (D) (Instr	per (a ative ities irred cossed ) (a 3, 15)	6. Data and E (Mon	te Exerci xpiration th/Day/Y	sable n Date Zear)	7. T Amo Und Secu (Inst 4)	Amount or Number of		Derivative Securities Beneficially Owned Following Reported	Owners Form of Derivati Security Direct ( or Indirect)	Ownershi (Instr. 4)
	DRK, NY  ON STOCK  Report on a s  Conversion or Exercise Price of Derivative	DN STOCK  Report on a separate line for Exercise Price of Derivative  AICHAEL S  (First)  (First)  (Street)  (Street)  (Street)  (State)  (State)  (State)  3. Transaction Date (Month/Day/*)	d Address of Reporting Person*  MICHAEL S  (First) (Middle)  EVOORT STREET, 9TH FLOOR  (Street)  ORK, NY 10014  (State) (Zip)  ecurity 2. Transaction Date (Month/Day/Year)  ON STOCK 06/05/2020  Report on a separate line for each class of security  Table II - I  (Conversion or Exercise Price of Derivative (Month/Day/Year)	Address of Reporting Person*  AICHAEL S  O (First) (Middle) EVOORT STREET, 9TH FLOOR  ORK, NY 10014  ORK, NY 10014  ON STOCK  Conversion Conversion Conversion Conversion Or Exercise Price of Derivative Price of Derivative  ORK (Middle)  (Middle)  (Middle)  (A If Amendre Of Date (Month/Day/Year)  (A If Amendre Date (Month/Day/Year)  (A If Amendre Date (Middle)  (A If Amendre Date (A If Amendre Date (A If Amendre Date)  (A If Amendre	d Address of Reporting Person*  MICHAEL S  (First) (First) (First) (Middle) (EVOORT STREET, 9TH FLOOR  (Street)  (Street)  (Street)  (Street)  2. Transaction Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  ON STOCK  (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  Table II - Derivative Securities beneficially over the company of	d Address of Reporting Person*  MICHAEL S  2. Issuer Name and Ti Checkpoint Therapus (Middle) EVOORT STREET, 9TH FLOOR  (Street)  3. Date of Earliest Trans (06/05/2020)  4. If Amendment, Date of Earliest Trans (06/05/2020)  4. If Amendment, Date of Earliest Trans (06/05/2020)  Table I  ecurity  2. Transaction Date (Month/Day/Year)  ON STOCK  06/05/2020  Table I  Execution Date, if Condition (Instr. 4)  And Date (Large of Earliest Trans (06/05/2020)  Table I  Execution Date, if Condition (Instr. 4)  Execution Date, if Condition (Instr. 8)  Table II - Derivative Securities Act (e.g., puts, calls, warrant (Code of Condition) (Month/Day/Year)  And Date (Large of Earliest Trans (06/05/2020)  Table I  Execution Date, if Condition (Instr. 8)  Table II - Derivative Securities Act (e.g., puts, calls, warrant (Code of Condition) (Instr. 8)  Execution Date, if Condition (Instr. 8)  Execution Date, if Condition (Instr. 8)  Transaction Of Exercise (Month/Day/Year)  ON STOCK  And Date (Instr. 8)  Transaction Of (Instr. 4)  ON STOCK  Table II - Derivative Securities Act (e.g., puts, calls, warrant (Code of Condition) (Instr. 8)  Transaction Of Code (Instr. 8)  Execution Date, if Code of Condition (Instr. 8)  Transaction Of Code of Condition (Instr. 8)  Execution Date, if Code of Condition (Instr. 8)  Transaction Of Code of Condition (Instr. 8)  Execution Date, if Code of Code of Condition (Instr. 8)  Execution Date, if Code of	d Address of Reporting Person* MICHAEL S  (First) (Middle) (Street)  (Street)  (Street)  (Street)  (State)  (Zip)  (Zip)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  2. Table II - Derivative Securities Acquired (A) or Derivative Security  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Instr. 8)	d Address of Reporting Person **  MICHAEL S  Definition (First) (Middle) (Street)  ORK, NY 10014  DRK, NY 10014	2. Issuer Name and Ticker or Trading Sym Checkpoint Therapeutics, Inc. [CKF of Checkpoint Therapeutics, In	d Address of Reporting Person*  MICHAEL S  (First) (First) (EVOORT STREET, 9TH FLOOR (Street)  (A) (Street)  (A) (Street)  (A) (Street)  (A) (Table 1 - Non-Derivative Securities  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (A) (A) (A) (A) (A) (A) (Code (Instr. 8)  (Instr. 8)  (A) (A) (A) (A) (A) (A) (A) (A) (A) (	d Address of Reporting Person*  AICHAEL S  O (First) (Middle) EVOORT STREET, 9TH FLOOR  ORK, NY 10014  ORK, NY 10014  ORK, NY 10014  ORK, NY 10014  ORK (Month/Day/Year)  ORK (M	Address of Reporting Person	Code   Code	2. Issuer Name and Ticker or Trading Symbol Checkpoint Therapeutics, Inc. [CKPT]   5. Relationship of Reporting Person (Check all applic Checkpoint Therapeutics, Inc. [CKPT]   5. Determine (Check all applic Checkpoint Therapeutics, Inc. [CKPT]   5. Determine (Check all applic Checkpoint Therapeutics, Inc. [CKPT]   5. Determine (Check all applic Checkpoint Therapeutics, Inc. 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Determine (Checkpoint Therapeutics, Inc	Address of Reporting Persons   Checkpoint Therapeutics, Inc. [CKPT]   Selectionship of Reporting Persons (so Io Issue (Check all applicable)   Checkpoint Therapeutics, Inc. [CKPT]   Selection   Checkpoint The

### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
WEISS MICHAEL S 2 GANSEVOORT STREET, 9TH FLOOR NEW YORK, NY 10014	X				

#### **Signatures**

/s/ James F. Oliviero, Attorney-in-Fact	06/09/2020	
***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 24,390 shares of restricted Common Stock will vest on June 5, 2023, subject to Mr. Weiss's continued service on the board on such date.
- (2) Includes restricted shares of Common Stock which vest over various time periods, subject to Mr. Weiss's continued service on the board.
- (3) The shares are held by Caribe BioAdvisors, LLC, of which Mr. Weiss is the sole member.

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.