FORM 4	4
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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).

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

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SEC 1474 (9-02)

### 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

1. Name and Addres WEISS MICHA	2. Issuer Name <b>and</b> Ticker or Trading Symbol Checkpoint Therapeutics, Inc. [CKPT]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
2 GANSEVOOR	<sup>(First)</sup> RT STREET, 9		3. Date of Earliest Transaction (Month/Day/Year) 06/13/2019						Officer (give title below)	Other (specify b	pelow)
NEW YORK, N	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)	(City) (State) (Zip) <b>Table I - Non-Derivative Securities Acquir</b>						ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if		tion			of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. 7. Nature Ownership Form: 8eneficial	
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
COMMON STO	CK	06/13/2019		А		11,442 ( <u>1</u> )	A	\$0	37,890 (2)		See Note 3 (3)

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

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Num	ber	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secu	rities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o	r						Reported	or Indirect	
						Dispo	osed						Transaction(s)	(I)	
						of (D	)						(Instr. 4)	(Instr. 4)	
						(Instr	. 3,								
						4, and	d 5)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

### **Reporting Owners**

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

## Signatures

/s/ James F. Oliviero, Attorney-in-Fact	06/14/2019
**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 11,442 shares of restricted Common Stock will vest on June 13, 2022, 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.