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

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

July 23, 2018
Date of report (Date of earliest event reported)

Leap Therapeutics, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**001-37990**	**27-4412575**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

47 Thorndike Street, Suite B1-1 **Cambridge, MA**	**02141**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code **(617) 714-0360**

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425).

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12).

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b)).

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company x

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. o

Item 8.01. Other Events.

On July 23, 2018, Leap Therapeutics, Inc. (the "Company") updated the corporate slide presentation available on its website at http://www.leaptx.com (as updated from time to time, the "Corporate Presentation"). A copy of the Corporate Presentation is attached to this Current Report on Form 8-K as Exhibit 99.1. The Corporate Presentation is current as of July 23, 2018, and the Company disclaims any obligation to update the Corporate Presentation after such date.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

Exhibit Number	**Description**
99.1	Corporate Presentation of Leap Therapeutics, Inc. current as of July 23, 2018.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Leap Therapeutics, Inc.

Dated: July 23, 2018

By: /s/ Douglas E. Onsi
Name: Douglas E. Onsi
Title: Chief Financial Officer, General Counsel, Treasurer and Secretary

Forward-Looking Statements

This presentation contains forward-looking statements that involve substantial risks and uncertainties. All statements, other than statements of historical facts, contained in this presentation, including statements regarding our strategy, future operations, future financial position, future revenues, projected costs, prospects, plans and objectives of management, are forward-looking statements. The words "anticipate," "believe," "estimate," "expect," "intend," "may," "plan," "predict," "project," "target," "potential," "will," "would," "could," "should," "continue," and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based only on our current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, projections, anticipated events and trends, the economy and other future conditions. Because forward-looking statements relate to the future, they are subject to inherent uncertainties, risks and changes in circumstances that are difficult to predict and many of which are outside of our control. We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. We assume no obligation to update any forward-looking statements, except as required by applicable law.

All product trademarks listed are the properties of their owners.

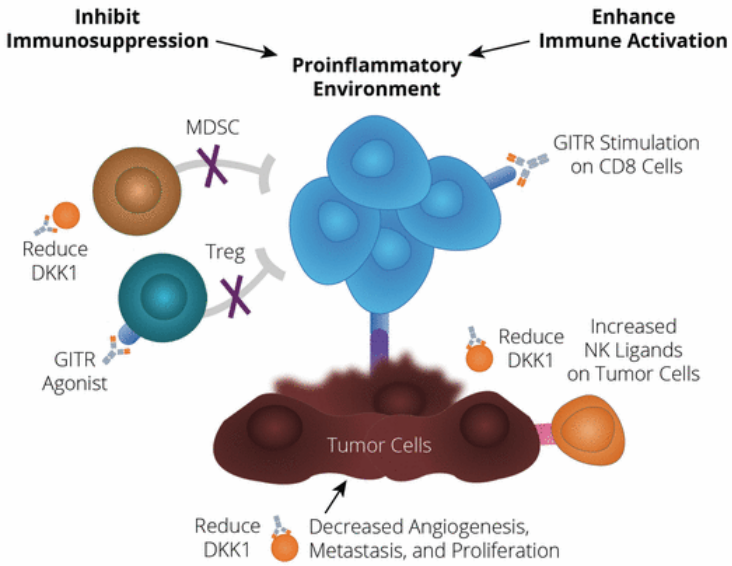
Leap Therapeutics

- **Oncology drug development company**
- **Novel targets and compounds**
  - DKN-01 (anti-DKK1)
  - TRX518 (GITR agonist)
- **Clinical responses in multiple indications**
- **Strategic relationships established**
  - DKN-01 Collaborations with Merck and Roche
  - TRX518 Collaboration with Pfizer/EMD Serono
  - Strategic Investment from Eli Lilly
- **Important new clinical data throughout 2018 and 2019**
  - Combination data with PD-1/PD-L1 immunotherapies
  - Biomarker-defined populations
  - 7 studies across 5+ different tumor types

Recent Highlights

- **Collaboration with Pfizer/EMD Serono for combination study of TRX518 with BAVENCIO® and cyclophosphamide**
  - Study design based on preclinical data presented by MSKCC at AACR 2018
  - Bavencio's fully Fc functional antibody pairs with TRX518's structure
  - Expansion cohorts focused on breast, ovarian and prostate cancers
- **Clinical responses for DKN-01 in combination with KEYTRUDA® (collaboration with Merck) in Esophagogastric Cancer study**
  - 2 patients with Partial Responses (82% and 42% tumor reductions) in dose escalation cohort; both PD-L1 negative, microsatellite stable (MSS), KRAS mutant
  - Actively enrolling expansion cohorts; targeting full enrollment in Q1 2019
- **Enrollment continuing in DKN-01 study in Gynecological cancers and TRX518 combination studies with KEYTRUDA®, OPDIVO® and gemcitabine**

DKK1 and GITR are Compelling Oncology Targets



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Advancing DKN-01 Clinical Development

Monotherapy Dose Escalation Study

Solid Tumors
Monotherapy Dose Expansion in NSCLC

Proof of Concept Combination Studies

Biliary Tract Cancer
DKN-01 + gemcitabine/cisplatin

Esophagogastric Cancer
DKN-01± paclitaxel

Multiple Myeloma
DKN-01 + Rev/Dex

Immunotherapy and Biomarker Studies

Esophagogastric Cancer
DKN-01 + KEYTRUDA

MERCK

Gynecologic Malignancies w/ Wnt Pathway Alterations
DKN-01± paclitaxel

Hepatocellular Carcinoma w/ Active Wnt Signaling
DKN-01± sorafenib

Esophagogastric and Biliary Tract Cancers
DKN-01 + TECENTRIQ ± paclitaxel

Roche

EORTC

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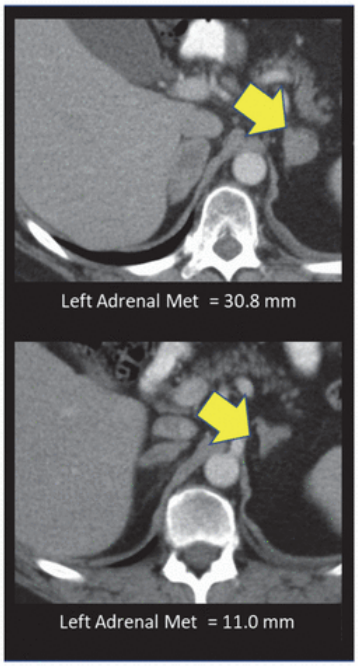
Active as a Single-Agent in Heavily Pretreated Esophagogastric Cancer

Best Overall Response of Evaluable Patients (By Central Imaging Analysis)

Partial Response	2/16 (12.5%)
Stable Disease	5/16 (31.3%)
Progressive Disease	9/16 (56.3%)

REGARD	Ramucirumab + BSC	Placebo + BSC
Population	2nd-3rd line GEJ + Gastric	
ORR	3.4%	2.6%
SD	45%	21%
PFS	2.1 months	1.3 months

On Study 1 Year, Response -33.9%
Failed prior anti-PD-L1 + IDOi



Representative Target Lesion

Baseline

4 Month Scan

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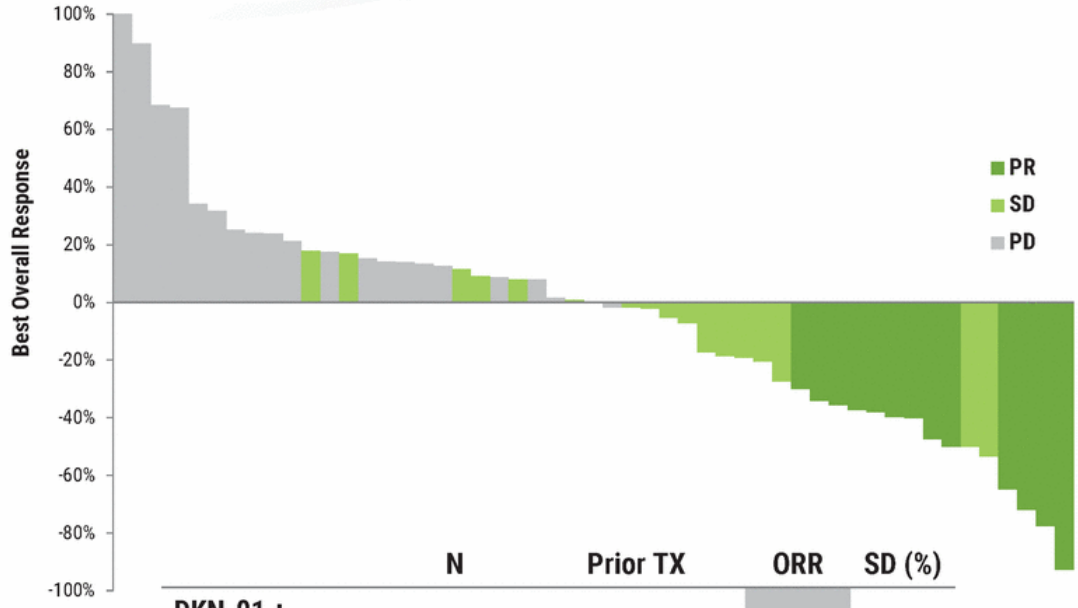
Data as of March 2018

Combination with Paclitaxel in Esophagogastric Cancer All Patients



	N	Prior TX	ORR	SD (%)
DKN-01 + Paclitaxel	51	1-7	26%	34%

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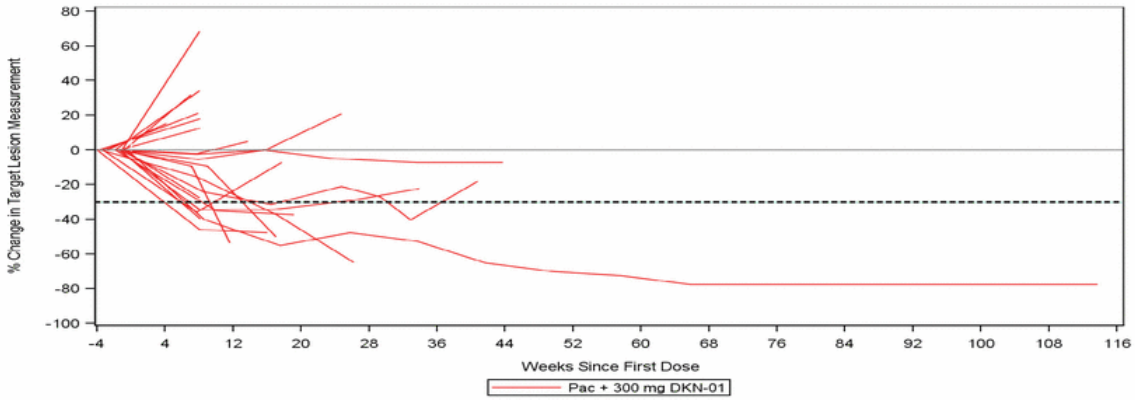
Data as of March 2018

Clinical Activity of DKN-01 + Paclitaxel in Taxane Naive Patients

Tumor Burden Change Over Time
(Each Line Represents an Individual Patient)



Efficacy Benchmarks	Response Rate	DCR
DKN-01 + Paclitaxel (Taxane Naive)	41%	73%
Ramucirumab + Paclitaxel Rainbow Study	28%	80%
Paclitaxel Mono Rainbow Study	16%	64%

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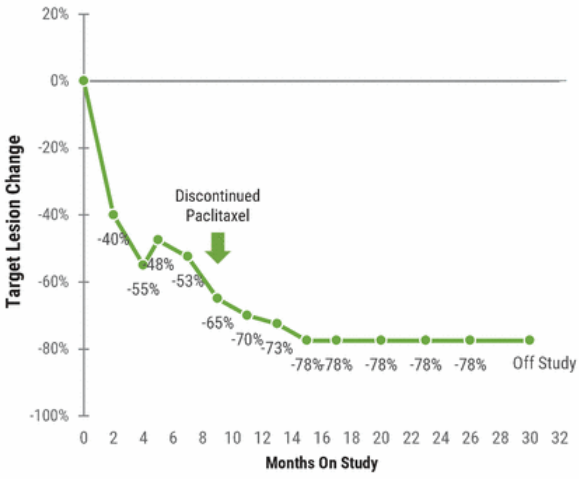
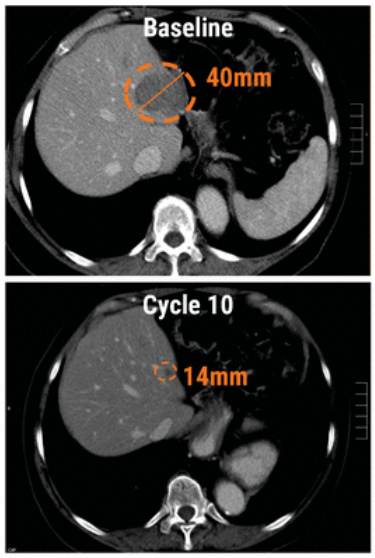
Data as of August 2017

Durable DKN-01 Response in Patient with Beta-Catenin Mutation with Esophagogastric Cancer





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Immunologic Activity of DKK1 Inhibition

- Inhibition of DKK1 targets innate immunity
  - Reduces Myeloid Derived Suppressor Cells (MDSC)
  - Enhances NK cell activity
  - Increases expression of PD-L1
  - Induces transcription of T cell chemoattractants

DKN-01 mechanism complementary with checkpoint inhibitors

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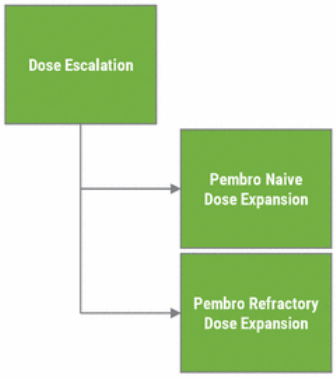
DKN-01 + Checkpoint Inhibitor Combination Studies

DKN-01 in combination

KEYTRUDA® (pembrolizumab)

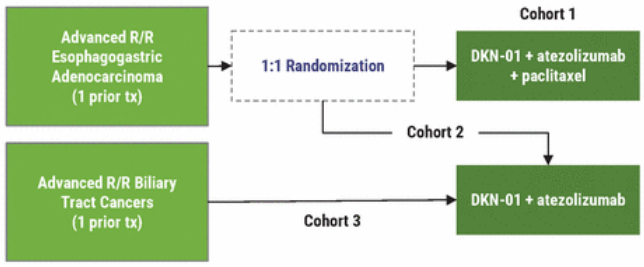


Study in collaboration with

MERCK

DKN-01 ± paclitaxel in combination

TECENTRIQ® atezolizumab



Study in collaboration with

Roche EORTC

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Clinical Activity in Dose Escalation with Keytruda

- Two partial responses in patients with immune resistant phenotype
- Dose expansion cohorts actively enrolling

DKN-01 Dose	Prior a-PD-1 or a-PD-L1	Medical History	MSI	TMB	PD-L1	Best Overall Response	Status
300	Naive	53 M w/GEJ, s/p FOLFOX/trastuzumab, FOLFIRI	MSS	N/D	neg	**Partial Response (-82%)**	Cycle 10
	Naive	59 M w/GEJ s/p FOLFOX	MSS	I	neg	**Partial Response (-42%)**	Cycle 10
	Naive	74 M w/GC s/p ECF and ramucirumab/paclitaxel	MSS	L	neg	**Stable Disease (non-measurable at baseline)**	Off Study - Cycle 5
	Naive	61 M w/GEJ s/p FOLFOX, ramucirumab/paclitaxel and irinotecan	MSS	N/D	N/D	**Stable Disease (+3%)**	Off Study - Cycle 3
	Naive	63 M w/ EC s/p FOLFOX and XELOX	MSS	L	pos	**Not Evaluable**	Off Study - Cycle 1
	Refractory	62 M w/GEJ s/p anti-PD1 (PD), and ramucirumab/paclitaxel	N/D	N/D	N/D	**Stable Disease (+10%)**	Off Study – Cycle 4
150	Naïve	67 M w/EC, s/p FOLFOX, ramucirumab + paclitaxel, irinotecan	N/D	N/D	N/D	**Progressive Disease (+26%)**	Off Study - Cycle 1
	Refractory	69 F w/GC, s/p FOLFOX, anti-PDL1 for 2 years with PD	MSS	I	neg	**Stable Disease (-10%)**	Cycle 10

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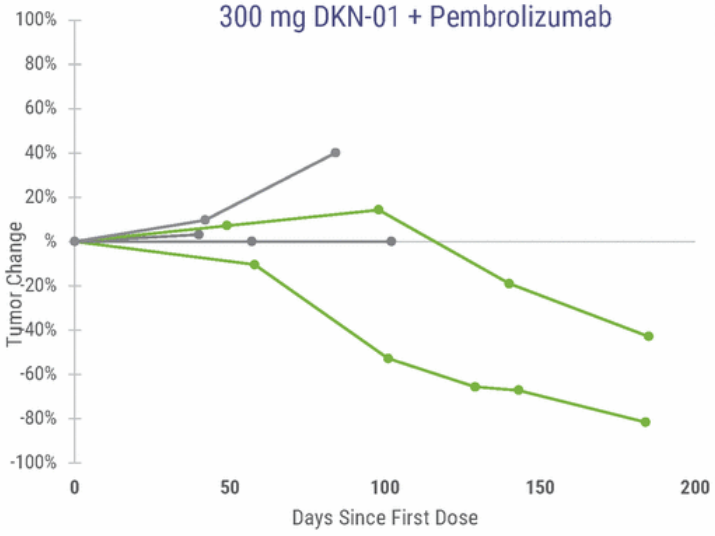
Data as of June 2018

MSI = Microsatellite Instability, MSS = Microsatellite Stable, TMB = Tumor Mutational Burden, I = Intermediate, L = Low, N/D = Not Done/Not Available

Durability and Depth of Response

Target Lesion Change Over Time
Dose Escalation Patients
300 mg DKN-01 + Pembrolizumab



Benchmark Studies

	KN-061		KN-059	KN-180
	Pembro	Pac	Pembro	Pembro
ORR	11.1%	12.5%	11.6%	10%
SD			17%	21%
PFS	1.5 m	4.1 m	2.0 m	2.0 m
PD-L1+ ORR	15.8%	13.6%	15.5%	14%
PD-L1- ORR			6.4%	6%
PD-L1+ SD			17.6%	22%
PD-L1- SD			14.7%	12%

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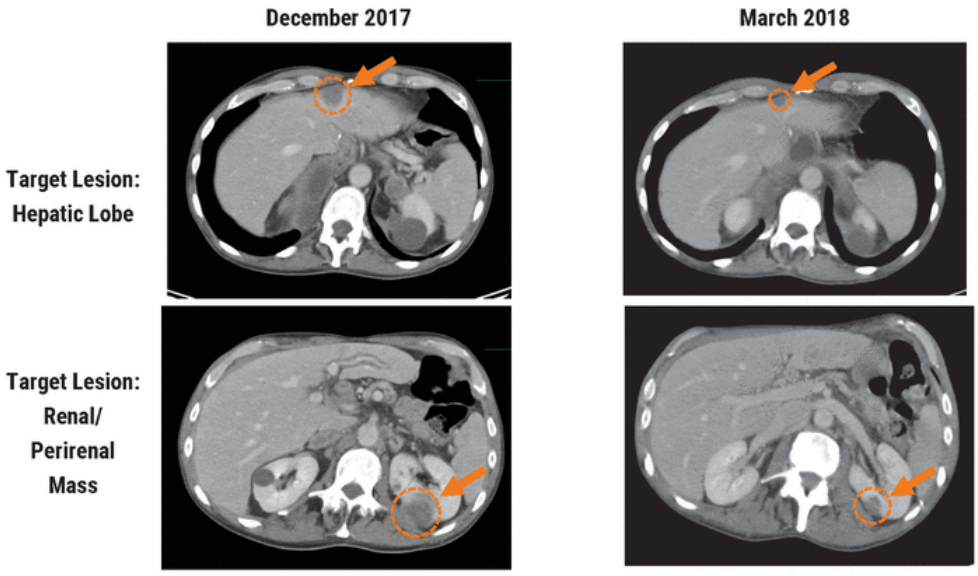
Partial Responses in Patients with Immune Resistant Phenotype

- Ongoing confirmed partial response (-82%), patient in Cycle 10



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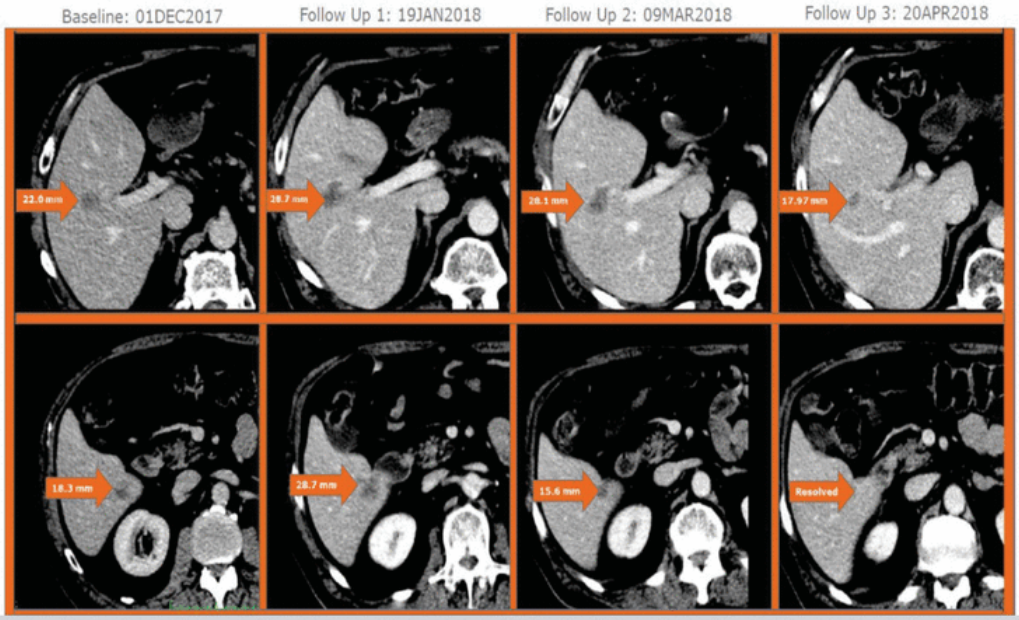
Partial Responses in Patients with Immune Resistant Phenotype

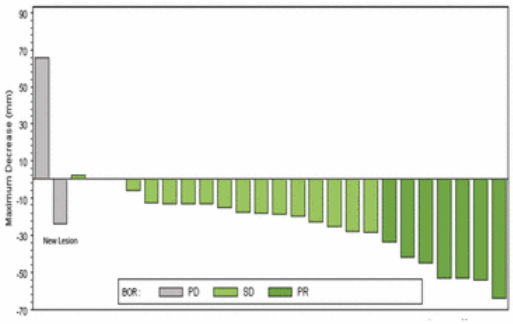
- Ongoing partial response (-42%) with declining CA 19-9; patient in Cycle 10

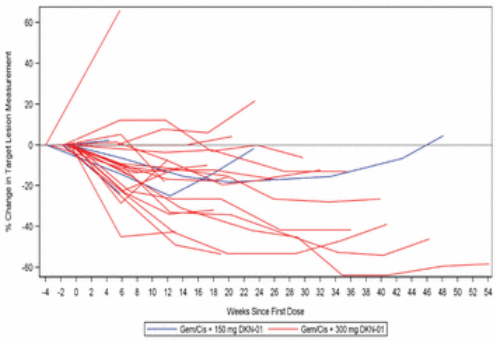


	1/17/2018 1002	1/29/2018 0729	2/14/2018 0735	2/20/2018 0731	3/5/2018 0813	3/12/2018 0934	3/26/2018 0750	4/2/2018 0810	4/23/2018 0738	5/1/2018 0905	5/7/2018 0809	5/14/2018 0743
TUMOR/MALIGNANCY M...												
CA 19-9	844.0 *	1071.4 *	959.3 *	970.0 *	721.5 *	678.3 *	615.3 *	605.0 *	617.8 *	631.5 *	549.9 *	548.2 *

DKN-01 in Advanced Biliary Tract Cancer

ORR 31.8%, DCR 95.5%
PFS 9.4 months





DKN-01 + gemcitabine/cisplatin in treatment-naïve advanced BTC

Historical gemcitabine/cisplatin studies:
- Overall response rates: 19.5 to 25.5%
- Disease control rate: 68.3 to 81.4%
- PFS: 5.8 to 8 months

Data presented at ASCO 2017

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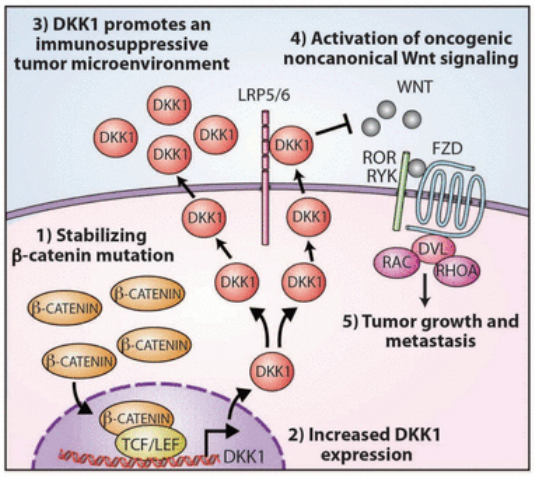
Selecting Patients for DKN-01 Treatment

- Beta-catenin turns on production of DKK1
- DKK1 is overexpressed in cancers with beta catenin activating mutations
- Patients with mutations in beta-catenin and/or elevated levels of DKK1 have poor prognosis
- Patients with beta catenin mutations potentially more responsive to DKK1 targeted therapy



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Key Wnt Biomarker Populations

	Esophagogastric Cancer 	Hepatobiliary Cancer 	Uterine and Ovarian Cancer 
US Incidence	Esophagus: 17,000 Stomach: 28,000	Liver: 40,000 Biliary: 6,000	Endometrial: 61,000 Ovarian: 22,000
β-catenin Mutational Frequency	Gastric 6-9% of patients	Hepatocellular Carcinoma 27-36% of patients	Endometrioid 29-30% of patients
Leap Clinical Plans	Arm in esophagogastric study	Investigator Sponsored Study at University of Mainz	Ongoing study

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Study in Gynecologic Cancers with Wnt Biomarkers

DKN-01 as a monotherapy and in combination with paclitaxel

Study enriched for activating β-catenin mutations and/or Wnt signaling alterations (50% of patients)

Groups		Planned n
Epithelial Endometrial	Monotherapy	21
	DKN-01 + Paclitaxel	31
Epithelial Ovarian	Monotherapy	21
	DKN-01 + Paclitaxel	21

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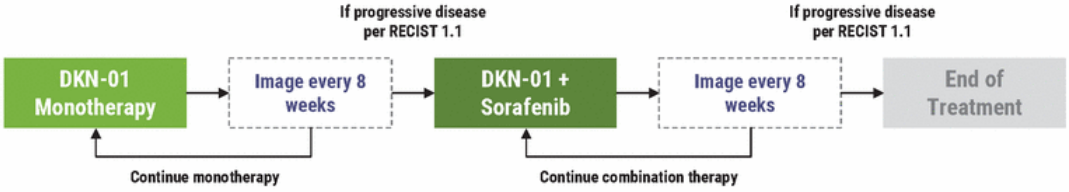
Hepatocellular Carcinoma Study Design

- Study of patients with treatment-naive advanced hepatocellular carcinoma with DKN-01 monotherapy and in combination with sorafenib



- Investigator sponsored study at 5+ sites, based at the University Medical Center of the Johannes Gutenberg-University Mainz in Germany
- Two-part study evaluating two DKN-01 dose levels (dose escalation and dose expansion phases)
- Target sample size of 70 patients
  - Enriched for patients with Wnt pathway activation

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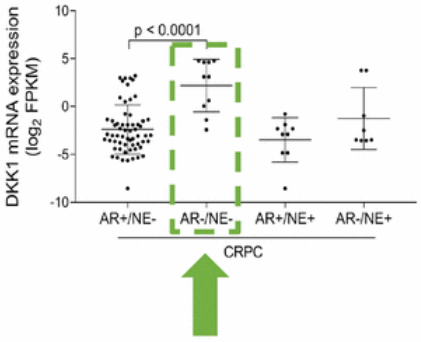
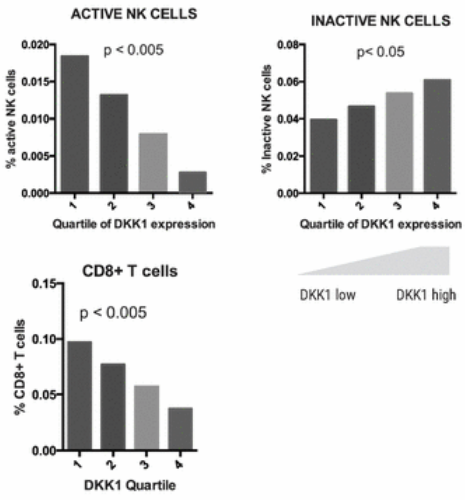
DKK1 in Prostate Cancer

- Strong rationale for combination with AR therapies in non-neuroendocrine subtypes due to increased expression of DKK1 and reduction of inflammatory immune infiltrate

DKK1 Expression is Regulated by AR in CRPC Tumor Biopsies



CIBERSORT Analysis Shows DKK1 Expression Associated with Reduced Inflammatory Infiltrate



Presented at ASCO 2017 by Wise (MSKCC/NYU)

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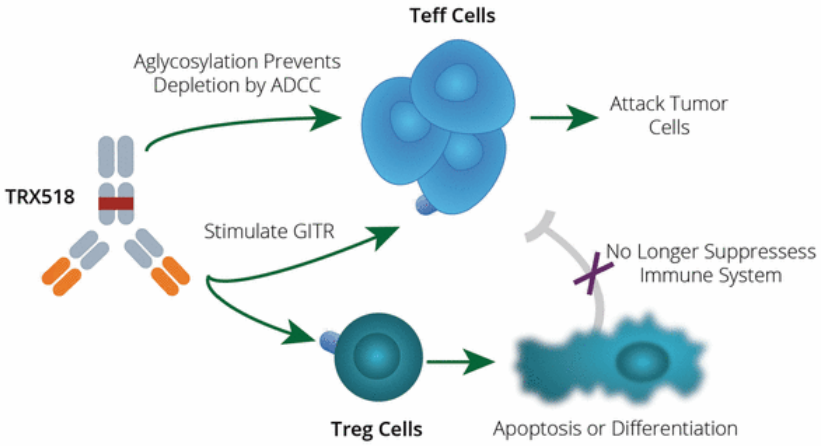
TRX518: Engineered to Maximize GITR Activation of Immune Response to Tumors

- TRX518 is a differentiated, humanized non-depleting IgG1 GITR agonist mAb
- GITR agonist without FcR binding signals to and does not deplete GITR expressing T cells



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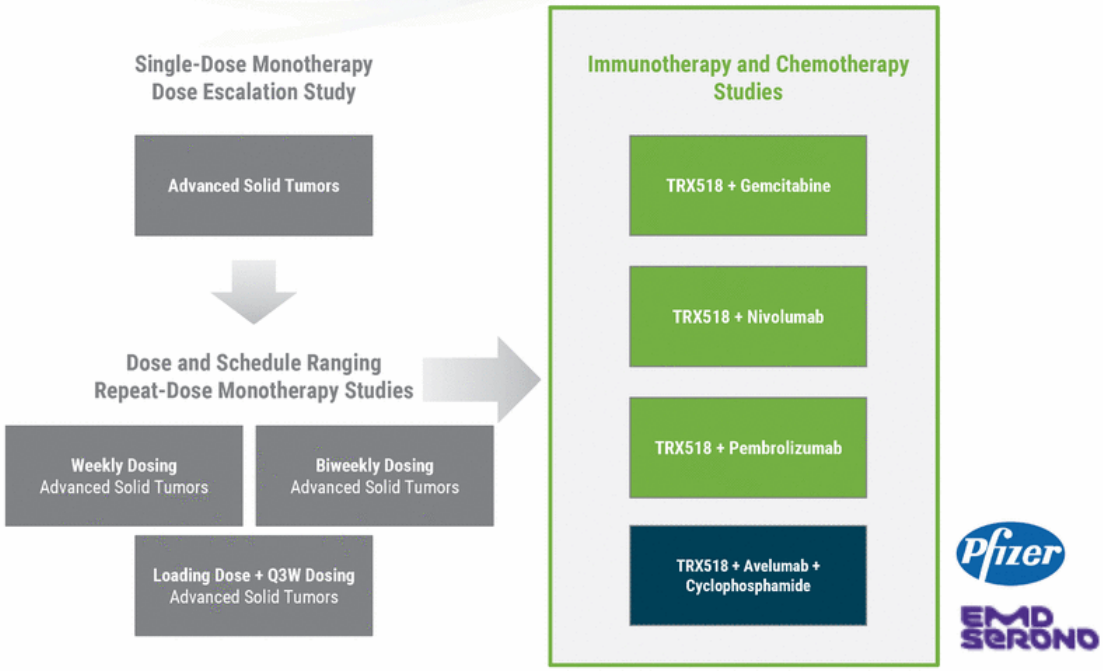
Advancing TRX518 Clinical Development



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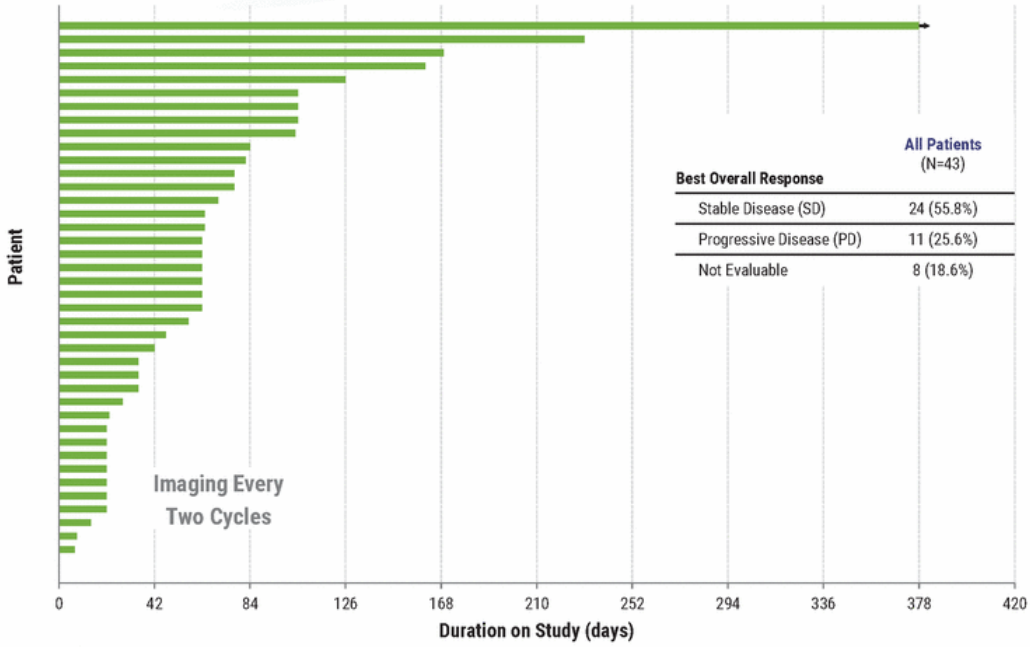
Stable Disease Achieved in Over 50% of Patients on TRX518 Multidose Monotherapy



Best Overall Response	All Patients (N=43)
Stable Disease (SD)	24 (55.8%)
Progressive Disease (PD)	11 (25.6%)
Not Evaluable	8 (18.6%)

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Data as of June 2018

TRX518 Monotherapy Patient with Long-Term Stable Disease

- Hepatocellular carcinoma patient
- Currently in Cycle 21 with 15% reduction in liver lesion
- Failed prior CTLA4/PD-L1 therapy
- Paired tumor biopsy analysis
  - Reduction in Treg cells
  - Increase in CD8/Treg ratio

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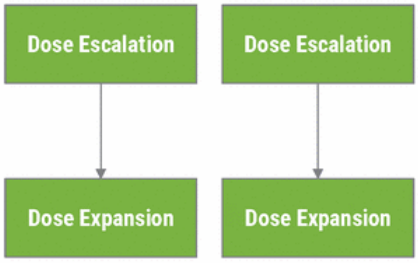
Data as of July 2018

TRX518 Combination Study

Combination with PD-1 or PD-L1 Immunotherapy

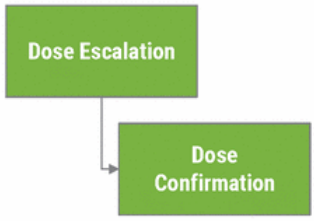
Advanced solid tumors with labeled indications either as new combination therapy or add on to best response of SD after 4 cycles

KEYTRUDA (pembrolizumab) | OPDIVO (nivolumab)



Combination with Gemcitabine

Advanced solid tumors where gemcitabine indicated



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TRX518 Combination Study Clinical Update

- Keytruda Combination: enrolling in higher dose escalation group
  - First 2 patients treated at higher dose demonstrated clinical benefit at first scan
    - Partial Response (-36%) in patient with esophageal squamous cell carcinoma
      - PD-L1 positive, MSS, TMB intermediate
    - Stable disease (-23%) in patient with ocular melanoma
  - No clinical benefit in the lowest dose group
- Opdivo Combination: enrolling in lowest dose escalation group
  - Enrolled 7 patients: 4 PD, 1 NE, 2 pending imaging
- Gemcitabine Combination: enrolling in dose expansion group
  - Dose escalation enrolled 10 patients: 3 SD, 3 PD, 1 NE, 3 pending imaging
  - No dose limiting toxicity

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Data as of July 2018

Treatment with agonist anti-GITR antibody after cyclophosphamide (CTX) enhances tumor immunity and efficacy

Major Findings

- CTX enhances GITR expression in proliferating immune cells
- CTX + DTA-1 decreases tumor Tregs, increases Teff/Treg ratio
- CTX + DTA-1 increases activation and memory of tumor $CD8^+$ cells
- CTX synergizes with DTA-1 to treat established tumors in B16 melanoma model

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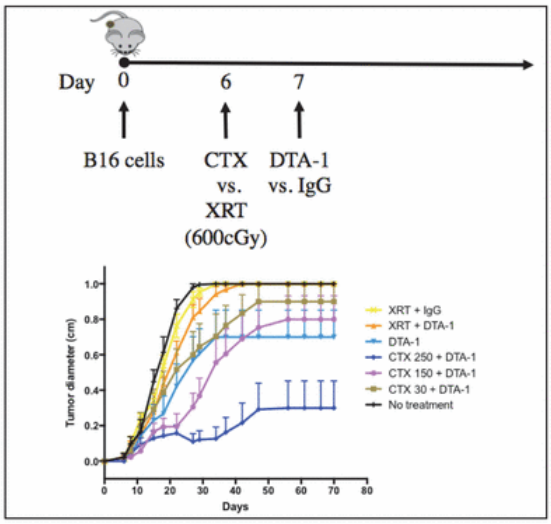
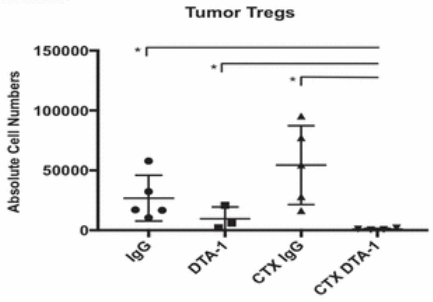
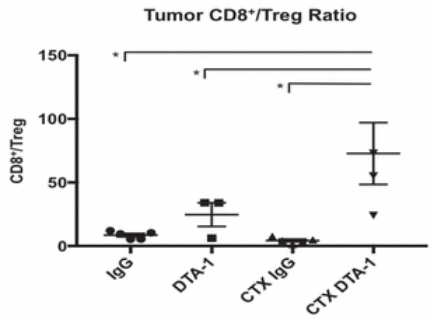
Presented at AACR 2018 by Betof Warner, Hirschhorn, Wolchok, Merghoub (MSKCC)

CTX has Synergistic Activity with GITR agonist and modulates T cell ratios







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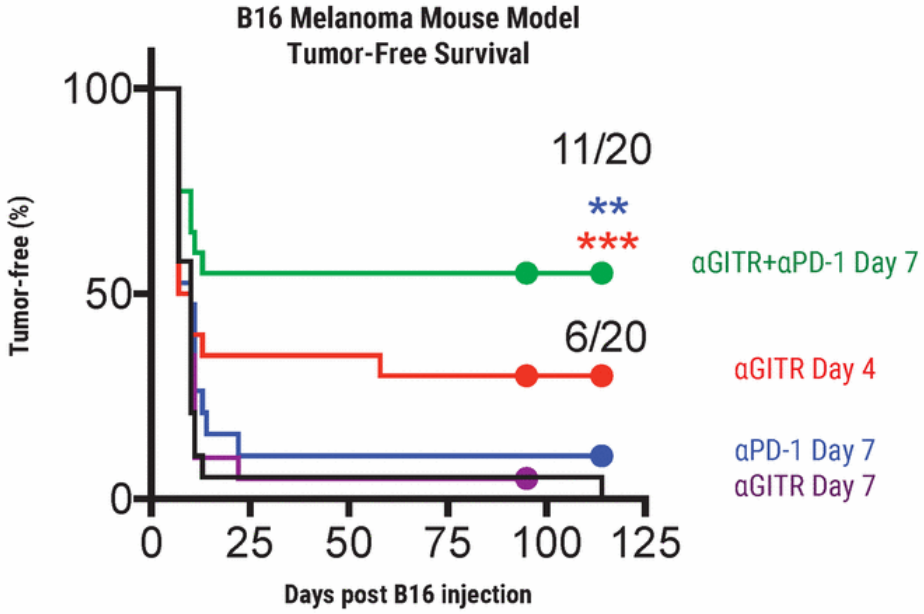
Presented at AACR 2018 by Betof Warner, Hirschhorn, Wolchok, Merghoub (MSKCC)

GITR Agonist Synergizes with anti-PD-1 Therapy



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Data from Zappasodi, Wolchok, Merghoub (MSKCC)

Mechanistic Rationale for Triple Therapy

PD1/PD-L1 therapy blocks CD8 exhaustion complementing GITR Therapy

GITR, as a costimulatory receptor, works best when antigen primed quiescent T cells are re-stimulated with appropriately processed antigen on APC bearing GITRL

CTX promotes immunogenic cell death of tumors, enabling efficient tumor antigen presentation, complementing GITR therapy

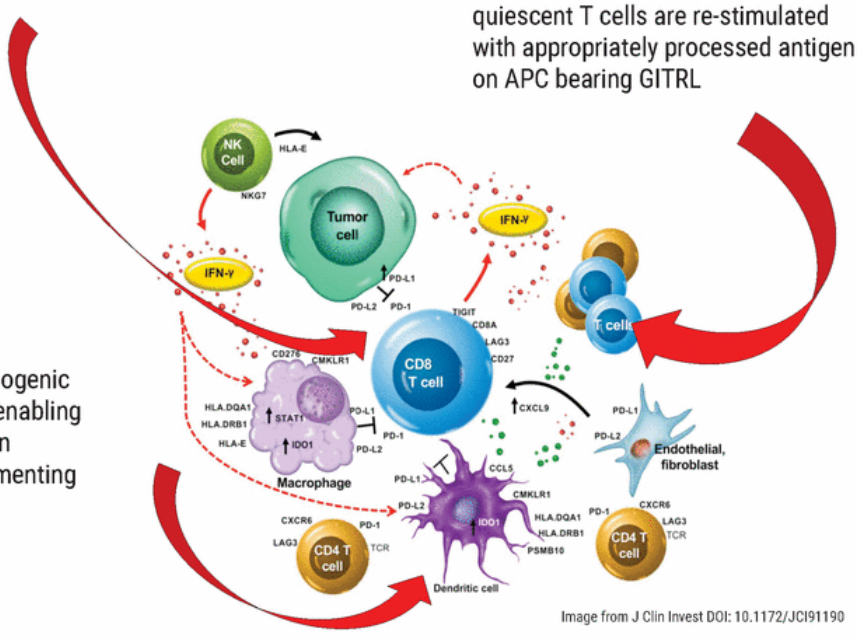

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Image from J Clin Invest DOI: 10.1172/JCI91190

TRX518 Chemoimmunotherapy Combination Study

Dose Escalation Phase 1b: Double and Triplet Therapy Stages

Dose Escalation Stage 1: Doublet Therapy Group 1
CTX D1 (600 or 750 mg/m²) + TRX518 D2 + D16
Q28 days
in advanced solid tumors
≥1 prior systemic therapy

→

Dose Escalation Stage 2: Triplet Therapy Group 2
CTX D1 (MTD of Group 1) + TRX518 D2 + D16 + Avelumab D2 + D16
Q28 days
in advanced solid tumors
≥1 prior systemic therapy

BAVENCIO® avelumab Injection 20 mg/mL

Dose Expansion Phase 2a: Triplet Therapy

Advanced Triple Negative Breast Cancer
s/p 1-3 prior systemic therapies

Advanced Hormone Positive Endocrine Refractory Breast Cancer
s/p AI and/or CDK4/6 inhibitor and 0-1 prior chemotherapies

Advanced Metastatic Castration Resistant Prostate Cancer
s/p AR signaling inhibitors and 1-2 prior chemotherapies

Advanced Platinum Refractory Ovarian Cancer
s/p 2-5 prior systemic therapies

AI = aromatase inhibitor; AR = androgen receptor CTX = cyclophosphamide; CDK4/6 = cyclin-dependent kinase 4/6; D = day, MTD = maximum tolerated dose; s/p = status post

Study in collaboration with

leaptherapeutics · Pfizer · EMD SERONO

Leadership

Chris Mirabelli, PhD
CEO

Gus Lawlor
COO

Doug Onsi
CFO

Walter Newman, PhD
Research

Mark O'Mahony
CMC & Quality

Cyndi Sirard, MD
Clinical

Management Team

Company Experience

HealthCare Ventures LLC · LeukoSite · IONIS PHARMACEUTICALS · genzyme · Tensha THERAPEUTICS · adheron THERAPEUTICS · ARRESTO BioSciences · shape pharmaceuticals · Radius · Trevena · Xencor · PROTEOSTASIS THERAPEUTICS · FoldRx · NOVAZYME Pharmaceuticals, Inc. · Human Genome Sciences · ATON PHARMA

Approved Drugs

VELCADE® (bortezomib) FOR INJECTION · Campath® Alemtuzumab For Intravenous Use Only Illuminating possibilities · Entyvio® vedolizumab · LEMTRADA® alemtuzumab 12mg IV · Zolinza® [vorinostat] capsules · Vyndaqel® (tafamidis)

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Historical Financials (in thousands)

	Three Months Ended March 31	
	2018	2017
	(Unaudited)	
Operating expenses:		
Research and development	$ 4,231	$ 6,404
General and administrative	2,113	3,804
Total operating expenses	6,344	10,208
Loss from operations	(6,344)	(10,208)
Interest income	77	50
Interest expense	(6)	-
Interest expense - related party	-	(121)
Australian research and development incentives	646	397
Foreign currency gains (loss)	(144)	468
Loss on change in fair value of warrant liability	(4,851)	-
Net loss	(10,622)	(9,414)
Accretion of preferred stock to redemption valu	-	(244)
Net loss attributable to common stockholders	$ (10,622)	$ (9,658)
Net loss per share - basic and diluted	$ (0.85)	$ (1.39)
Weighted average common shares outstanding basic & diluted	12,449,421	6,945,623

	March 31, 2018 (Unaudited)
Assets	
Current assets:	
Cash and cash equivalents	$ 35,376
Research and development incentive receivable	998
Prepaid expenses and other current assets	289
Total current assets	36,663
Property and equipment, net	123
Research and development incentive receivable, net of current portion	632
Deferred tax asset	157
Other assets	1,111
Total assets	$ 38,686
Liabilities and Stockholders' Equity	
Current liabilities:	
Accounts payable	$ 4,130
Accrued expenses	1,715
Total current liabilities	5,845
Non Current liabilities:	
Warrant liability	16,713
Total liabilities	22,558
Commitments and contingencies	
Stockholders' equity:	
Common stock, $0.001 par value; 100,000,000 shares authorized; 14,500,681 and 12,354,014 shares issued and outstanding as of March 31, 2018 and December 31, 2017, respectively	15
Additional paid-in capital	157,290
Accumulated other comprehensive loss	(158)
Accumulated deficit	(141,019)
Total stockholders' equity	16,128
Total liabilities and stockholders' equity	$ 38,686

Cash Balance at June 30, 2018: $30.5 million

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Clinical Program Milestones

	Immuno-therapy	Esophagogastric Cancer (combination with KEYTRUDA®)	Data presented AACR 2018, Expansion 2H-18
		Esophagogastric & Biliary Cancer (TECENTRIQ® ± paclitaxel)	Investigator Sponsored Study
DKN-01	Biomarker Populations	Gynecologic Cancer (mono + paclitaxel)	Interim data 2H-18
		Gastric Cancer (monotherapy + paclitaxel)	Interim data 2H-18
		Hepatocellular Carcinoma (mono + sorafenib)	Investigator Sponsored Study
	Proof of Concept	Biliary Tract Cancer (gemcitabine + cisplatin)	Efficacy data (n=51) 2H-18
		Esophagogastric Cancer (mono + paclitaxel)	Data presented March 2018
TRX518	Combination Therapy	Combination with KEYTRUDA® or OPDIVO®	Data throughout 2018-2019
		Combination with Gemcitabine	Data throughout 2018-2019
		Combination with BAVENCIO® + cyclophosphamide	First patient enrolled 1Q-19
	Proof of Concept	Solid Tumor Malignancies (mono)	Data throughout 2018

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