FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-028								
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Address of Reporting Person* Mahatme Ujwala				2. Issuer Name and Ticker or Trading Symbol Summit Therapeutics Inc. [SMMT]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Manain	<u>ne Ujwa</u>	<u>1a</u>						-1		L		,		1 2	Oirector	or		10% Ow	ner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								1	Officer (give title Other (speci below) below)						
C/O SUMMIT THERAPEUTICS INC.						01/03/2022														
ONE BR	OADWAY	/ 14TH FLOOR																		
ONE BROADWAY, 14TH FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line	,	ilad by Ona	Popo	rting Persor		
CAMBR	IDGE 1	MА	02142											4	_	,		J		
CHIVIDIC	IDGE 1	V17 L	02112												Form filed by More than One Reporting Person					
(City)	(State)	(Zip)																	
		Tah	ole I - Non	-Deriva	ative	Sec	curities	s Δcc	uired F)isr	nosed o	of or B	enef	ficially	v Owned					
			1			_													. N-4	
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)				/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.				A) or , 4 and	Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or	Price	Reported Transact (Instr. 3 a				(Instr. 4)	
			Table II - I (ired, Di						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date, Tr	ransac ode (Ir			ve es d ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				C	ode	v	(A)		Date Exercisable		xpiration late	Title	or Nu of	ımber						
Stock Option	\$2.82	01/03/2022			A		25,000		(1)	0	1/03/2032	Commo	n 25	5,000	(2)	25,000)	D		

Explanation of Responses:

1. The option was granted on January 3, 2022. The shares underlying the option are scheduled to vest in equal quarterly installments, on March 31, 2022, June 30, 2022, September 30, 2022, and December 31, 2022.

(3)

01/03/2032

2. Not applicable.

buy)

Stock Option (right to

- 3. The option was issued on January 3, 2022. The shares underlying the option are scheduled to vest in four equal quarterly installments, on March 31, 2022, June 30, 2022, September 30, 2022, and December 31, 2022.
- 4. The option was issued to the reporting person pursuant to the issuer's Director Retainer Option Election Plan in lieu of retainer fees of \$54,000.

Remarks:

/s/ Ujwala Mahatme 01/05/2022

47,872

Stock

\$1.13(4)

72,872

D

** Signature of Reporting Person Date

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

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

01/03/2022

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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

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 Number.