FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OI	MB	APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response:

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 0001)	investment e	Joinpu	any 7 tot t	01 10 10							
Name and Address of Reporting Person* <u>Cesano Alessandra</u>					2. Issuer Name and Ticker or Trading Symbol Summit Therapeutics Inc. [SMMT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				- 1							-		X Directo	r		10% Ov	ner	
(Last)	Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)								Officer below)	(give title		Other (s below)	pecify	
C/O SUI	MMIT TH	ERAPEUTICS IN	IC.		11/13/2	2022												
		ROAD, SUITE 1			1 If Am	andmont [Doto o	f Original Fil	ad (Ma	anth/Da	v/Voor\	6.1	dividual or 1	oint/Croup	Filing	(Chook Ann	liaabla	
					If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													Y Form fi	led by One	Repo	rting Person		
MENLO	PARK	CA	94025								Form filed by More than One Reporting Person				ing			
(City)		(State)	(Zip)															
		Та	ble I - Non-D	erivat	ive Se	ecurities	s Ac	quired, D	ispo	sed o	f, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				te		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed		ities Acquired (A) or d Of (D) (Instr. 3, 4 a		Beneficia Owned F	s ally ollowing	Form: (D) or	orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	/ A	mount	(A) or (D)	r Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
			Table II - Dei										Owned					
			(e.g	g., put	is, cal	ls, warr	ants	, options	, con	ivertil	ble secu	irities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	Code	saction e (Instr.	Derivative I		6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	, v	(A)	(D)	Date Exercisable	Expii Date	iration	Title	Amount or Number of Shares		(Instr. 4)				
Stock Option (right to buy)	\$1.09	11/15/2022		A		200,000		(1)	11/15	5/2032	Common Stock	200,000	(2)	200,00	00	D		
Stock Option	\$1.09	11/15/2022		A		4,166		(3)	11/15	5/2032	Common	4,166	(2)	204,10	66	D		

Explanation of Responses:

- 1. The option was granted on November 15, 2022. The shares underlying the option are scheduled to vest in four equal annual installments, with the first such installment occurring on November 15, 2023.
- 2. Not applicable.

(right to

3. The option was granted on November 15, 2022 and represents a pro rata amount of the annual 25,000 option board grant based approximately on the number of days the Reporting Person is anticipated to serve as a director. The shares underlying the option are scheduled to vest in full on December 31, 2022.

Remarks:

/s/ Ankur Dhingra, as Attorney-11/17/2022 in-Fact for Alessandra Cesano

Stock

** Signature of Reporting Person

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).
- ** 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.