FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL
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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).

contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Check this box to indicate that a transaction was made pursuant to a

	y the affirmativens of Rule 10b ion 10.																	
Name and Address of Reporting Person*  Huber Jeff						2. Issuer Name <b>and</b> Ticker or Trading Symbol Summit Therapeutics Inc. [ SMMT ]								able)	Perso	on(s) to Issu		
<u>IIIuour</u>	<u> </u>											Director			10% Ow			
(Last) (First) (Middle) C/O SUMMIT THERAPEUTICS INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/27/2024								(give title		Other (s below)	pecify	
601 BRICKELL KEY DRIVE, SUITE 1000						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable				
(Street)													Line) X Form filed by One Reporting Person					
MIAMI	•		33131										Form filed by More than One Reporting Person					
(City)	(S	state)	(Zip)		-								Person					
		Та	ble I - Non	-Deriva	tive S	ecuritie	s Ac	quired, C	ispos	sed o	f, or Be	neficially	/ Owned					
Date					Transaction ate lonth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		tion Di str.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		ed (A) or tr. 3, 4 and 5	Securities Beneficia Owned Fe	Securities Form Beneficially (D) of		Direct I Indirect E tr. 4)	7. Nature of Indirect Beneficial Ownership	
									V Ar	mount	(A) o (D)	Price	Transacti				Instr. 4)	
			Table II - [					uired, Dis					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 Da if any (Month/Day/Y	Cod	Transaction Code (Instr.		er of /e es d (A) sed estr.	6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amount 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)	
				Cod	e V	(A)	(D)	Date Exercisable		ration	Title	Amount or Number of Shares		(Instr. 4)	on(s)			
Stock Option (right to buy)	\$7.87	06/27/2024		А		200,000		(1)	06/27	7/2034	Common Stock	200,000	(2)	200,00	0	D		
Stock Option (right to	\$7.87	06/27/2024		A		17,883		(3)	06/27	7/2034	Common Stock	17,883	(2)	217,88	3	D		

## **Explanation of Responses:**

- 1. The option was granted on June 27, 2024. The shares underlying the option shall vest in four equal annual installments, with the first such installment occurring on June 27, 2025, subject to the director remaining as a non-salaried director on each such vesting date.
- 2. Not applicable.
- 3. The option was granted on June 27, 2024 and represents a pro rata amount of the annual 35,000 option board grant based approximately on the number of days the reporting person is anticipated to serve as a director in 2024. The shares underlying the option are scheduled to vest in full on December 31, 2024, subject to the director remaining as a non-salaried director on such vesting date.

## Remarks:

/s/ Bhaskar Anand, as Attorney-06/27/2024 in-Fact for Jeff Huber

\*\* 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.