FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

ENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Lawton Alison Frances | | | | | 2. Issuer Name and Ticker or Trading Symbol Verastem, Inc. [VSTM] | | | | | | | Relationship eck all applic X Director | cable) | g Pers | son(s) to Issu 10% Ow | | |
|---|--|--|--|-----------------|--|-----------------|----------------------------------|--|--------------------|---|---|---|--|---|---|---------------------------------------|--|
| (Last) | (F RASTEM, I | * | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/21/2019 | | | | | | | Officer below) | r (give title) | | Other (s below) | pecify | |
| 117 KENDRICK STREET, SUITE 500 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) NEEDHAM MA 02494 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | |
| | | Tab | le I - Non-I | Derivat | ive S | ecuritie | s Ac | quired, Di | sposed o | of, or Be | neficial | ly Owned | | | | | |
| Date | | | l. Transact Date Month/Day | Execution Date, | | Code (Instr. 5) | | | | Benefici | es ally Following | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 | tion(s) | | | (1150.4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Execution (Month/Day/Year) if any | 3A. Deemed Execution Dat if any (Month/Day/Yo | Cod | nsactio e (Insti | | ive ies ed ed Instr. | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4) | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Cod | e V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to Buy) | \$1.81 | 06/21/2019 | | A | | 25,000 | | (1) | 06/21/2029 | Common Stock | 25,000 | \$0 | 25,000 | 0 | D | | |

Explanation of Responses:

1. The option vests in twelve equal monthly installments (with the number of shares vesting on each vesting date rounded down to the nearest whole share, except with respect to the final vesting date on which the remaining unvested portion shall vest), beginning on 7/21/2019 and ending on 06/21/2020, provided that the Reporting Person continues to serve as a director of the Issuer on each such vesting date.

/s/ Sean C. Flynn, attorney-in-

fact

** 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).
- ** 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.