#### Edgar Filing: MERRIMACK PHARMACEUTICALS INC - Form 4

MERRIMAC Form 4 March 13, 20	CK PHARMAC	CEUTICAL	S INC									
FORM								OMB APPROVAL				
	UNITE	UNITED STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549								OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 o	ser <b>STATE</b>	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section								Expires: January 31 200 Estimated average burden hours per response 0.		
Form 5 obligatio may cont See Instru 1(b).	Filed p ns Section 17											
(Print or Type I	Responses)											
PORTER MICHAEL E Symbol MERRIN PHARM (MACK) (Last) (First) (Middle) 3. Date of				RIMACK RMACEUTICALS INC CK] e of Earliest Transaction h/Day/Year)					<ul> <li>5. Relationship of Reporting Person(s) to Issuer</li> <li>(Check all applicable)</li> <li>X Director</li> <li>10% Owner</li> </ul>			
									_X_ Director Officer (give below)		er (specify	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
CAMBRID	GE, MA 02139								Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Nor	1-De	erivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ansaction Date 2A. Deemed hth/Day/Year) Execution Date, if any (Month/Day/Year)				4. Securit n(A) or Dia (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	03/10/2017			М		85,000	А	ъ 2.69	839,448	D		

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

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# 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exer Expiration D (Month/Day	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 2 ()
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 2.69	03/10/2017		М	60,000	<u>(1)</u>	12/08/2020	Common Stock	60,000	
Stock Option (right to buy)	\$ 2.69	03/10/2017		М	25,000	<u>(1)</u>	10/14/2020	Common Stock	25,000	

## **Reporting Owners**

Reporting Owner Name / AddressRelationshipDirector10% OwnerOfficerOtherPORTER MICHAEL E<br/>C/O MERRIMACK PHARMACEUTICALS, INC.<br/>ONE KENDALL SQUARE, SUITE B7201XXXXSignaturesXXXXXXSignatures03/13/2017XXXXX\*Signature of Reporting PersonDateVVVV

### **Explanation of Responses:**

\* 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).

(1) This option is fully vested.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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