FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
OMB Number: 3235-0104							
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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*     RAY RUSSELL T	2. Date of Event Requiring Statement (Month/Day/Year) 01/01/2015  3. Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS INC [ MACK ]								
(Last) (First) (Middle) C/O MERRIMACK PHARMACEUTICALS, INC.				4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
ONE KENDALL SQUARE, SUITE B7201				Officer (give title below)	Other (spe below)	App	licable Line)	t/Group Filing (Check  y One Reporting Person	
(Street) CAMBRIDGE MA 02139							Form filed b Reporting P	y More than One erson	
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock				10,000	I	By I	By RBKD Enterprises, LLC		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable at Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Secur Underlying Derivative Securi			4. Conversion or Exercise Price of	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

/s/ Jeffrey A. Munsie, attorney-01/08/2015 in-fact

\*\* 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 5 (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.