FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL									
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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 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person* CROCKER GARY L					2. Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CROCKER GART L				INC [MACK]							X Direct	or		10% Ow	/ner		
(Last) (First) (Middle) C/O MERRIMACK PHARMACEUTICALS, INC.												Office below	r (give title		Other (s below)	pecify	
					3. Date of Earliest Transaction (Month/Day/Year)											- 1	
ONE KENDALL SQUARE, SUITE B7201			106	06/13/2018											- 1		
ONE RENDALL SQUARE, SUITE B/201				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						6.	6. Individual or Joint/Group Filing (Check Applicable					
(Chrook)				_ ```	and the state of the state							Line)					
(Street) CAMBR	IDGE M	Α	02139									X Form	filed by One	e Rep	orting Perso	n	
- CHIVIDIN	IDGL W			_								Form Perso		re thai	n One Repor	rting	
(City)	(S	tate)	(Zip)														
		Tah	le I - Non-Dei	ivativ	2 50	curitio	<u> Δ</u>	rauired D	ienosed (of or Re	neficia	Ily Owne	d				
					_							_			1.		
1. Title of Security (Instr. 3) 2. Transac			nsaction	ction 2A. Deemed Execution Date,			3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4				5. Amo d Securit				7. Nature of Indirect		
(Month/Da				h/Day/Ye	ay/Year) if any Code (Instr. 5) (Month/Day/Year) 8)					Benefic				Beneficial Ownership			
				(` ` 			r l	Report	Reported Transaction(s)			(Instr. 4)		
								Code V	Amount	(A) o	Price	(Instr. 3					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
	(e.g., puts, calls, warrants, options, convertible securities)																
1. Title of	2.	3A. Deemed	4.		action of		6. Date Exercisable and		7. Title and		8. Price of	9. Number			11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	ate, Transac Code (Ir			Expiration Day/\ (Month/Day/\		Amount of Securities		Derivative Security	derivative Securities		Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)		
(Instr. 3)	Price of Derivative		(Month/Day/Year)			Securities Acquired		l` ,		Underlyin		(Instr. 5)	Beneficially Owned				
Security					Acquired (A) or Disposed of (D)								Following Reported Transaction(s)		(I) (Instr. 4)	(111511.4)	
				(Instr. 3, 4 and 5)								(Instr. 4)					
											Amount	1					
											or Number						
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	of Shares						
Stock																	
Option (right to buy)	\$9.67	06/13/2018		A		8,000		(1)	06/12/2028	Common Stock	8,000	\$0.00	8,000		D		
		,		-		,				-	,	,	,				

Explanation of Responses:

1. This option vests as to 1/4th of the total number of shares on 9/13/18 and an additional 1/4th of the total number of shares at the end of each successive three month period thereafter until 6/13/19, provided that such option shall vest in full on the date that is one business day prior to the date of the issuer's next annual meeting of stockholders (if earlier than 6/13/19).

Remarks:

/s/ Brian J. Kickham, attorneyin-fact

06/15/2018

** Signature of Reporting Person

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.