FORM 4

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | burden | | | | | | | | |

0.5

hours per response:

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

| 1. Name and Address of Reporting Person* Franchi Jean M. | | | | <u>M</u> | 2. Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS INC [MACK] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | ner | |
|---|--|---|---|----------|--|---|--|--------------------------------------|---|---|------------------|-----------------------------|---|--|---|---|---|--|--|
| (Last) (First) (Middle) C/O MERRIMACK PHARMACEUTICALS, INC. ONE KENDALL SQUARE, SUITE B7201 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/11/2018 | | | | | | | | X | X Officer (give title Other (specify below) Chief Financial Officer | | | | | |
| (Street) CAMBRIDGE MA 02139 (City) (State) (Zip) | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - Nor | n-Deriv | vativ | e Se | curities | Ac | quired, [| Disp | osed o | f, or Be | nefic | ially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | 4 and Securitie Benefici | | es For ally (D) Following (I) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | ce | Transacti (Instr. 3 a | tion(s) | | | msd. 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 | 3. Transaction Date (Month/Day/Year | 3A. Deemed Execution I if any (Month/Day | Date, Tr | 4. Transa Code (I 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisal Expiration Date (Month/Day/Year | | of Securities | | ties ng e Secur | 5 | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amor or Numl of Share | ber | | | | | |
| Stock Option (right to buy) | \$4.15 | 12/11/2018 | | | A | | 45,000 | | (1) | 1 | 2/10/2028 | Common Stock | 45,0 | 000 | \$0.00 | 45,000 |) | D | |

Explanation of Responses:

1. This option vests as to 1/12th of the total number of shares granted on 3/11/19 and an additional 1/12th of the total number of shares granted at the end of each successive three month period thereafter until 12/11/21.

Remarks:

/s/ Brian J. Kickham, attorneyin-fact

12/13/2018

** 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.