FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVID APPROVAL									
OMB Number:	3235-0287								
Estimated average bu	ırden								
hours per response:	0.5								

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

Name and Address of Reporting Person*  Niclean Librit D.					2. Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Nielsen Ulrik B.</u>				INC [ MACK ]									X	Director			10% Ov	/ner		
(Last)	(1		into [ miloit ]								_		Officer ( below)	(give title		Other (s below)	pecify			
(Last) (First) (Middle) C/O MERRIMACK PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year)														
ONE KENDALL SQUARE, SUITE B7201						04/20/2015														
ONE RE	TIDITEE O	4. If Amendment, Date of Original Filed (Month/Day/Year)								T)	6. Individual or Joint/Group Filing (Check Applicable									
(Street)					04/20/2015								- [	Line)						
CAMBRIDGE MA 02139													X		Form filed by One Reporting Person					
															Form fil Person	Form filed by More than One Reporting Person				
(City) (State) (Zip)																				
		To	ble I. New	- Dorivo	tive C		:4:aa A		.iuaal F	):a.		D		ماله	Oursed					
		ıa	ble I - Nor					cqu	iirea, L	JISP					1					
1. Title of Security (Instr. 3) 2. Transa					2A. Deemed Execution Date,			e,	r, Transaction Disposed Code (Instr.			ties Acquired (A) or I Of (D) (Instr. 3, 4 an			5. Amount of Securities				7. Nature of Indirect	
					h/Day/Year)		if any (Month/Day/Year)				(-) (			Beneficia Owned Fo				Beneficial Ownership		
			(Monthing ay) reary		,	''   "		100 00		Т	Reported		ı " ''`			(Instr. 4)				
						Code	V	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)								
Common Stock 04/20/						/2015			M		25,000	) A \$2.4		47(1)	266,811			D		
			Table II -	Dorivati	vo So	ouriti	ios Ac	aui,	red Di	snc	sed of	or Bone	ficia	llv C	wned					
											onvertib				wiieu					
1. Title of	2.	3. Transaction	3A. Deemed	4.	-	5. N	umber	6. 0	Date Exer	cisal	ole and	7. Title ar	nd Amo	unt	8. Price of	9. Numbe	r of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Da	ate, Tra	saction	ction of E		Expiration Date of Securities (Month/Day/Year) Underlying Derivative Sec				ties	Derivative Security urity (Instr. 5)		derivative Securities Beneficially		Ownership Form: Direct (D)	of Indirect Beneficial Ownership		
(Instr. 3)	Price of	(Month/Day/Tear)	(Month/Day/		ie (ilisti.							e Secu								
	Derivative Security								(Instr. 3 and 4)				nd 4)			Owned Following		or Indirect (I) (Instr. 4)		
						Disposed of (D) (Instr.										Reported Transaction(s)				
							3, 4 and 5)									(Instr. 4)				
													Amo	unt						
						1							Num	ber						
				Cod	le V	(A)	(D)	Dat Exe	ercisable	Da	piration te	Title	of Shar	es						
Stock																				
Option (right to buv)	\$2.47 <sup>(1)</sup>	04/20/2015		M			25,000		(2)	10	/03/2016 <sup>(1)</sup>	Common Stock	25,0	000	\$0	23,175	(1)	D		

## **Explanation of Responses:**

- 1. The exercise price, expiration date and number of derivative securities beneficially owned following the reported transaction were incorrectly reported on the reporting person's Form 4 filed on April 20, 2015.
- 2. This option is fully vested.

/s/ Jeffrey A. Munsie, attorney-in-fact

05/15/2015

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.