FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB AF	<b>1</b>	(C	VAL
OMB Number:			3235-028
II			

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

37 Estimated average burden hours per response: 0.5

Instruc	tion 1(b).			File								es Exchan			34		liouis	per res	эропэе.	0.5		
1. Name and Address of Reporting Person*  PORTER MICHAEL E				<u>M</u>	2. Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS INC [ MACK ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner								
(Last) (First) (Middle) C/O MERRIMACK PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 12/17/2012										Officer (give title below)  Other (s below)				pecify		
ONE KENDALL SQUARE, SUITE B7201						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street) CAMBRIDGE MA 02139																Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(:	State)	(Zip)																			
		Tak	ole I - Nor	n-Deriv	ativ	e Se	curit	ies Ac	quire	ed, Di	isp	osed o	f, or	Ben	eficiall	y Owned	l					
Date				Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.			4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			5. Amou Securiti Benefic Owned Reporte	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Co	ode V	·	Amount	(1)	A) or D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			(111511.4)		
Common Stock				12/17	7/2012			N	M		15,000 A		A	\$2.19	277,865			D				
		-	Table II - I									sed of, onvertib				Owned						
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, T	4. Transa Code ( B)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea			of Securities Underlying Derivative Se (Instr. 3 and 4		s ecurity 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e (C S I Illy [C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	isable		xpiration ate	Title		Amount or Number of Shares							
Stock Option (right to	\$2.19	12/17/2012			M			15,000	(	1)	05	5/08/2013	Comm		15,000	\$0	0		D			

## **Explanation of Responses:**

1. This option is fully vested.

buy)

/s/ Jeffrey A. Munsie, attorney-

in-fact

\*\* Signature of Reporting Person

Date

12/18/2012

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.