FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20049	OMB APP	OMB APPROVAL				
TO IN DENEELOIAL OVANIEDOLUB	OMB Number:	3235-03				

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

Name and Address of Reporting Person* Stewart Edward J. (Last) (First) (Middle)					<u>M</u>	2. Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS INC [MACK]									eck all appli Directo Officer	ationship of Reportin k all applicable) Director Officer (give title below)		son(s) to Iss 10% Ov Other (s below)	ner	
	RRIMACK	irst) PHARMACEU QUARE, SUITE	ĺ	INC.	3. Date of Earliest Transaction (Month/Day/Yea 10/15/2014						Day/Year)				SVI	SVP & Pres, Healthcare Sol				
(Street) CAMBR (City)			02139 (Zip)		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Y) X Form t Form t	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Nor	n-Deriv	ative	e Se	curiti	ies Ac	quired	Dis	posed o	of, or	Bene	ficial	y Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) l	2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Di Code (Instr. 5)		Dispose	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amou Securitie Benefici Owned I Reporte	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) or (D)		Price	Transac (Instr. 3	tion(s)			(1150.4)				
Common	Stock			10/15	5/2014	4			М		4,00	0	A	\$1.71	25	25,385 D				
Common	Stock			10/15	5/2014	4			S ⁽¹⁾		4,00	0	D	\$8	21	21,385 D				
		7	able II -								osed of converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,		ransaction ode (Instr.		ı of l		xercis n Date ay/Yea		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nu of	umber						
Stock Option (right to	\$1.71	10/15/2014			M			4,000	(2)	(08/03/2015	Comm		,000	\$0	14,000)	D		

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. This option is fully vested.

buy)

/s/ Jeffrey A. Munsie, attorneyin-fact 10/17/2014

** 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.