Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

|  | OMB APPROVAL   |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 |  |  |  |  |  |  |  |  |  |  |
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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*  CROCKER GARY L                               |   |       |        |   | 2. Issuer Name and Ticker or Trading Symbol  MERRIMACK PHARMACEUTICALS  INC [ MACK ] |   |            |  |  |                                    |  |           |   |  | ck all app<br>Direc                          | licable)<br>tor  |                | erson(s) to   | )wner                                 |
|--|---|-------|--------|---|--|---|------------|--|--|------------------------------------|--|-----------|---|--|--|--|----------------|---|---------------------------------------|
| l  | (Last) (First) (Middle) C/O MERRIMACK PHARMACEUTICALS, INC. ONE BROADWAY 14TH FLOOR |       |        | 3. Date of Earliest Transaction (Month/Day/Year) 01/18/2022 |  |   |            |  |  |                                    |  |           | X   | belov  | ,  | Rema   | below          | (specify  |                                       |
| (Street) CAMBRIDGE MA 02142 (City) (State) (Zip)                                       |   |       |        |   | 4. If <i>i</i>   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                    |            |  |  |                                    |  |           | , I   | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |                |   |                                       |
|  |   | Table | I - N  | lon-Deriva  | tive :   | Secui   | rities     | Ac   | quir   | red, Di                            | sposed o   | f, or I   | 3enefic   | iall   | y Own  | ed   |                |   |                                       |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yes                    |   |       |        | ear) E  | 2A. Deemed<br>Execution Date<br>if any<br>(Month/Day/Yea                             |   | n Date, Tr |  | 3.<br>Transaction<br>Code (Instr. 8)  4. Securities Ad<br>Disposed Of (D |                                    |  |           | nd 5) Securit   |  | es<br>ially<br>Following                     | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)   |                | 7. Nature of Indirect Beneficial Ownership (Instr. 4)                   |                                       |
|  |   |       |        |   |  |   | 6          | Code V                                     |  | Amount                             | (A) or<br>(D)  | Price     |   | Transaction(s)<br>(Instr. 3 and 4)   |  | (111511  | . 4,           | (111541.4)  |                                       |
| Common Stock 01/18/2022  |   |       |        | 2   |  |   | P          |  | 5,000 A  |                                    | \$4.537  | 379(1) 56 |   | 58,731   |  | I See footnote(2   |                |   |                                       |
|  |   | Tal   | ble II | l - Derivati<br>(e.g., pu                                   |  |   |            |  |  | ,                                  | posed of converti  |           |   | •  | Owne   | d  |                |   |                                       |
| Derivative   Conversion   Date   E<br>  Security   or Exercise   (Month/Day/Year)   if |   |       |        |   |  | saction (Instr. Derivative Acquirer (A) or Dispose of (D) (Instr. 3, and 5) |            | rative<br>rities<br>ired<br>r<br>osed<br>) | (Me  | Date Exe<br>piration I<br>onth/Day | n Date An August |           | le and<br>unt of<br>rities<br>rrlying<br>rative<br>rity (Instr. | De<br>Se<br>(In  | Price of<br>erivative<br>ecurity<br>estr. 5) | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4) | e<br>s<br>ully | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |       |        |   | Code   | Code V  |            | (D)  | Da:<br>Ex  | ite<br>ercisable                   | Expiration<br>Date   | Title     | Amount<br>or<br>Number<br>of<br>Shares                          |  |  |  |                |   |                                       |

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$4.36 to \$4.65, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote (1) to this Form 4.
- 2. Shares held by Crocker Family Investments, LLC, over which Reporting Person is the Managing Member.

## Remarks:

Chairman, President, and Treasurer

/s/ Gary L. Crocker 01/20/2022

\*\* Signature of Reporting Person

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.