FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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 * $\underline{CROCKER\ GARY\ L}$						2. Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS INC. [MACK]									5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owne				
	(Last) (First) (Middle) C/O MERRIMACK PHARMACEUTICALS, INC. ONE BROADWAY 14TH FLOOR					INC [MACK] 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2022									Office below	,	Other (specify below)		
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (2	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Dat			2. Transaction Date (Month/Day/Ye	ear) E	2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amoun Securities Beneficial Owned Fo Reported		es ally Following	Form (D) or Indire	: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Cod	de V	, .	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(instr. 4)
Common Stock			05/24/2022				P			2,323	A	\$5.0869	9(1)	125,872		I		See footnote ⁽²⁾	
Common	Stock	ck 05/25/202			2	2		P	,		132	A	\$5.1348 ⁽³⁾		126,004				See footnote ⁽²⁾
		Tal	ble	II - Derivati (e.g., pu							posed of converti				Owned	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed cution Date, ıy nth/Day/Year)		ansaction of Exp			Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity estr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
					Code	v	(A) (E		Date Exerc	isable	Expiration Date	ı Title	Amount or Number of Shares						

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$4.94 to \$5.15, 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.
- 3. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$5.13 to \$5.15, 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 (3) to this Form 4.

Remarks:

Chairman, President, and Treasurer

/s/ Gary L. Crocker 05/26/2022

** 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.