(Last)

(Street)

(City)

CAMBRIDGE MA

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

(First)

(State)

ONE BROADWAY 14TH FLOOR

C/O MERRIMACK PHARMACEUTICALS, INC.

(Middle)

02142

(Zip)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response	. 0.5							

Instruction 1(b).	or Section 30(h) of the Investment Company Act of 1934						
Name and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS						

Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS INC [MACK] Date of Earliest Transaction (Month/Day/Year) 03/28/2022		tionship of Reporting Pe all applicable) Director Officer (give title below) See Rema	10% Owner Other (specify below)		
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				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 6. Ownership Form: Direct (D) or Indirect (I) 2A. Deemed Execution Date, 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 1. Title of Security (Instr. 3) 2. Transaction 5. Amount of 7. Nature of Date (Month/Day/Year) Securities Beneficially Transaction Beneficial if any Code (Instr. Ownership (Instr. 4) (Month/Day/Year) 8) Owned Following Reported (Instr. 4) (A) or (D) Transaction(s) (Instr. 3 and 4) Price Code Amount See Common Stock 03/28/2022 5,000 \$6.1643(1) 109,877 $footnote^{(2)} \\$

	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code 8)		5. Number of		er 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Remarks:

Chairman, President, and Treasurer

/s/ Gary L. Crocker 03/29/2022

** 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.

^{1.} The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$6.06 to \$6.20, 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.