FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

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

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Nielsen Ulrik B.						INC [MACK]								X Directo	r		10% Ov	vner		
(Last) (First) (Middle) C/O MERRIMACK PHARMACEUTICALS, INC. ONE KENDALL SQUARE, SUITE B7201					02	3. Date of Earliest Transaction (Month/Day/Year) 02/23/2015								below)			Other (s below)			
(Street) CAMBRIDGE MA 02139 (City) (State) (Zip)						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						
	<u> </u>			n-Deri	ivativ	e Se	curit	ties Ac	auired	. Die	sposed o	f. or Be	neficial	v Owner	<u> </u>					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action	ar) if	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		l (A) or	5. Amou Securiti Benefic Owned	nt of es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	ransaction(s) nstr. 3 and 4)			(Instr. 4)		
Common Stock 02					3/2015	2015					7,977	A	\$1.71	234	,788		D			
Common Stock 02				02/23	3/2015	2015					12,023	A	\$1.71	240	5,811	D				
Common Stock 02/23/				3/2015	2015		S ⁽¹⁾		20,000	D	\$10.91	(2) 226	5,811		D					
			Table II	Deriv (e.g.,	ative puts,	Sec call	uritie s, wa	es Acq arrants	uired, , optio	Disp ns,	osed of, converti	or Bend	eficially irities)	Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	onversion Date Execution F Exercise (Month/Day/Year) if any (Month/D Execution if any (Month/D Execution if any if		ed 4. Transact Code (In			5. Num		Expiration	e Exercisable and ation Date h/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares							
Stock Option (right to buy)	\$1.71	02/23/2015			M			7,977	(3)		08/03/2015	Common Stock	7,977	\$0	75,000	0	D			
Stock Option (right to	\$1.71	02/23/2015			M			12,023	(3)		08/03/2015	Common Stock	12,023	\$0	0		D			

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$10.73 to \$11.09, 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 such range.
- 3. This option is fully vested.

/s/ Jeffrey A. Munsie, attorney-

02/24/2015

** 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.