FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	,	 	

OMB APPROVAL 3235-0287

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Estimated average burden

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	2(0).			riica				Investment				334						
1. Name and Address of Reporting Person* <u>Sullivan William A.</u>					2. Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS INC [MACK]							NC (Che	5. Relationship of Reporting Pers (Check all applicable) Director X Officer (give title			on(s) to Issu 10% Ow Other (s	ner	
(Last) (First) (Middle)					O Date of Suffeet Transaction (Month Day Man)								A below) below) CFO and Treasurer					
C/O MERRIMACK PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 08/23/2012									CFO and	Trea	surer		
ONE KENDALL SQUARE, SUITE B7201												C. Individual or Taint/Group Filing (Cheek Assissable						
(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					
CAMBR	IDGE M	IΑ	02139									7	_	,		ting Person One Report	- 1	
(City)	(S	state)	(Zip)										Person	·		·		
		Та	ble I - Non	n-Deriva	tive S	ecurities	s Ac	quired, D	ispose	d of	, or Bei	neficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date		e, Transaction Dispo			curities Acquired (A) sed Of (D) (Instr. 3, 4		Beneficial Owned Fo	s Form ally (D) o ollowing (I) (Ir		Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	Amo	unt	nt (A) or Pi		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)			
			Table II - I					uired, Dis s, options					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/Y	Cod	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and of Securiti Underlying Derivative (Instr. 3 an	es J Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)	(D)	Date Exercisable	Expiration Date		Title	Amount or Number of Shares		(Instr. 4)				
Stock Option	\$7.53	08/23/2012		A		100,000		(1)	08/22/20)22	Common	100,000	\$0	100,00	00	D		

Explanation of Responses:

(right to

1. This option vests as to 1/12th of the total number of shares on 11/23/12 and an additional 1/12th of the total number of shares at the end of each successive three month period thereafter until 8/23/15.

/s/ Jeffrey A. Munsie, attorneyin-fact

08/27/2012

** 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.