#### Edgar Filing: MERRIMACK PHARMACEUTICALS INC - Form 4

#### MERRIMACK PHARMACEUTICALS INC

Form 4 April 10, 2015

FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

3235-0287

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if no longer subject to Section 16. Form 4 or

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* CROCKER GARY L

2. Issuer Name and Ticker or Trading

Symbol

**MERRIMACK** 

PHARMACEUTICALS INC

[MACK]

3. Date of Earliest Transaction

(Month/Day/Year)

04/02/2015

C/O MERRIMACK PHARMACEUTICALS, INC., ONE KENDALL SQUARE, SUITE B7201

(State)

(First)

(Middle)

(Zip)

(City)

(Last)

4. If Amendment, Date Original (Street)

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner

Other (specify

Applicable Line)

X\_ Director

Officer (give title

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

CAMBRIDGE, MA 02139

|                 |                     | Tabl               | 7. 1 - Non-Derivative Securities Acquired, Disposed of, or Deficiciany Owned |                                   |     |            |                  |              |              |
|-----------------|---------------------|--------------------|--|-----------------------------------|-----|------------|------------------|--------------|--------------|
| 1.Title of      | 2. Transaction Date | 2A. Deemed         | 3.   | 4. Securities Acquired            |     |            | 5. Amount of     | 6. Ownership | 7. Nature of |
| Security        | (Month/Day/Year)    | Execution Date, if | Transactio   | Transaction(A) or Disposed of (D) |     |            | Securities       | Form: Direct | Indirect     |
| (Instr. 3)      |                     | any                | Code   | (Instr. 3, 4 and 5)               |     |            | Beneficially     | (D) or       | Beneficial   |
|                 |                     | (Month/Day/Year)   | (Instr. 8)   |                                   |     |            | Owned            | Indirect (I) | Ownership    |
|                 |                     |                    |  |                                   |     |            | Following        | (Instr. 4)   | (Instr. 4)   |
|                 |                     |                    |  |                                   |     |            | Reported         |              |              |
|                 |                     |                    |  |                                   | (A) |            | Transaction(s)   |              |              |
|                 |                     |                    |  |                                   | or  |            | (Instr. 3 and 4) |              |              |
|                 |                     |                    | Code V   | Amount                            | (D) | Price      | ·                |              |              |
| Common<br>Stock | 04/02/2015          |                    | M  | 35,000                            | A   | \$<br>1.71 | 2,893,961        | D            |              |
|                 |                     |                    |  |                                   |     |            |                  |              |              |
| Common<br>Stock | 04/02/2015          |                    | M  | 50,000                            | A   | \$<br>2.47 | 2,943,961        | D            |              |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form

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# displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                    | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) |                                     |
|---|---|---|---|--|---|--|--------------------|---|-------------------------------------|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable                                      | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of Shares |
| Stock<br>Option<br>(right to<br>buy)                | \$ 1.71   | 04/02/2015                              |   | M                                      | 35,000  | <u>(1)</u>   | 08/03/2015         | Common<br>Stock   | 35,000                              |
| Stock<br>Option<br>(right to<br>buy)                | \$ 2.47   | 04/02/2015                              |   | M                                      | 50,000  | <u>(1)</u>   | 08/01/2016         | Common<br>Stock   | 50,000                              |

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |  |
|--|---------------|-----------|---------|-------|--|
| Reporting Owner Funder Funderess                                       | Director      | 10% Owner | Officer | Other |  |
| CROCKER GARY L   |               |           |         |       |  |
| C/O MERRIMACK PHARMACEUTICALS, INC.<br>ONE KENDALL SQUARE, SUITE B7201 | X             |           |         |       |  |

### **Signatures**

/s/ Jeffrey A. Munsie, attorney-in-fact

CAMBRIDGE, MA 02139

04/10/2015

\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

- \* 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).
- (1) This option is fully vested.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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