McClements William M. Form 4 March 13, 2013

### FORM 4

#### **OMB APPROVAL**

3235-0287

January 31,

**OMB** 

Number:

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

Check this box if no longer subject to Section 16.

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

Expires: 2005 Estimated average burden hours per response... 0.5

Form 4 or 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 \* McClements William M.

2. Issuer Name and Ticker or Trading

Symbol

**MERRIMACK** 

PHARMACEUTICALS INC

[MACK]

(Last) (First) (Middle)

3. Date of Earliest Transaction

03/12/2013

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

(Month/Day/Year)

Director 10% Owner X\_ Officer (give title Other (specify

SVP of Corporate Operations

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

B7201

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

CAMBRIDGE, MA 02139

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)

(Month/Day/Year)

2. Transaction Date 2A. Deemed Execution Date, if

(Month/Day/Year)

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following

Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) (Instr. 4)

(A) or

(Instr. 3 and 4) Code V Amount (D) Price

Transaction(s)

Ownership (Instr. 4)

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 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)

#### Edgar Filing: McClements William M. - Form 4

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. Transaction Code (Instr. 8)	5. Number of orderivative Securities Acquired (A) Disposed of (Instr. 3, 4, an 5)	Exp (M or (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (A)	Date (D)		Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 6.35	03/12/2013		A	100,000		<u>(1)</u>	03/11/2023	Common Stock	100,000

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

McClements William M. C/O MERRIMACK PHARMACEUTICALS, INC. ONE KENDALL SQUARE, SUITE B7201 CAMBRIDGE, MA 02139

**SVP** of Corporate Operations

### **Signatures**

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

03/13/2013

\*\*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 vests as to 1/12th of the total number of shares on 6/12/13 and an additional 1/12th of the total number of shares at the end of each successive three month period thereafter until 3/12/16.

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.

Reporting Owners 2