Edgar Filing: MERRIMACK PHARMACEUTICALS INC - Form 4

| MERRIMA Form 4 June 16, 20 | CK PHARMACE | EUTICAL | S INC | | | | | | |
|--|--|--|---|--|---|--|--|--|---|
| FORM | STATES | S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | PPROVAL 3235-0287 | | |
| Check ti if no lor subject Section Form 4 Form 5 obligation may con <i>See</i> Inst 1(b). | nger to 16. or Filed put ons stinue. | Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 | | | | | | | January 31, 2005 average urs per . 0.5 |
| (Print or Type | Responses) | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Dineen John M. | | | 2. Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS INC [MACK] 3. Date of Earliest Transaction | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner Officer (give title Other (specify | | | |
| C/O MERI PHARMA | | C., ONE | | Day/Year) | Tansaction | | below) | below) | |
| | (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 | | | | |
| CAMBRIE | OGE, MA 02139 | | | | | | Form filed by Person | More than One R | eporting |
| (City) | (State) | (Zip) | Tał | ole I - Non-l | Derivative | Securities A | cquired, Disposed | of, or Beneficia | lly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemo Execution any (Month/Da | Date, if | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, 4 | (A) or of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Reminder: Re | port on a separate line | e for each cl | ass of sec | urities bene | Perso | ons who res | or indirectly. spond to the colle ained in this forr | | SEC 1474 (9-02) |

information contained in this form are not 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)

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| 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) | TransactionDerivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8 I S (|
|---|---|---|---|-----------------------|---------|--|--------------------|---|-------------------------------------|------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (right to buy) | \$ 10.92 | 06/15/2015 | | А | 13,306 | <u>(1)</u> | 06/14/2025 | Common Stock | 13,306 | |

Reporting Owners

| Reporting Owner Name / Add | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Dineen John M. C/O MERRIMACK PHARMACEUT ONE KENDALL SQUARE, SUITE I CAMBRIDGE, MA 02139 | | X | | | | |
| Signatures | | | | | | |
| /s/ Jeffrey A. Munsie, attorney-in-fact | 06/16/2015 | 5 | | | | |
| **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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