

MERRIMACK PHARMACEUTICALS INC  
 Form 3  
 April 10, 2017

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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 Expires: January 31, 2005  
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**INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person * Â Munsie Jeffrey A (Last) (First) (Middle)	2. Date of Event Requiring Statement (Month/Day/Year) 03/31/2017	3. Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS INC [MACK]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) General Counsel	5. If Amendment, Date Original Filed(Month/Day/Year)
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C/O MERRIMACK PHARMACEUTICALS, INC., Â ONE KENDALL SQUARE, SUITE B7201  
 (Street)

CAMBRIDGE, Â MA Â 02139  
 (City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	Â <u>(1)</u>	05/03/2021	Common Stock	89,518	\$ 5.54	D	Â
Stock Option (right to buy)	Â <u>(1)</u>	06/12/2022	Common Stock	10,000	\$ 6.8	D	Â
Stock Option (right to buy)	Â <u>(1)</u>	08/22/2022	Common Stock	14,100	\$ 7.53	D	Â
Stock Option (right to buy)	Â <u>(1)</u>	03/11/2023	Common Stock	32,500	\$ 6.35	D	Â
Stock Option (right to buy)	Â <u>(1)</u>	02/10/2024	Common Stock	35,000	\$ 5.02	D	Â
Stock Option (right to buy)	Â <u>(2)</u>	02/08/2025	Common Stock	30,000	\$ 9.08	D	Â
Stock Option (right to buy)	Â <u>(3)</u>	02/07/2026	Common Stock	60,000	\$ 5.42	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Munsie Jeffrey A C/O MERRIMACK PHARMACEUTICALS, INC. ONE KENDALL SQUARE, SUITE B7201 CAMBRIDGE, MA 02139	Â	Â	Â General Counsel	Â

## Signatures

/s/ Brian J. Kickham, attorney-in-fact 04/10/2017

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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.
- (2) This option vested as to 1/12th of the total number of shares on 5/9/15 and an additional 1/12th of the total number of shares at the end of each successive three month period thereafter until 2/9/18.
- (3) This option vested as to 1/12th of the total number of shares on 5/8/16 and an additional 1/12th of the total number of shares at the end of each successive three month period thereafter until 2/8/19.

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.