Edgar Filing: MERRIMACK PHARMACEUTICALS INC - Form 4

MERRIMA Form 4 June 13, 20	CK PHARMACE	EUTICAL	S INC								
FORN Check th if no lon subject to Section Form 4 Form 5 obligation may cor <i>See</i> Institut(b).	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940					N OMB Number: Expires: Estimated burden hou response	Number:3235-0287Expires:January 31, 2005Estimated average burden hours per response0.5				
(Print or Type	Responses)										
1. Name and Address of Reporting Person [*] Fehr Gordon J. (Last) (First) (Middle) C/O MERRIMACK			 2. Issuer Name and Ticker or Trading Symbol MERRIMACK PHARMACEUTICALS INC [MACK] 3. Date of Earliest Transaction (Month/Day/Year) 06/11/2013 			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <u></u>					
	CEUTICALS, IN L SQUARE, SUIT										
	(Street)	· · · · · · · · · · · · · · · · · · ·			If Amendment, Date Original led(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			
CAMBRID	OGE, MA 02139						Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	le 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. Deeme 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. pond to the colle ained in this form		SEC 1474 (9-02)		

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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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)	4. 5. Number of Transactio-Derivative Code Securities (Instr. 8) 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 Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 5.41	06/11/2013		А	30,268	<u>(1)</u>	06/10/2023	Common Stock	30,268

Reporting Owners

Reporting Owner Name / Address	Relationships					
		Director	10% Owner	Officer	Other	
Fehr Gordon J. C/O MERRIMACK PHARMACEUTICAL ONE KENDALL SQUARE, SUITE B7201 CAMBRIDGE, MA 02139	S, INC.	X				
Signatures						
/s/ Jeffrey A. Munsie, attorney-in-fact 0	6/13/2013	3				
** 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).

This option vests as to 1/4th of the total number of shares on 9/11/13 and an additional 1/4th of the total number of shares at the end of each successive three month period thereafter until 6/11/14, provided that such option shall vest in full on the date that is one business day

(1) $\frac{1}{1}$ prior to the date of the issuer's next annual meeting of stockholders (if earlier than 6/11/14) or in the event of a change in control (as determined by the issuer's board of directors).

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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