

MERRIMACK PHARMACEUTICALS INC  
 Form 3  
 May 21, 2014

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

OMB APPROVAL

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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)

<p>1. Name and Address of Reporting Person *</p> <p>Laivins Peter N</p> <p>(Last) (First) (Middle)</p> <p>C/O MERRIMACK PHARMACEUTICALS, INC., ONE KENDALL SQUARE, SUITE B7201</p> <p>(Street)</p> <p>CAMBRIDGE, MA 02139</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>05/14/2014</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>MERRIMACK PHARMACEUTICALS INC [MACK]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>SVP of Development</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**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)
Common Stock	2,000	D	À

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

SEC 1473 (7-02)

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**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	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	Â (1)	11/01/2021	Common Stock	40,000	\$ 6.78	D	Â
Stock Option (right to buy)	Â (2)	06/12/2022	Common Stock	10,000	\$ 6.8	D	Â
Stock Option (right to buy)	Â (3)	08/22/2022	Common Stock	22,300	\$ 7.53	D	Â
Stock Option (right to buy)	Â (4)	03/11/2023	Common Stock	35,000	\$ 6.35	D	Â
Stock Option (right to buy)	Â (5)	02/10/2024	Common Stock	100,000	\$ 5.02	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Laivins Peter N C/O MERRIMACK PHARMACEUTICALS, INC. ONE KENDALL SQUARE, SUITE B7201 CAMBRIDGE, MA 02139	Â	Â	Â SVP of Development	Â

## Signatures

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

05/21/2014

\*\*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 vested as to 1/6th of the shares on 4/17/12 and vests in equal quarterly installments thereafter until 10/17/14.
- (2) This option vested as to 1/12th of the shares on 9/13/12 and vests in equal quarterly installments thereafter until 6/13/15.
- (3) This option vested as to 1/12th of the shares on 11/23/12 and vests in equal quarterly installments thereafter until 8/23/15.
- (4) This option vested as to 1/12th of the shares on 6/12/13 and vests in equal quarterly installments thereafter until 3/12/16.
- (5) This option vested as to 1/12th of the shares on 5/11/14 and vests in equal quarterly installments thereafter until 2/11/17.

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.