

MERRIMACK PHARMACEUTICALS INC
 Form 3
 February 06, 2015

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)

1. Name and Address of Reporting Person * Â Schoeberl Birgit M. (Last) (First) (Middle) C/O MERRIMACK PHARMACEUTICALS, INC., Â ONE KENDALL SQUARE, SUITE B7201 (Street) CAMBRIDGE, Â MA Â 02139 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/30/2015	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) Head of Discovery	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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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	3,600	D	Â

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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- (1) This option is fully vested.
- (2) This option vested as to 1/12th of the total number of shares on 11/23/12 and an additional 1/12th of the total number of shares at the end of each successive three month period thereafter until 8/23/15.
- (3) This option vested 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.
- (4) This option vested as to 1/12th of the total number of shares on 5/11/14 and an additional 1/12th of the total number of shares at the end of each successive three month period 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.