FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|-----|-------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| - 1 | Estimated average | hurden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | | | | | <u> </u> | | | | | | | | | |
|---|---|--|---|----------|--------------|---|---|-------|--------------------------------------|---|--|--|----------------|-----------------------|---|------------------------------------|---|--|---|--|
| Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol Salarius Pharmaceuticals, Inc. [SLRX] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Rosenblum Mark J | | | | | | Salarius Filarifiaceuticais, file. [SLRX] | | | | | | | | Ι, | | Direc | Director | | 10% O | wner |
| | | | | | | | | | | | | | | | X | Officer (give title below) | | | Other (specif below) | |
| (Last) | (Fir | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2020 | | | | | | | | | | | Exec VP Fi | inance. (| CFO | |
| C/O SALARIUS PHARMACEUTICALS, INC. | | | | | | 02/13/2020 | | | | | | | | | | | Litee vi i | indirec, | | |
| 2450 HOLCOMBE BLVD., SUITE J - 608 | | | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | 1 | | | | | | | | | L | ine) | | | | | |
| , | HOUSTON TX 77021 | | | | 1 | | | | | | | | | | X | Form filed by One Reporting Person | | | | on |
| | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriva | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | efici | ally C | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, | | | nd | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transa | action(s) 3 and 4) | | | (msu. 4) |
| Common Stock 02/13/2 | | | | | /2020 | | | | P | | 5,000 | | A \$0. | | 359 | 5,000 | | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | | ransaction ode (Instr. | | of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | : t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Titl | or Nu of | nount mber ares | | | | | | |

Explanation of Responses:

Remarks:

/s/ Mark J. Rosenblum 02/13/2020

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.