FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-028										
II =											

87 Estimated average burden hours per response: 0.5

## 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

					UI V	Secu	011 30(1	) or the	iiivesiiiie	in Cu	пірапу Асі	01 194	40							
1. Name and Address of Reporting Person*  Arthur David J.						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Salarius Pharmaceuticals, Inc. [ SLRX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Artnur	David J.				1								,		X	Direc	ctor	10%	Owner	
(Last)	(Fi	rst) (	Middle)		3. D	Date (	of Earlie	est Trans	action (1	Month	/Dav/Year)			$\dashv$	X	Office	er (give title w)	Other below	(specify	
C/O SALARIUS PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/11/2020									Chief Executive Officer					
· · · · · · · · · · · · · · · · · · ·																				
2450 HOLCOMBE BLVD., SUITE J - 608				-																
(044)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HOUST(	ON TX	· .	77021												X	son				
			7021		.											Form filed by More than One Reporting				
(City)	(St	ate) (	Zip)													Pers	on			
		Tabl	e I - Nor	n-Deriv	ative	Se	curiti	es Ac	quired	, Dis	sposed c	of, o	r Ben	efici	ally	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution (ay/Year) if any		cution Date,		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Se		ount of ties cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount		(A) or (D)	Price	•	Reported Transaction(s) (Instr. 3 and 4)			(11150.4)	
Common Stock 02/11				1/2020						2,175	5	A	\$1.15		81,546		D			
		Та									osed of, onvertib				y Oı	wned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transactio Date (Month/Day/N			3A. Deeme Execution if any (Month/Da	Date, Transaction Code (Ins					6. Date Expirati (Month/		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v			Date Exercis	Date Expiration Exercisable Date		Title	or Nui of	ount nber ıres							

**Explanation of Responses:** 

Remarks:

/s/ David J. Arthur

02/12/2020

\*\* 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.