FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	JAVC							
OMB Number:	3235-0287							
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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* HANISH ARNOLD C					2. Issuer Name and Ticker or Trading Symbol Salarius Pharmaceuticals, Inc. [SLRX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O SALARIUS PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 02/11/2020											ficer (give title low)	Other below	(specify)
2450 HOLCOMBE BLVD., SUITE J - 608 (Street) HOUSTON TX 77021 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Non	-Deriva	ative	Sec	uritie	s Acc	quired,	Dis	posed o	f, or	Bene	eficial	ly Ow	ned		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date, if any		Execution Date,				Disposed	Securities Acquired (A posed Of (D) (Instr. 3,			Secu Ben Own	mount of urities eficially led Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount	((A) or (D)	Price	Tran	saction(s) r. 3 and 4)		(Instr. 4)				
Common Stock 02/11/				/2020		P		4,350 A		\$1.1	5	7,350	D					
		Та	ble II - D								sed of, onvertib				Owne	d		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, T	4. Transaction Code (Instr. 8)		5. Number		6. Date Exercisa Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			B. Price o Derivative Security Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of					

Explanation of Responses:

Remarks:

/s/ David J. Arthur, Attorney-

** Signature of Reporting Person

in-Fact

<u>02/12/2020</u> t

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.