FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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).

Instruc	tion 1(b).			File	d purs	suant Section	to Section	n 16(a	a) of the Se	curit	ies Exchan	ige Act of of 1940	1934		Lilouis	perie		0.0
Name and Address of Reporting Person* McVicar William K.			2. Issuer Name and Ticker or Trading Symbol Salarius Pharmaceuticals, Inc. [SLRX]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>1710 7 100</u>	***************************************				3. [Date o	f Earliest	Trans	saction (Mo	onth/	Day/Year)			X Direct	or (give title		10% Ow Other (s	
(Last)	,	,	(Middle)		02	02/20/2024									below)		below)	,
C/O SALARIUS PHARMACEUTICALS, INC. 2450 HOLCOMBE BLVD., SUITE X (Street) HOUSTON TX 77021				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Cit.)		·4-4-)	(7:-)		Ri	ule	10b5-	1(c)) Trans	act	ion Ind	icatior	1					
(City)	(5	tate)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tak	ole I - Nor	n-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed o	of, or Bo	eneficial	ly Owned	i			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date		Date,	e, Transaction Disposed Code (Instr. 5)		rities Acquired (A) o d Of (D) (Instr. 3, 4 a		Benefici Owned	es Form ally (D) of Following (I) (II		n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)			
		•	Table II -								osed of, convertil			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	e Execution D	Date, Transactio Code (Inst					6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4			ities ng re Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Stock Option	\$0.5711	02/20/2024			Α		20 500		02/20/202	5	02/19/2034	Commor	20.500	\$0	20.50	0	D	

02/20/2025

Explanation of Responses:

\$0.5711

Remarks:

(right to buy)

/s/Mark Rosenblum, as Attorney-in-Fact

02/19/2034

02/22/2024

20,500

D

** Signature of Reporting Person Date

20,500

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).

02/20/2024

** 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.