SEC For	m 4																	
FORM 4 UNITED				) STA	TES	s se			ES AND		NGE C	OMMI	SSION		OMB	APPRO\	/AL	
Section 16. Form 4 or Form 5 obligations may continue. See					T OF CHANGES IN BENEFICIAL OWNERSHIP								SHIP	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
1. Name and Address of Reporting Person* Lammers Paul					2.1	ssuer	Name an	nd Tic	ker or Trading	g Symbol	(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O SALARIUS PHARMACEUTICALS, INC				C.	3. Date of Earliest Transaction (Month/Day/Year) 12/02/2020								Officer (give title Other (specify below) below)					
2450 HOLCOMBE BLVD., SUITE J - 608					4.1	Line)									Joint/Group Filing (Check Applicable			
(Street)	HOUSTON TX 77021													X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)																		
		Tab	ole I - Noi						quired, D		•							
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ear) i	2A. Deemed Execution Date if any (Month/Day/Yea		Code (Ins	on Dispose	ties Acquired (A) or I Of (D) (Instr. 3, 4 and		Beneficia Owned F	es ally following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) or (D)	r Price	Price Reported Transaction (Instr. 3 and				(Instr. 4)		
									uired, Dis s, options				Owned					
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	ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/	ate	of Securities		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	ive ies cially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$0.74	12/02/2020			A		30,000		12/01/2021	12/01/2030	Common Stock	30,000	\$0	30,00	)0	D		

Explanation of Responses:

Remarks:

## /s/ Paul Lammers

\*\* Signature of Reporting Person

<u>12/04/2020</u> Date

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

 $^{\ast}$  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.