FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934							Ľ	iouio p	эст теэропэс.	0.0
L. Name and Address of Reporting Person*					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Arthur David J.		140 1 110111100	- COLORED	,	<u>cv</u> [ozrar	1	X	Director		10% C	wner
(Last) (First) (Middle)	00/10/		ay/Year)	_ x			below)	(specify			
C/O SALARIUS PHARMACEUTICALS, INC		2015						Ciliei I	LAECU	itive Officer	
2450 HOLCOME BLVD., SUITE J-608	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Salarius Pharmaceuticals, Inc. [SLRX] 5. Relationship of (Check all applica X Director X Officer (below) 09/10/2019 CEUTICALS, INC. UITE J-608 4. If Amendment, Date of Original Filed (Month/Day/Year) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Execution Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and Seneficial Owned Faceurities Seneficial Owned Transaction Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and Seneficial Owned Transaction Transactio		.i		Filing (Objects As						
Street)	4. If Am	nenament, Date of C	Montn/Day/Ye		6. Individual or Joint/Group Filing (Check Applicable Line)						
HOUSTON TX 77021							X	•		Reporting Person	
	—								/ More	e than One Repo	orting
(City) (State) (Zip)											
Table I - Non-	-Derivative S	ecurities Acqı	uired, D	ispo	osed of, o	r Bene	eficially	Owned			
Date		Execution Date, if any	Transaction Code (Instr.		Disposed Of (5. Amount of Securities Beneficially Owned Followi	Fori (D)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	<i>,</i>	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			(111501.4)

	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		ransaction of ode (Instr. Derivative		ive ies ed ed ed nstr.	6. Date Exerc Expiration Da (Month/Day/\	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to	\$8	09/10/2019		A		30,000		(1)	09/10/2029	Common Stock	30,000	\$0	30,000	D	

Explanation of Responses:

1. The grant has a 4-year vesting schedule with 25% vesting on September 30, 2020 and 1/12th of the balance vesting on the last day of each calendar quarter thereafter.

Remarks:

buy)

/s/ David J. Arthur 09/10/2019

** 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.