FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response | : 0.5 | | | | | | | | |

| Obligations m Instruction 1(I | ay continue. See o). | F | iled pursuant to Section 16(a) of the Securities Exchange Act of 193 | h | hours per response: | | |
|----------------------------------|-------------------------|-----------------------------|--|-------------------|---|---------------------|--------------------------------------|
| | | | or Section 30(h) of the Investment Company Act of 1940 | | | | |
| 1. Name and Add Arthur Dav | | g Person [*] | 2. Issuer Name and Ticker or Trading Symbol Salarius Pharmaceuticals, Inc. [SLRX] | (Check | tionship of Rep all applicable) Director Officer (give | | to Issuer % Owner her (specify |
| (Last) C/O SALARI | (First) US PHARMA | (Middle) CEUTICALS, INC. | 3. Date of Earliest Transaction (Month/Day/Year) 11/03/2021 | | below) | f Executive Officer | |
| 2450 HOLCO | ME BLVD., S | UITE X | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/G | Filing (Che | ck Applicable |
| HOUSTON | тх | 77021 | | X | Form filed by | Person | |
| | | | _ | | Form filed by Person | More than One | Reporting |
| (City) | (State) | (Zip) | | 1 | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|---|--------|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 11/03/2021 | | A ⁽¹⁾ | | 7,939 | Α | \$0.718 | 110,186 | D | |

| | 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) | | saction le (Instr. be (Instr.)be | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 | | | | |

Explanation of Responses:

1. The reporting person voluntarily agreed to receive a percentage of his base salary in issuer shares and receive these shares in lieu of net cash compensation. Shares are purchased at a price determined pursuantto the issuer's Employee Stock Purchase Plan.

Remarks:

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

** Signature of Reporting Person

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.

Check this box if no longer subject \frown to Section 16. Form 4 or Form 5

Date

11/05/2021