FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* Rosenblum Mark J | | | | | 2. Issuer Name and Ticker or Trading Symbol Salarius Pharmaceuticals, Inc. [SLRX] | | | | | | | | (Chec | tionship of Reporti all applicable) Director Officer (give title | | 10% | o Issuer o Owner er (specify | |
|--|-------|-----------|--------------|-----------------|---|---------------------------|---|----------|----------------|-------|---------------------|---|--|---|---|----------------------|------------------------------|------------|
| (Last) (First) (Middle) C/O SALARIUS PHARMACEUTICALS, INC. 2450 HOLCOMBE BLVD., SUITE X | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/03/2022 | | | | | | | X | below E | | |)) | | |
| (Street) HOUST(| ON TX | | 7021 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 11/07/2022 | | | | | | | | 6. Indi Line) X | ′ | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired | , Dis | posed of | , or E | Benefi | icially | / Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 4 and Secui Bene | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ice | Transa | ction(s) 3 and 4) | | (Instr. 4) |
| Common Stock 11/03/20 | | | | 2022 | | A | V | 1,488(1) | A | \$1 | 1.734 | | ,419 | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Conversion or Exercise Price of Derivative Security (Instr. 3) 1. Title of Conversion Date Execution Date (Month/Day/Year) Or Exercise Price of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) | | ion Date, | Code (Instr. | | of | r osed) r. 3, 4 | 6. Date Expira (Month | tion Da | | | Der Sec (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Beneficial Ownership t (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | or Number of Shares | | | | | |

Explanation of Responses:

1. The Reporting Person's previous Form 4 filed on November 7, 2022 and amended on November 8, 2022 incorrectly reported the Reporting Person acquiring 7,314 shares of common stock under the Salarius Pharmaceuticals, Inc. 2015 Employee Stock Purchase Plan, as amended, in transactions that were exempt under both Rule 16b-3(d) and Rule Rule 16b-3(c), when it should have been reported as

Remarks:

/s/ Mark J. Rosenblum

12/12/2022

** 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.