Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

| Name and Address of Reporting Person* HANISH ARNOLD C | | | | 2. Issuer Name and Ticker or Trading Symbol Salarius Pharmaceuticals, Inc. [SLRX] | | | | | | | | | ationship of Reporti k all applicable) Director | | 10% Ov | | wner | | |
|---|----------|--|---------------------------------|---|---|-------|--|---------------------------|--------------------------------|------------|---|-----------------------|---|--|---|--|------------|--|---|
| | ARIUS PH | rst) (I HARMACEUTIO BLVD., SUITE | | INC. | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2020 | | | | | | | | Officer (give title below) | | | Other (below) | | | |
| (Street) HOUST(| | | 77021 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 08/24/2020 | | | | | | | 6. Indi Line) X | Form | or Joint/Group Filing (Check Applicable In filed by One Reporting Person In filed by More than One Reporting | | | | | |
| | | Table | l - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date | | | 2. Transac Date (Month/Da | ction 2A. Deemed Execution Date, | | Date, | 3. 4. Securities Disposed Of Code (Instr. 5) | | | | A) or 5. Amo 4 and Securit Benefit Owned | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or P | rice | | saction(s) r. 3 and 4) | | | (Instr. 4) | | |
| Common Stock ⁽¹⁾ 08/2 | | | | 08/21/2 | /2020 | | | Р | | 4,000 | P | \ | \$0.98 | 11,350 | | | I | By Arnold C. Hanish Trust | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | | on Date, | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | 6. Date Expirati (Month/ | on Da | | | unt of rities rlying ative rity (Ins | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

1. This Form 4/A is being filed to amend the Form 4 filed by the Reporting Person on August 24, 2020 to reflect that the securities reported are indirectly beneficially owned as indicated herein.

Remarks:

/s/David Arthur, as Attorneyin-Fact

06/07/2022

** 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.