| SEC For | m 4 | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--|--|-----------------------------|-----------------|-------------|---|-----------------------------------|---|--------------------|-----------------|-------------------------------|-------------------------------------|---|---|---|--|---------------------------------------|--|
| | FORM | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | | | | OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | |
| Section 10. Form 4 or Form 5 obligations may continue. See | | | | | NT OF CHANGES IN BENEFICIAL OWNER ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | HIP | | | | Estim | |
| 1. Name and Address of Reporting Person* Loiacono Michael | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Marker Therapeutics, Inc.</u> [MRKR] | | | | | | | | | | (Che | ck all applica Director | able) | , | | er /ner pecify | |
| (Last) (First) (Middle) C/O MARKER THERAPEUTICS, INC. 3200 SOUTHWEST FREEWAY, SUITE 224 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2021 | | | | | | | | | | | Chief Accounting Officer | | | | peeny | |
| (Street) HOUST | 77027 | | 4. lf / | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Chec Line) X Form filed by One Reporting P Form filed by More than One F | | | | | | | | | | rting Persor | | | | | | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | | | | | Person | | | |
| | | Та | ble I - Non | -Deriv | ative | Secu | urities | s Ac | cquir | red, D | isp | osed o | of, or | Ben | eficially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date (Month/I | | | | action 2A. Deemo Execution Jay/Year) if any (Month/Da | | | Date | 9, T | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (Disposed Of (D) (Instr. 3 | | | Beneficia Owned Fo | y (D) o | | n: Direct r Indirect Istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | c | Code V | ′ | Amount | | A) or D) | Price | Reported Transaction (Instr. 3 and | tion(s) | | | (Instr. 4) | |
| | | | Table II - I (| Deriva e.g., p | tive S uts, c | Secur calls, | rities warra | Acq ants | quire s, op | ed, Dis otions | spo , co | sed of, onverti | , or B ble s | enef ecur | icially (ities) | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Code (I | | on De tr. Se or of | Derivative | | Expi | ate Exer iration D nth/Day/ | ate | of Securiti | | curities rlying ative S | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Ca | ode V | A) | A) | (D) | Date Exer | e rcisable | | cpiration ate | Title | | Amount or Number of Shares | int (l | (Instr. 4) | | | | |
| Employee Stock Option (right to buy) | \$3.29 | 02/10/2021 | | 1 | | 14 | 40,000 | | | (1) | 02 | 2/10/2031 | Comn Stoc | | 140,000 | \$0.00 | 140,0 | 00 | D | | |

Explanation of Responses:

1. This option vests in equal monthly installments over a four year period commencing on March 10, 2021 subject to the continued service by the Reporting Person to the Issuer as of the applicable vesting date.

/s/ Michael Loiacono

** Signature of Reporting Person

02/12/2021 Date

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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.