FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

vvasimigton,	D.O. 200-0	

OMB APPROVAL

OMB Number: 3	3235-0287				
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					01 300	1011 50(11)	01 1110	investment c	ompany Act	01 10-10							
Name and Address of Reporting Person*     Vera Juan					2. Issuer Name and Ticker or Trading Symbol  Marker Therapeutics, Inc. [ MRKR ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
												C Director			10% Ow	ner	
					3. Date of Earliest Transaction (Month/Day/Year) 10/19/2018							Officer (give title Other (s below)			pecify		
5 WEST FORSYTH STREET, SUITE 200																	
·						4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable					
(Street)					4. If Alliendment, Bate of Original Filed (Month Bay) Tear)							Line)					
, ,	ONVILLE I	a.	32202									K Form fi	ed by One	Repor	ting Person		
JIICIOC	JIV VILLE I	. ш	32202										ed by More	than	One Report	ing	
	,_											Person					
(City)	(S	tate)	(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)				te	Execution Date,		Code (Instr.						Form: (D) or	n: Direct   I or Indirect   I nstr. 4)	7. Nature of ndirect Beneficial Ownership		
							Code V	Amount	(A) o (D)	(A) or (D) Price		ion(s) and 4)			(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
			(e.	g., puts	s, cal	ls, warr	ants	s, options	converti	ble secu	ırities)						
1. Title of Derivative Security (Instr. 3)	or Exercise (Month/Day/Year) if any		Execution Date,	4. Transa Code 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Co			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Employee Stock Option (Right to Buy) <sup>(1)</sup>	\$9.18	10/19/2018		A		500,000		(1)	10/19/2028	Common Stock	500,000	\$0	500,00	0	D		

## Explanation of Responses:

1. Represents options granted under the Company's 2014 Omnibus Stock Ownership Plan, as amended, that were granted in connection with entering into a consulting agreement with the Company to serve as the Company's Chief Development Officer. One quarter of the shares vest on the first anniversary of the grant date and the remainder of the shares subsequently vest in equal monthly installments over a three year period upon the continued performance of services by the Reporting Person to the Company through the vesting dates. The option exercise price is the closing price on the date of the grant, October 19, 2018.

/s/ Mark A. Catchur, as Attorney-in-Fact for Juan Vera

10/23/2018

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.