SEC Form 5																
FOF	UNITED STA	ITED STATES SECURITIES AND EXCHANGE CON Washington, D.C. 20549									N					
to Section 16.	k if no longer subject Form 4 or Form 5 ay continue. <i>See</i> ).	ANNUA	ANNUAL STATEMENT OF CHANGES IN BENEF								4L	E	OMB APPROVAL OMB Number: 3235-03 Estimated average burden			
Form 3 Holdings Reported.												h	hours per response: 1.0			
X Form 4 Transa	actions Reported.	File	d pursuant to Sec or Section 30													
1. Name and Address of Reporting Person <sup>*</sup> <u>ELMS STEVE</u>			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Marker Therapeutics, Inc.</u> [ MRKR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)         X       Director         10% Owner					
(Last) C/O MARKER	3. Statement 1 12/31/2020	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020								Officer (give title Other (specify below) below)						
3200 SOUTHWEST FREEWAY, SUITE 2240			4. If Amendm	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) HOUSTON	-	X Form filed by One Reporting Person Form filed by More than One Reporting Person														
(City)																
	Ta	able I - Non-Deriv	ative Securit	ties Acc	quire	ed, Dis	posed	of, o	Benefi	ciall	ly Own	ed				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dis Of (D) (Instr. 3, 4 and 5)			) or Dispos	Securities Beneficially		es ally		rship I Direct I	7. Nature of ndirect Beneficial	
			(Month/Day/Year)			Amount		(A) or (D)	Price		Owned at end o Issuer's Fiscal Year (Instr. 3 an 4)		Indirect (I)		Ownership (Instr. 4)	
Common Stock		05/19/2020		A4		17,0	22 <sup>(1)</sup>	Α	\$0.00	)	17,022		D			
Common Stock											2,000,000			T I	See footnote <sup>(2)</sup>	
		Table II - Deriva (e.g., p	tive Securitie uts, calls, wa	es Acqu arrants,	uired , opt	l, Disp tions, (	osed c conver	of, or l tible :	Benefici securitie	ally es)	Owne	d				
Security or Exe (Instr. 3) Price Deriva	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		Transaction C Code (Instr. E 8) / ( C ( C C C C C C C C C C C C C C C C C	5. Number of Derivative Securities Acquired A) or Disposed of (D) Instr. 3, 4 und 5)	Expi	ate Exerc iration Da nth/Day/Y		An Se Un De Se	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Derivative de Security Se (Instr. 5) Be Fo Re Tra (In		ing ed ction(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	

## Explanation of Responses:

1. Represents the portion of the annual board retainer for each non-employee director payable in immediately vested common stock under the Company's 2014 Omnibus Stock Ownership Plan, as amended and based on the closing price of \$2.35 per share, on the day immediately preceding the date of the Company's 2019 annual meeting.

(A) (D)

Date

Exercisable

2. The reportable securities are directly owned by Aisling Zapital IV, LP ("Aisling"). The Reporting Person is a managing member of the general partner of the general partner of Aisling and may be deemed to share voting and dispositive power over the shares owned by Aisling. The Reporting Person disclaims beneficial ownership except to the extent of his pecuniary interest therein, and the inclusion of these securities herein shall not be deemed an admission of beneficial ownership for purposes of Section 16 or for any other purpose.

Remarks:

/s/ Michael Loiacono,

Attorney-in-Fact

or Number

of Shares

Title

Expiration Date

02/12/2021

\*\* 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.