

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

1. Name and Address of Reporting Person* <u>Szymanska Anna</u>			2. Issuer Name and Ticker or Trading Symbol <u>Marker Therapeutics, Inc. [ MRKR ]</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) _____ <u>Vice President, Quality</u>		
(Last) (First) (Middle) <u>C/O MARKER THERAPEUTICS, INC.</u> <u>3200 SOUTHWEST FREEWAY, SUITE 2240</u>			3. Date of Earliest Transaction (Month/Day/Year) <u>03/10/2020</u>			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person		
(Street) <u>HOUSTON TX 77027</u>			4. If Amendment, Date of Original Filed (Month/Day/Year)					
(City) (State) (Zip)								

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 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) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
<u>Employee Stock Option (Right to Buy)</u>	<u>\$2.12</u>	<u>03/10/2020</u>		<u>A</u>		<u>7,500</u>		<u>(1)</u>	<u>03/10/2030</u>	<u>Common Stock</u>	<u>7,500</u>	<u>\$0.00</u>	<u>7,500</u>	<u>D</u>	
<u>Employee Stock Option (Right to Buy)</u>	<u>\$2.12</u>	<u>03/10/2020</u>		<u>A</u>		<u>32,500</u>		<u>(2)</u>	<u>03/10/2030</u>	<u>Common Stock</u>	<u>32,500</u>	<u>\$0.00</u>	<u>32,500</u>	<u>D</u>	

**Explanation of Responses:**

1. Represents a bonus for 2019 performance granted under the Company's 2014 Omnibus Stock Ownership Plan. This option vests in equal monthly installments over a four year period commencing on April 10, 2020 subject to the continued service by the Reporting Person to the Issuer as of the applicable vesting date.
2. This option vests in equal monthly installments over a four year period commencing on April 10, 2020 subject to the continued service by the Reporting Person to the Issuer as of the applicable vesting date.

**Remarks:**

/s/ Anthony Kim, Attorney-in-Fact 03/12/2020

\*\* 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.