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: 3235-028										
Estimated average burden										
hours per response	: 0.5									

	tion 1(b).	iuc. See		Filed							ies Exchang mpany Act o					nours	s per re	esponse:	0.5
Name and Address of Reporting Person* Hoang Peter L.				2. Issuer Name and Ticker or Trading Symbol Marker Therapeutics, Inc. [MRKR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
										X	Direc	ctor		10% Owner					
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							X	X Officer (give title below)			Other (specify below)			
C/O MARKER THERAPEUTICS, INC.					03/16/2021						President and CEO								
3200 SOUTHWEST FREEWAY, SUITE 2500																			
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
HOUST	ON TX	7	7027											X	X Form filed by One Reporting Person				
		,	7027											Form filed by More than One Report Person				orting	
(City)	(Sta	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or I	3enefi	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				Execution Date,		Oate,	3. Transaction Code (Instr. 8) 4. Securities Acc Disposed Of (D) 5)						ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	or Pr	ice	Report Transa (Instr. 3	action(s) 3 and 4)			(Instr. 4)	
Common Stock 03/16/2				2021				P		142,857	1	A \$	1.75	75 332,568			D		
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) if any Code (Instr. en of ivative) (Month/Day/Year) 8)			5. Number of Expiration Dat (Month/Day/Ye Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			te Amount of		De Se (In:	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code V (A) (D)		(D)	Date Exercis	able	Expiration Date	Title	Amous or Number of Shares	er						

Explanation of Responses:

Remarks:

/s/ Michael Loiacono, Attorney-in-Fact

03/18/2021

** 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.