UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

June 1, 2020
Date of Report (Date of earliest event reported)

MARKER THERAPEUTICS, INC.
(Exact name of registrant as specified in its charter)

Delaware	**001-37939**	**45-4497941**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

3200 Southwest Freeway
Suite 2240
Houston, Texas **77027**
(Address of principal executive offices) (Zip Code)

(713) 400-6400
Registrant's telephone number, including area code

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.001 per share	MRKR	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On June 1, 2020, Marker Therapeutics, Inc. (the "***Company***") hosted a live webcast featuring Brandon G. Smaglo, M.D., FACP, lead investigator and Associate Professor, Department of Gastrointestinal Medical Oncology, Division of Cancer Medicine at The University of Texas MD Anderson Cancer Center, Houston, Texas, and the Company's senior management to discuss interim results from an investigator-sponsored clinical trial led by Baylor College of Medicine evaluating the Company's MultiTAA therapy for the treatment of patients with pancreatic adenocarcinoma. A copy of the slides presented during the webcast is furnished herewith as Exhibit 99.1 and is incorporated herein by reference.

The information in this Item 7.01 of this Current Report on 8-K (including Exhibit 99.1) is furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or subject to the liabilities of that section or Sections 11 and 12(a)(2) of the Securities Act of 1933, as amended. The information shall not be deemed incorporated by reference into any other filing with the Securities and Exchange Commission made by the Company, whether made before or after today's date, regardless of any general incorporation language in such filing, except as shall be expressly set forth by specific references in such filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	**Description**
99.1	Company presentation, dated June 1, 2020

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Marker Therapeutics, Inc.

Dated: June 1, 2020

By: /s/ Anthony Kim
Anthony Kim
Chief Financial Officer

Exhibit 99.1

Phase 1 Trial in Pancreatic Adenocarcinoma (TACTOPS)

JUNE 1, 2020

MARKER THERAPEUTICS

FORWARD LOOKING STATEMENTS

This presentation includes forward-looking statements. All statements contained in this presentation other than statements of historical facts, including statements regarding future results of operations and financial position of Marker Therapeutics, Inc. ("Marker," "we," "us," "our" or the "Company"), our business strategy and plans, our research, development and regulatory activities and expectations relating to our non-engineered multi-tumor antigen specific T cell therapies, the effectiveness of these programs or the possible range of application and potential curative effects and safety in the treatment of diseases and the timing and success of our clinical trials, as well as clinical trials conducted by our collaborators, are forward-looking statements. The words "anticipate," believe," "continue," "estimate," "expect," "intend," "may," "will" and similar expressions are intended to identify forward-looking statements. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our financial condition, results of operations, business strategy, clinical development, short-term and long-term business operations and objectives and financial needs. These forward-looking statements are subject to a number of risks, uncertainties and assumptions. Risks regarding our business are described in detail in our Securities and Exchange Commission filings, including in our Quarterly Report on Form 10-Q for the quarter ended March 31, 2020. Moreover, we operate in a very competitive and rapidly changing environment. New risks emerge from time to time. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. In light of these risks, uncertainties and assumptions, the future events and trends discussed in this presentation may not occur and actual results could differ materially and adversely from those anticipated or implied in the forward-looking statements.

Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee future results, levels of activity, performance, achievements or events and circumstances reflected in the forward-looking statements will occur. We are under no duty to update any of these forward-looking statements after the date of this presentation to conform these statements to actual results or revised expectations, except as required by law. You should, therefore, not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this presentation. Moreover, except as required by law, neither we nor any other person assumes responsibility for the accuracy and completeness of the forward-looking statements contained in this presentation.

Pancreatic Cancer Overview

Pancreatic cancer is the seventh leading cause of global cancer deaths and the third leading cause of cancer death in the U.S.

Prevalence

- In 2017, there were an estimated **78,969** people living with pancreatic cancer in the U.S.
- Estimated new cases in 2020: **57,600**
- Estimated deaths in 2020: **47,050**

Survival Rates

- Local (pancreas): Accounts for **10%** of cases; 5-year survival rate is **37%**
- Regional (lymph nodes): **29%** of cases; 5-year survival rate is **12%**
- Distant (Stage IV or metastatic): More than half of all cases **(53%)** are diagnosed at the distant stage; 5-year survival rate is **3%**
- Overall 5-year survival rate = **10%**

Combination Treatment

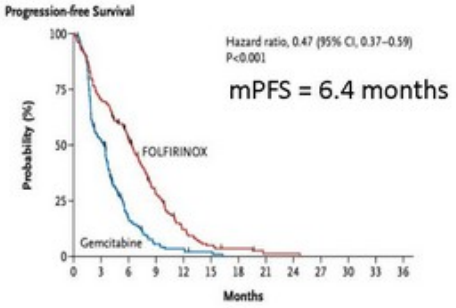
- SOC for front-line unresectable pancreatic cancer: Chemotherapy (FOLFIRINOX or Gemcitabine/nab-paclitaxel)
- Less than **20%** of patients are candidates for surgery (resectable) because cancer has usually spread by the time of diagnosis

Sources: National Cancer Institute, National Institutes of Health, American Cancer Society, Pancreatic Cancer Action Network

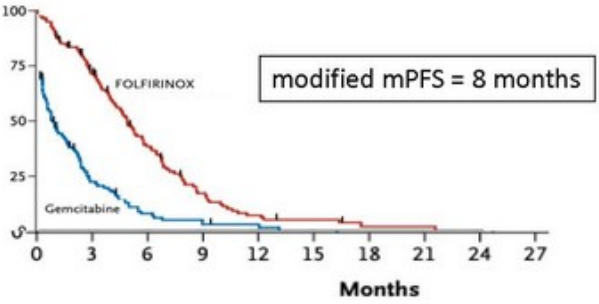
Expected PFS in Phase 1 Pancreatic Study at Baylor College of Medicine (BCM)

We commissioned an outside statistician to analyze the expected PFS for patients consistent with the eligibility of BCM Ph1 TACTOPS study by removing patients who progressed during the first 3 months of chemotherapy alone

FOLFIRINOX (ACCORD study)

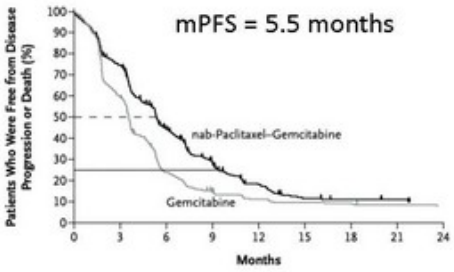


mPFS = 6.4 months



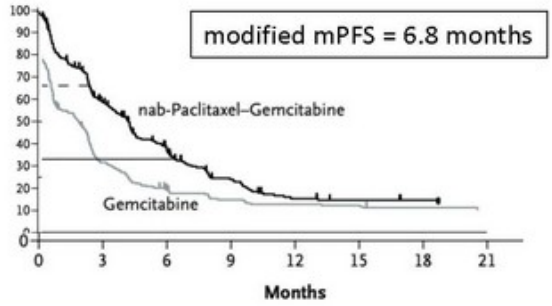
modified mPFS = 8 months

Nab-Paclitaxel-Gemcitabine (MPACT study)



mPFS = 5.5 months

Expected PFS based on Baylor Ph1 Eligibility



modified mPFS = 6.8 months

MultiTAA-Specific T Cell Therapy in First-Line Setting

Demonstrates benefit on top of standard-of-care chemotherapy in patients with advanced and metastatic pancreatic cancer

ASCO 2020 Presentation

"A phase I trial targeting advanced or metastatic pancreatic cancer using a combination of standard chemotherapy and adoptively transferred nonengineered, multiantigen specific T cells in the first-line setting (TACTOPS)"

Observations

- ✓ MultiTAA-specific T cells was well tolerated when administered to patients with advanced pancreatic cancer, along with SOC chemotherapy
- ✓ In some patients, addition of T cells extended duration of first-line therapy, controlled cancer and induced additional tumor responses
- ✓ Clinical benefit correlated with detection of tumor-reactive T cells in patient peripheral blood
- ✓ T cells exhibited activity against targeted antigens and non-targeted TAAs, indicating induction of antigen/epitope spreading
- ✓ No infusion-related systemic- or neuro-toxicity

Brandon G. Smaglo, M.D., FACP

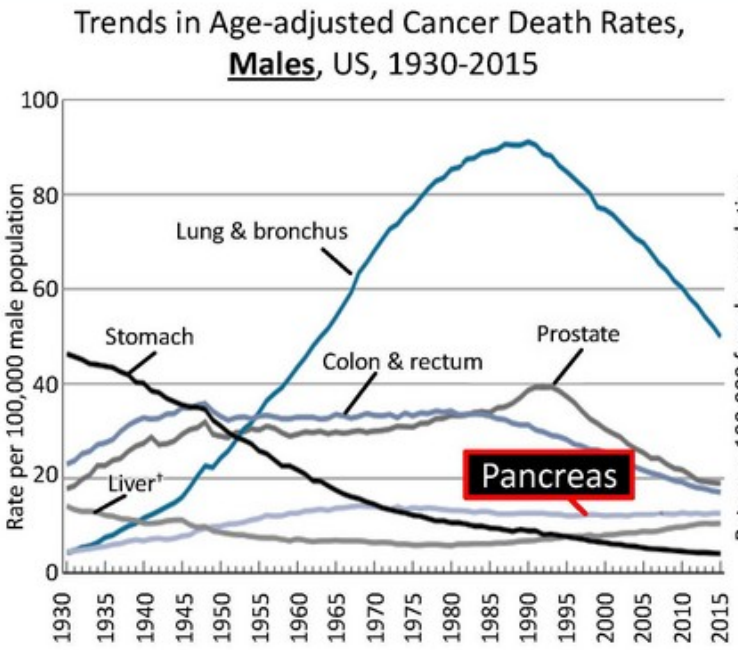
Associate Professor, Department of Gastrointestinal (GI) Medical Oncology, Division of Cancer Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX

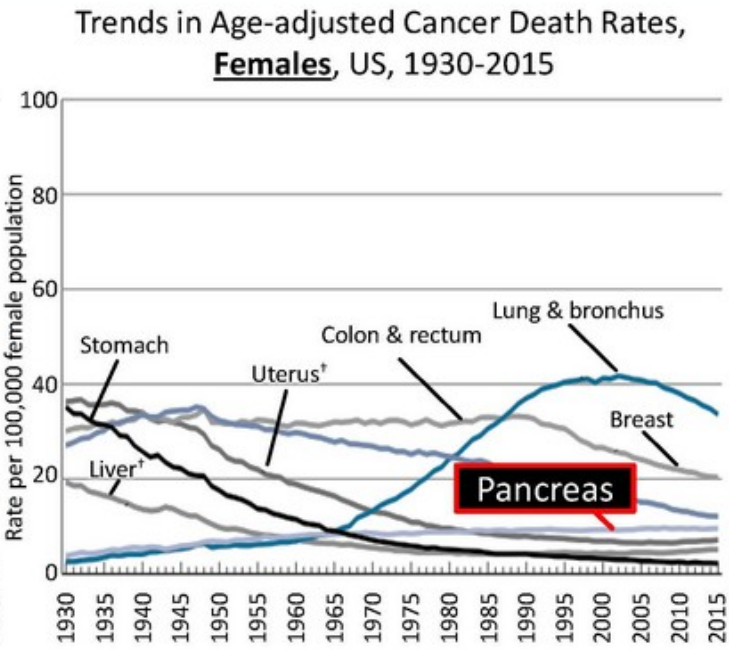
TACTOPS study conducted by Baylor College of Medicine

A Phase I Trial Targeting Advanced or Metastatic Pancreatic Cancer using a Combination of Standard Chemotherapy and Adoptively Transferred Nonengineered, Multiantigen Specific T Cells in the First-Line Setting (TACTOPS)

Brandon G Smaglo, MD, FACP

Pancreatic Cancer Mortality

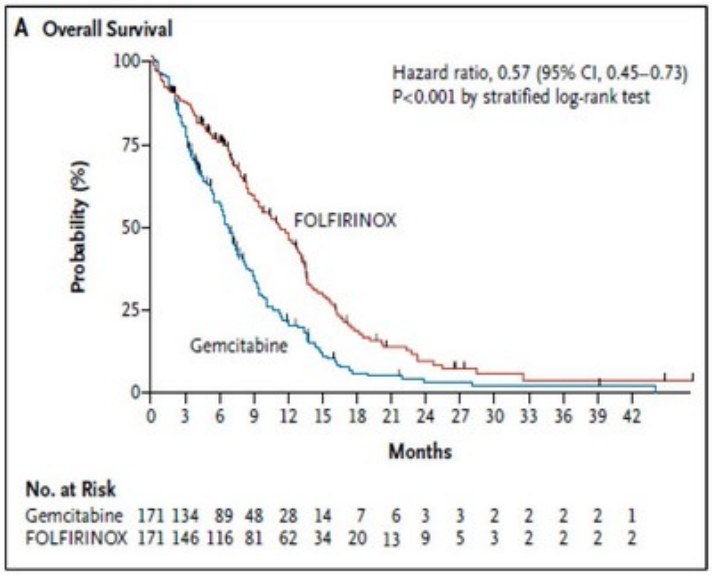




American Cancer Society Fact & Figures 2018

ACCORD-11:FOLFIRINOX

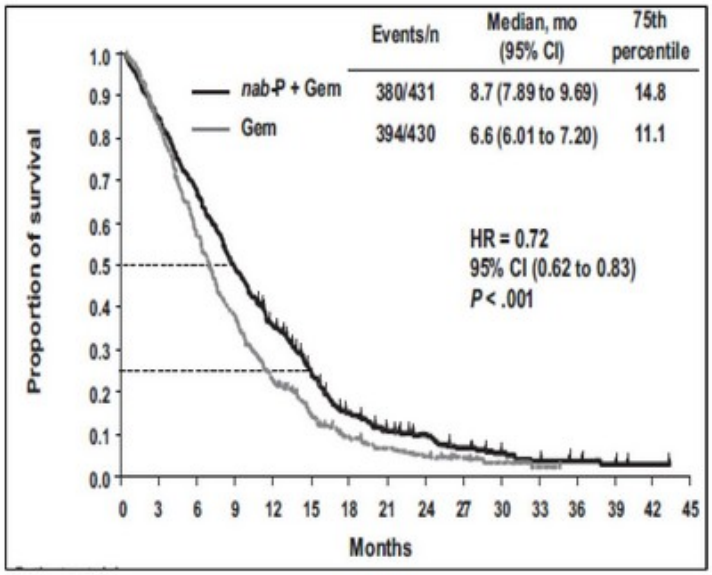
- First line option for metastatic disease
- Toxic
  - Not all patients can tolerate
  - Cannot continue indefinitely
- mOS 11.1 months
- mPFS 6.4 months



Conroy T, et al. N Engl J Med 364:1817; 2011.

MPACT:gemcitabine/nabpaclitaxel

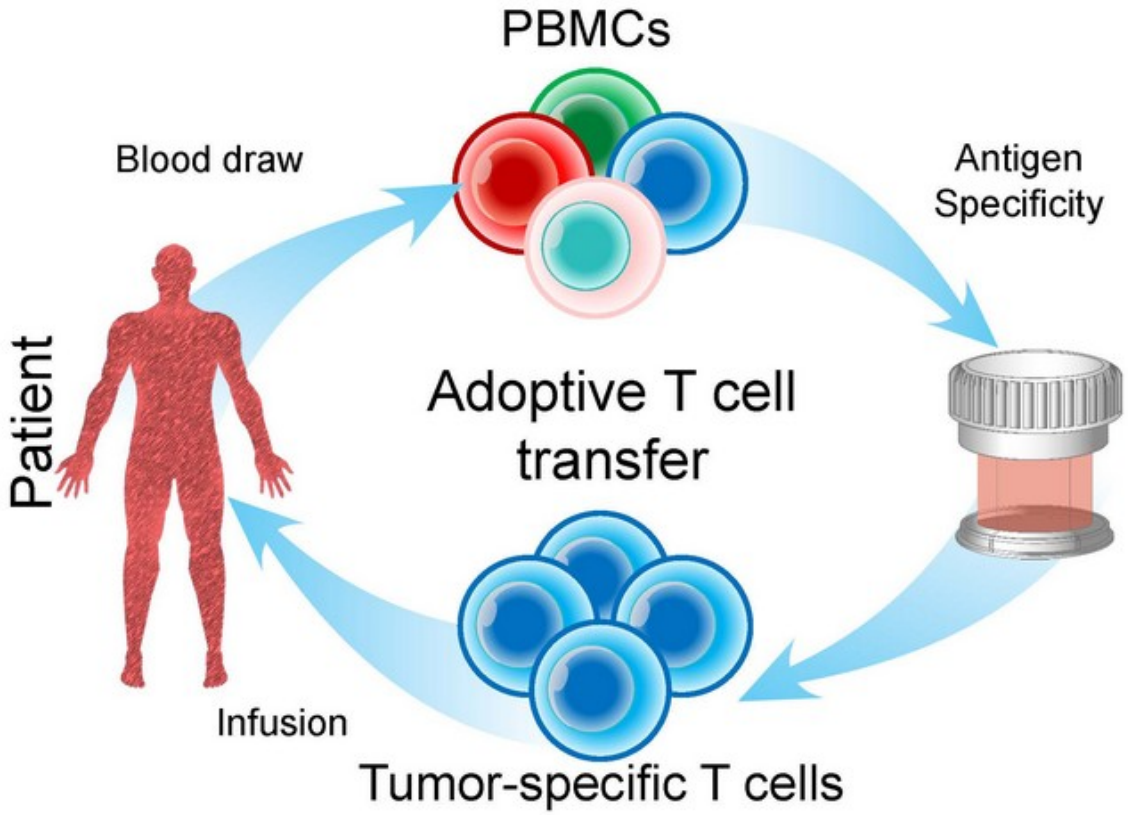
- First line option for metastatic disease
- Thought of as less toxic
- mOS 8.5 months
- mPFS 5.5 months



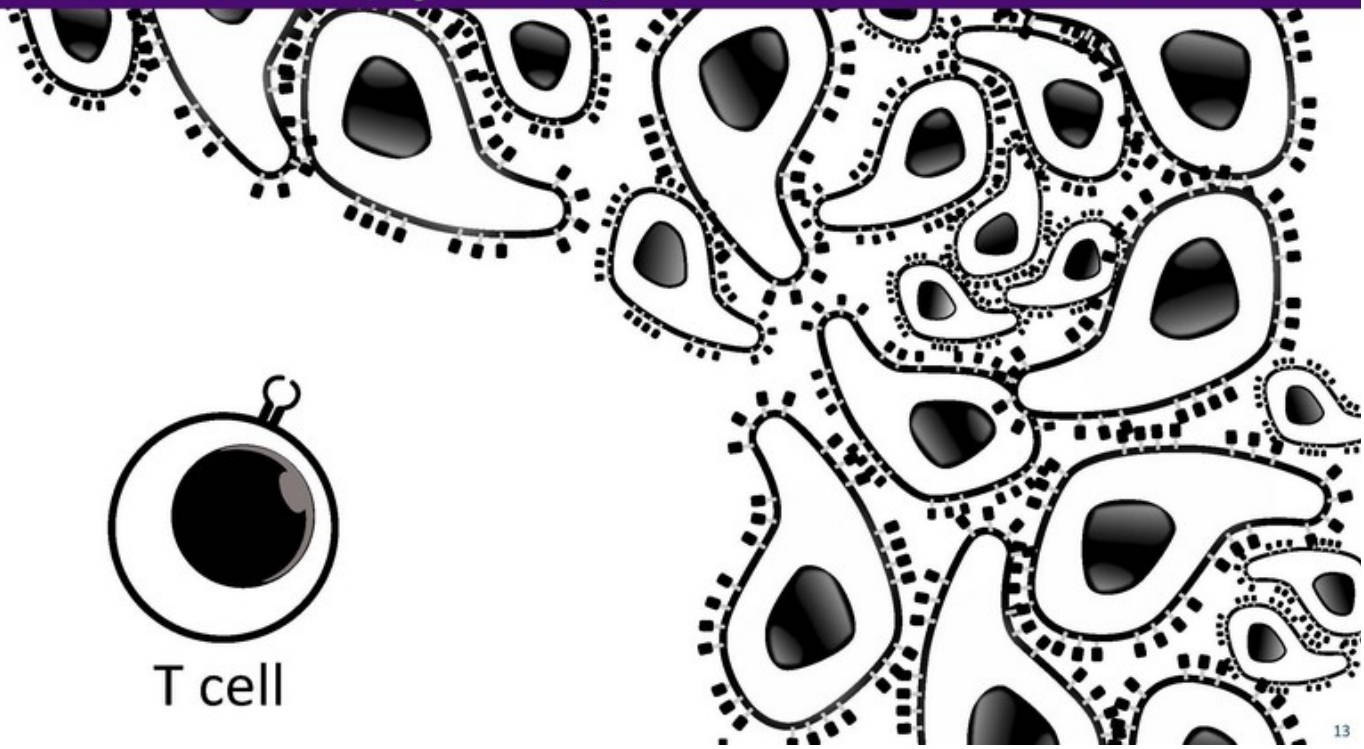
Von Hoff DD, et al. N Engl J Med 369:1691;2013.

Pancreatic Cancer: Treatment

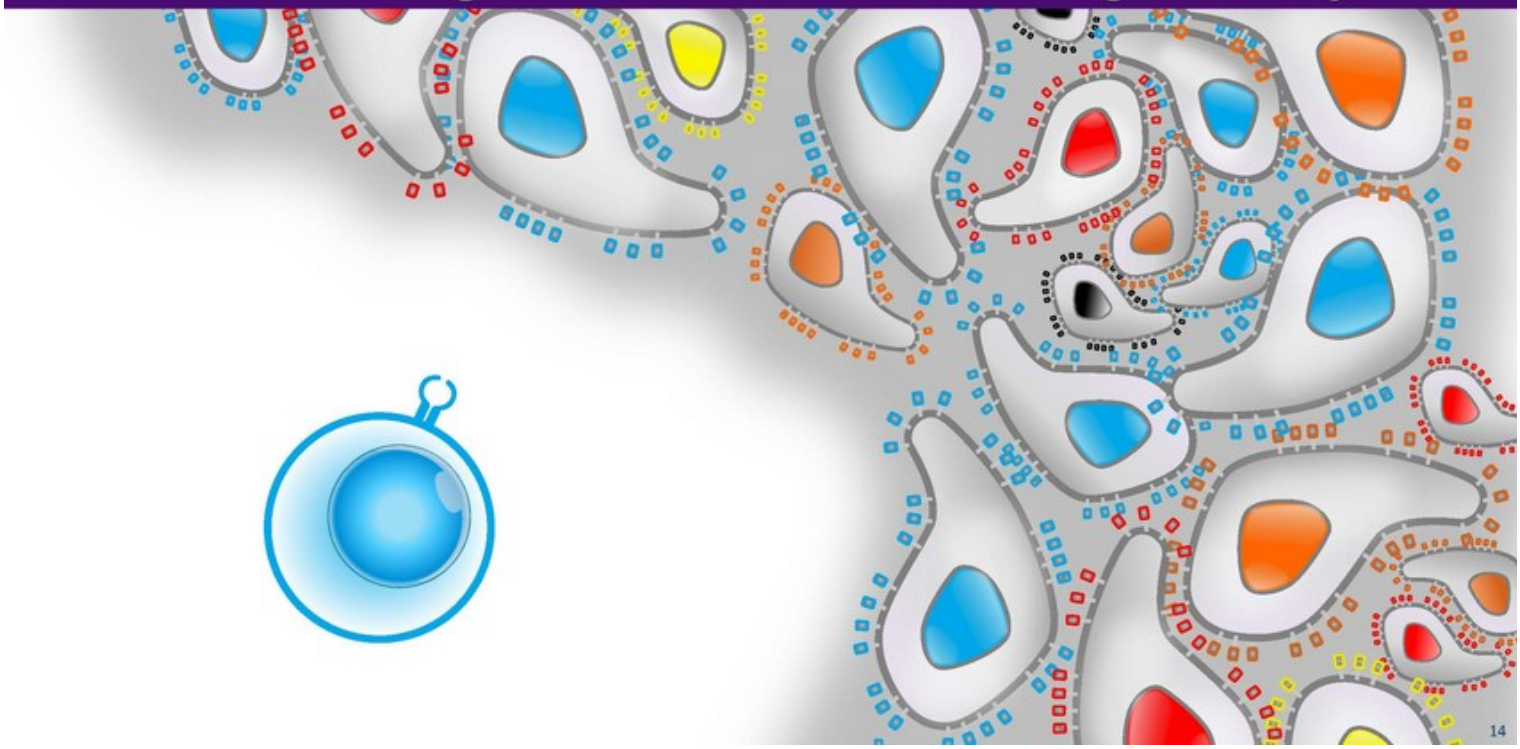
- Combination chemotherapy (FFX or G/A)
  - Non-chemotherapy options very limited
- Side effects
  - Cumulative: fatigue, neuropathy, cytopenias
  - Repetitive: nausea, vomiting, diarrhea
  - Distressing: alopecia, cold-hypersensitivity
- T cell therapy options attractive for exploration


PBMCs
Blood draw
Antigen Specificity
Patient
Adoptive T cell transfer
Infusion
Tumor-specific T cells

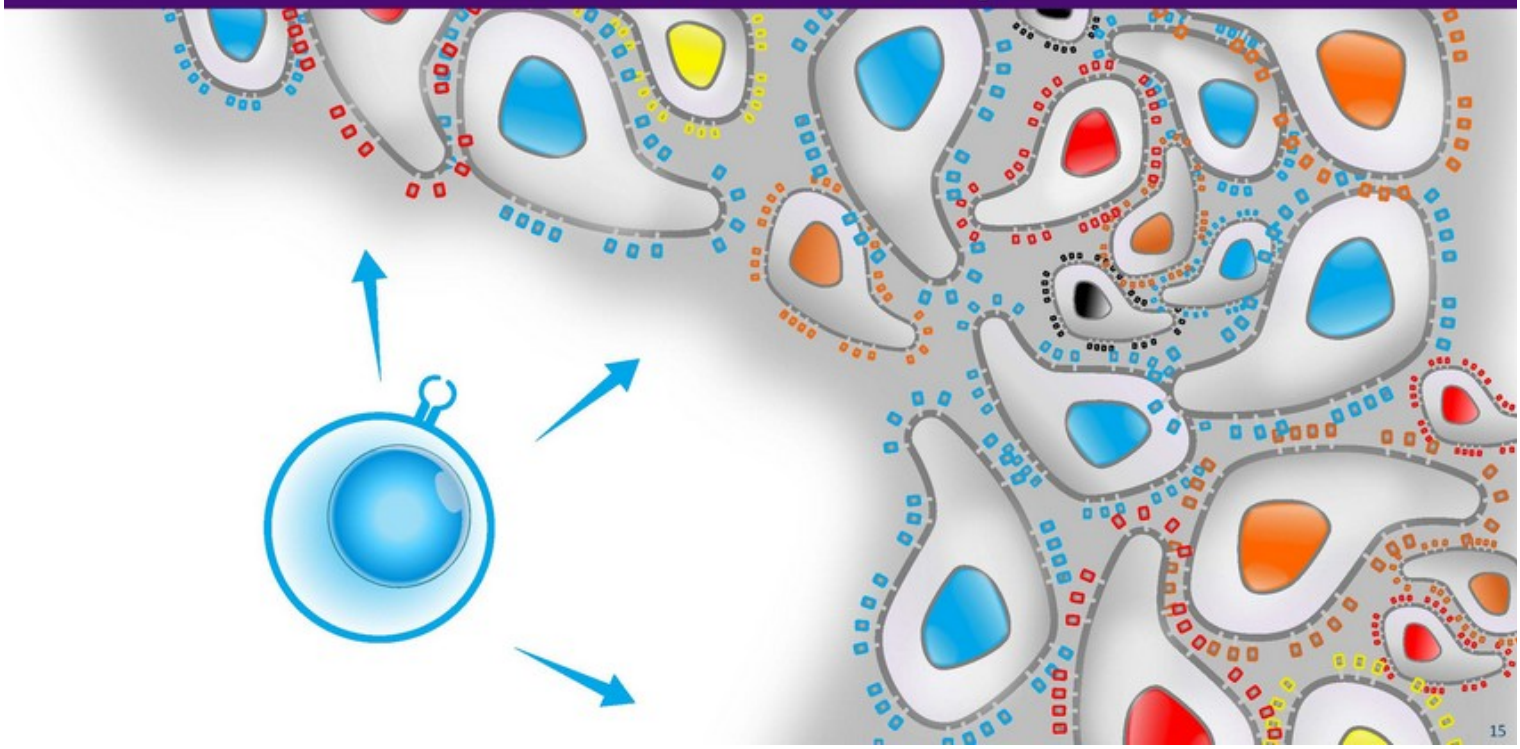
T cell therapy for pancreatic cancer



Challenge: Tumor heterogeneity

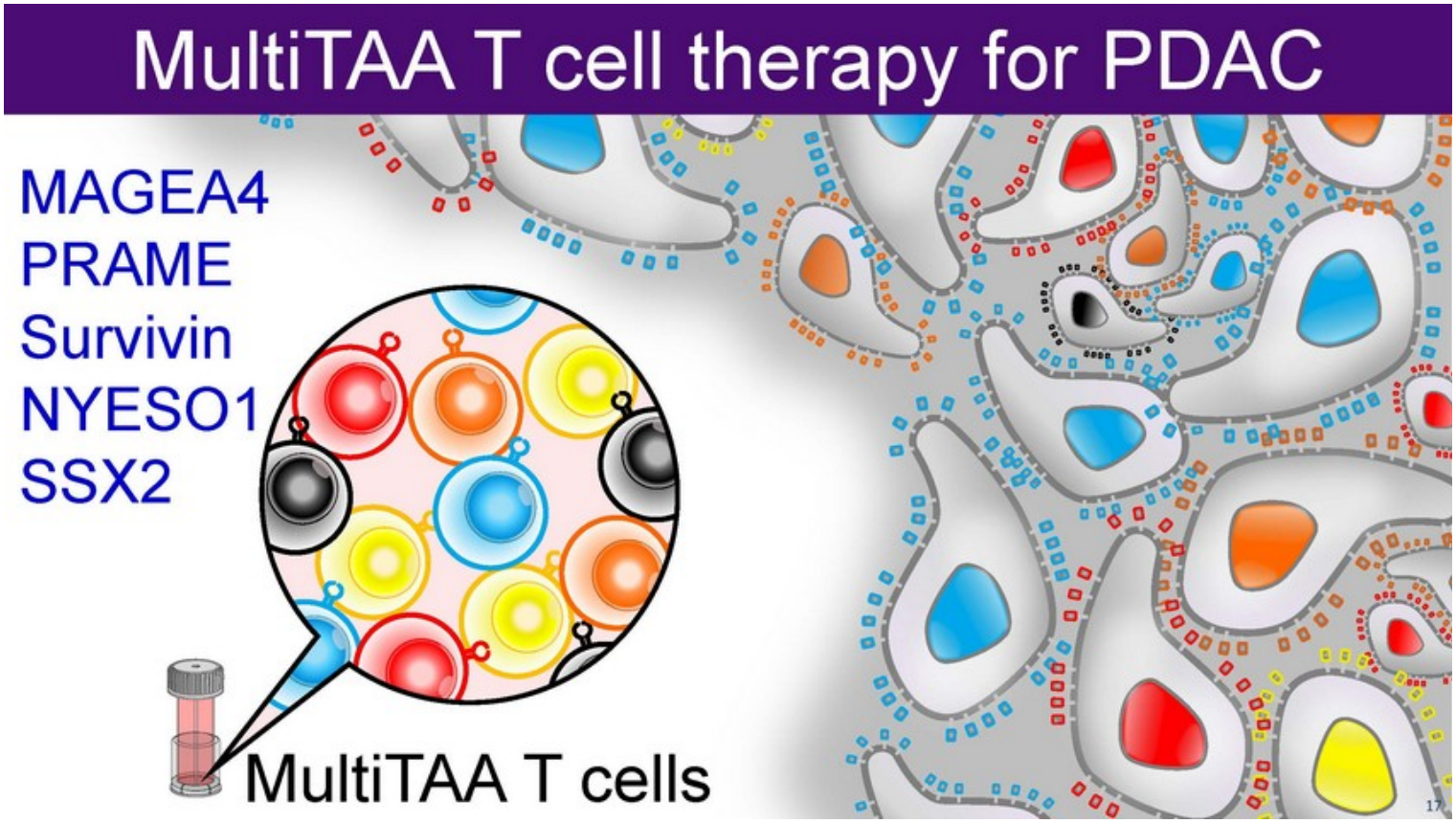


Immune Escape



Our approach

- Simultaneously target multiple TAAs
- Target multiple epitopes (CD4 and CD8) within each antigen
- T cells with native T cell receptor specificity (non-engineered)

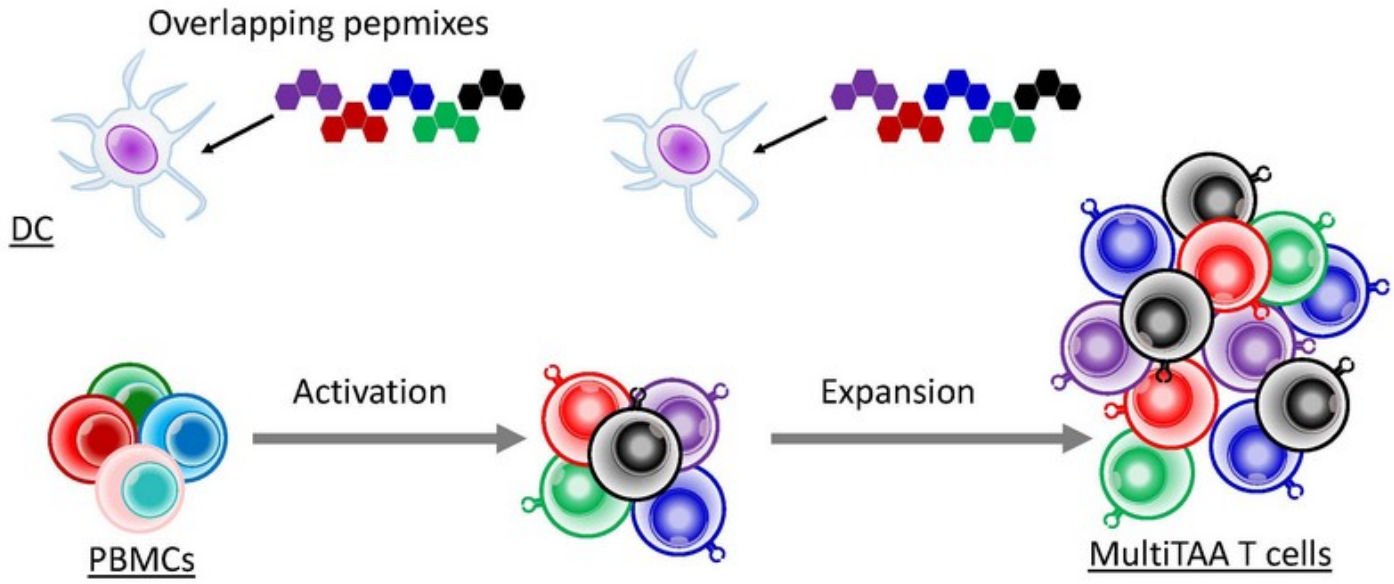

MultiTAA T cell therapy for PDAC
MAGEA4
PRAME
Survivin
NYESO1
SSX2
MultiTAA T cells

TAA Expression in PDAC

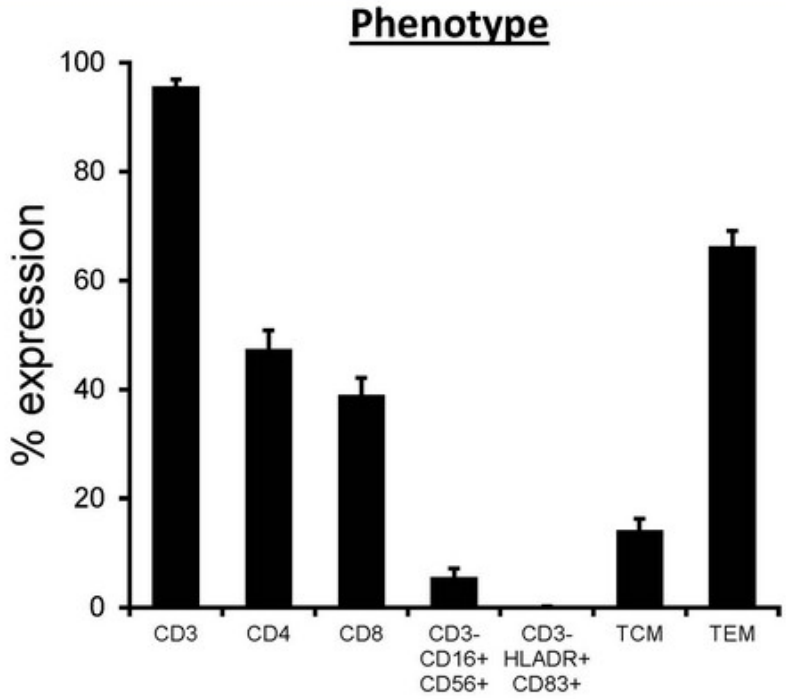
TAA	Expression in PDAC
Survivin	>75%[1-2]
SSX family	3-30%[3-5]
MAGE-A family	20-86%[3, 5-8]
PRAME	>30%[9]
NY-ESO-1	2-10%[3,5]

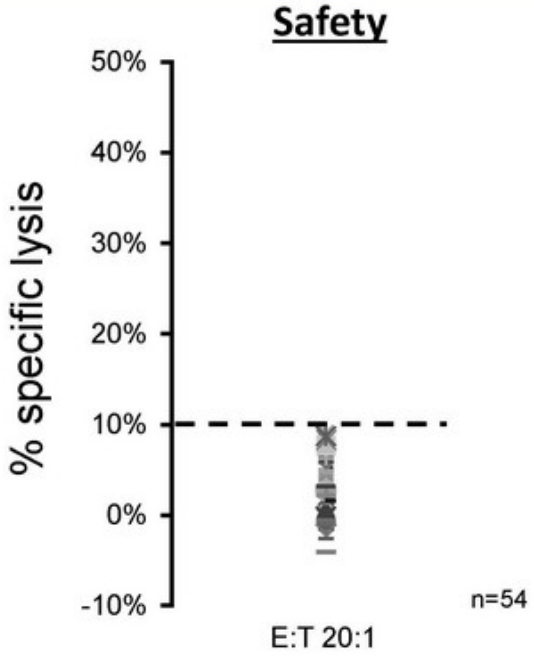
[1] Koido et al, Clin Dev Immunol. 2011, [2] Dodson et al, Immunotherapy 2011, [3] Kubuschok et al, In.t J. Cancer 2004, [4] Abate-Daga et al, PLoS One. 2014, [5] Schmitz-Winnenthal et al, Cancer Letters 2007, [6] Kim et al, Int. J. Cancer 2006, [7] Cogdill et al, Surgery. 2012, [8] Hansel et al, Int J Gastrointest Cancer. 2003, [9] The Human Protein Atlas, www.proteinatlas.org

MultiTAA-T Cell Generation

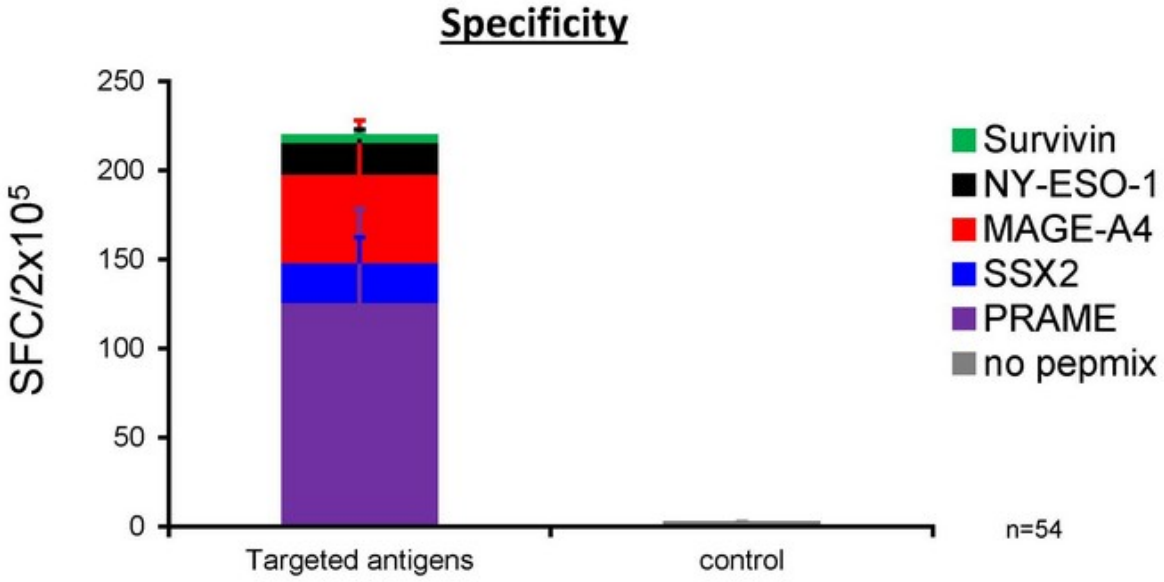


Profile of MultiTAA-T cells





MultiTAA T cell specificity



Clinical Trial: TACTOPS

- 6 Infusions, fixed cell dose ($1x10^7/m^2$) - no lymphodepletion
- Receive 3months chemotherapy
  - Procurement performed and T cells generated
- If cancer controlled after 3 months, start receiving monthly T cell infusions along with ongoing chemotherapy

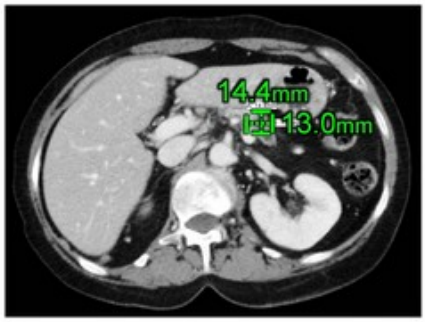
Clinical Trial: TACTOPS

- Primary endpoints – safety, feasibility
- Exploratory – efficacy

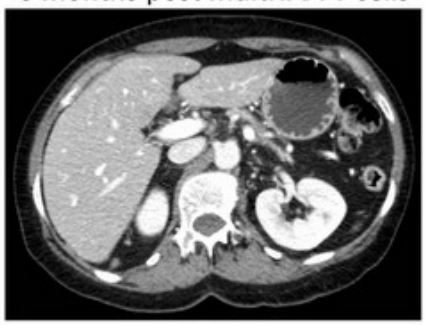
- 13 patients infused
  - Sufficient cells generated for all 6 infusions for 12 patients
  - 2 doses generated for the remaining patient

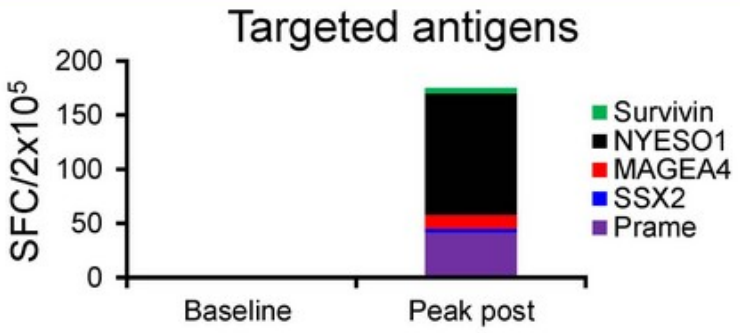
Radiographic CR : pt#7

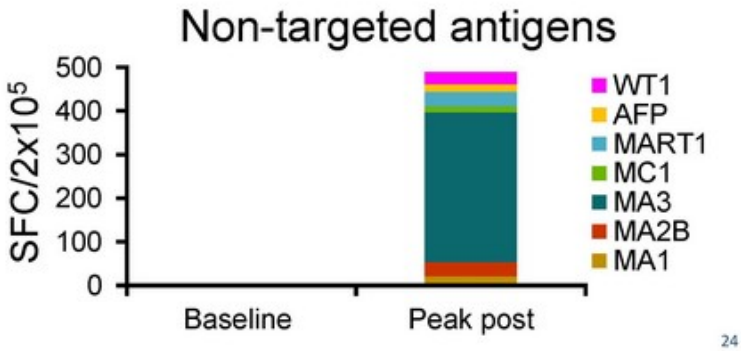
Prior to multiTAA T cells



6 months post multiTAA T cells

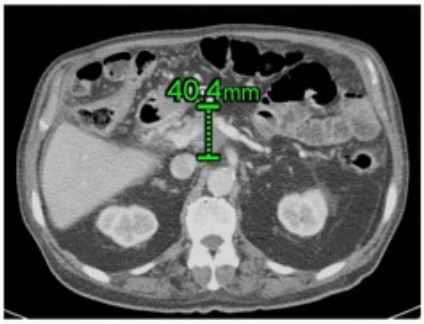




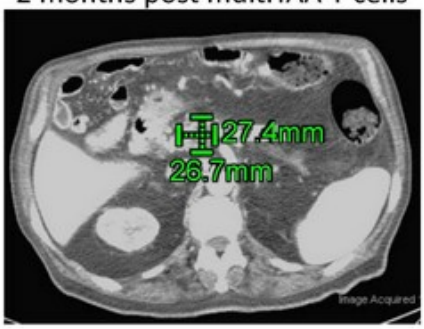


Clinical response : pt#1

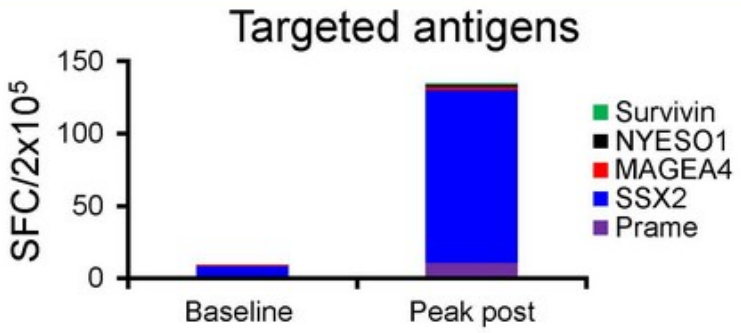
Prior to multiTAA T cells

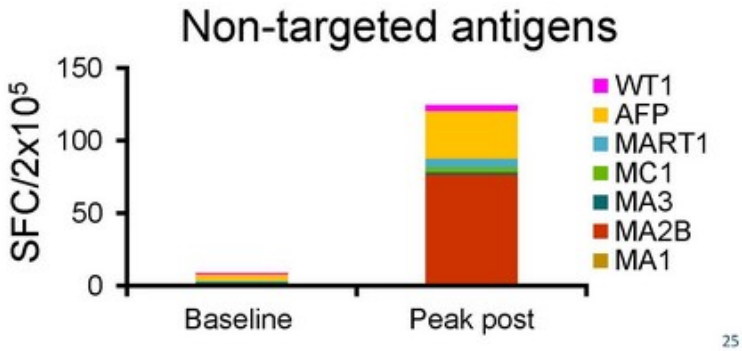


2 months post multiTAA T cells



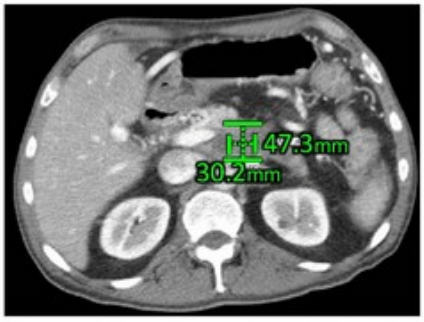
>30% reduction of index lesion



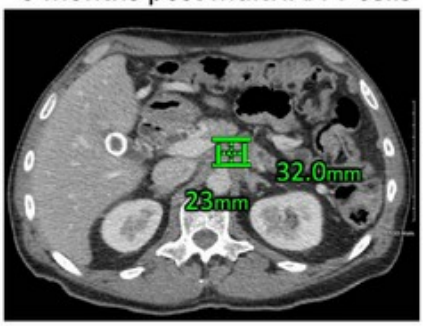


Clinical response : pt#3

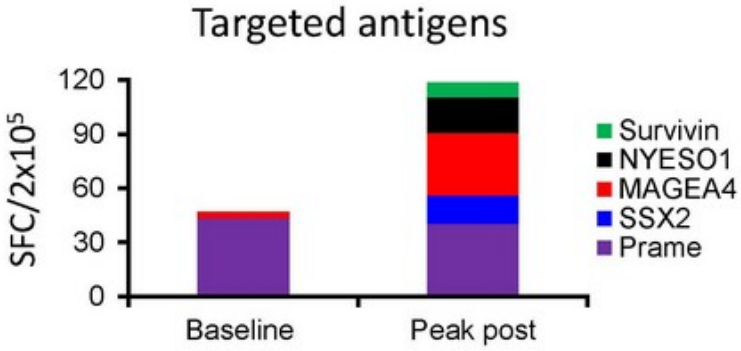
Prior to multiTAA T cells

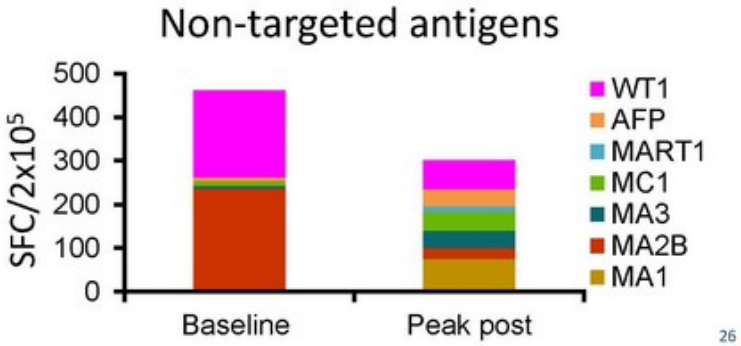


6 months post multiTAA T cells



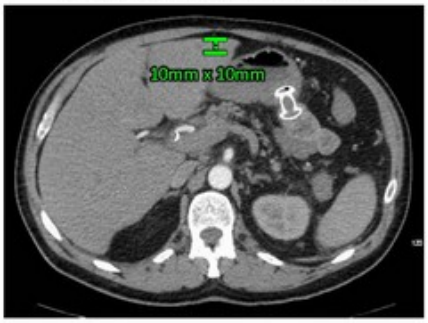
>40% reduction of index lesion



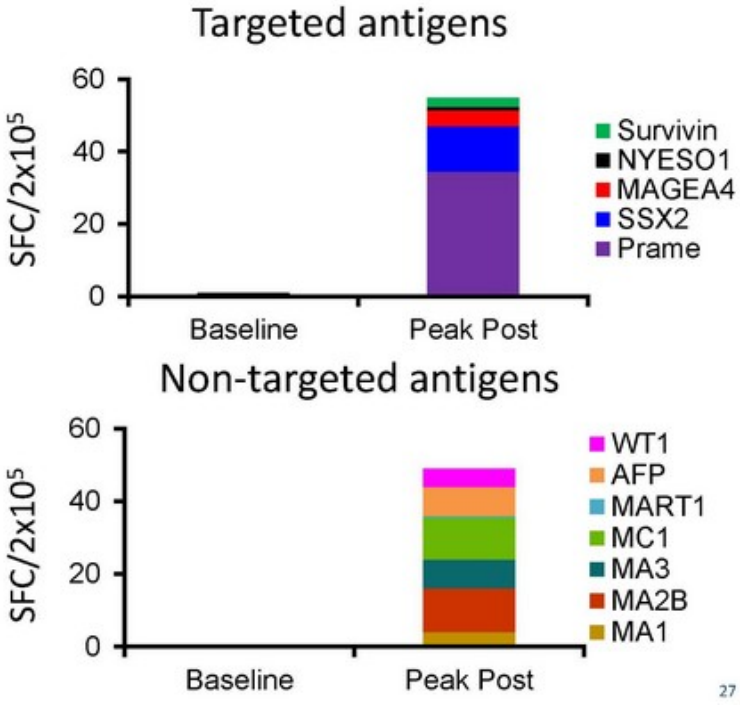


Clinical response : pt#12

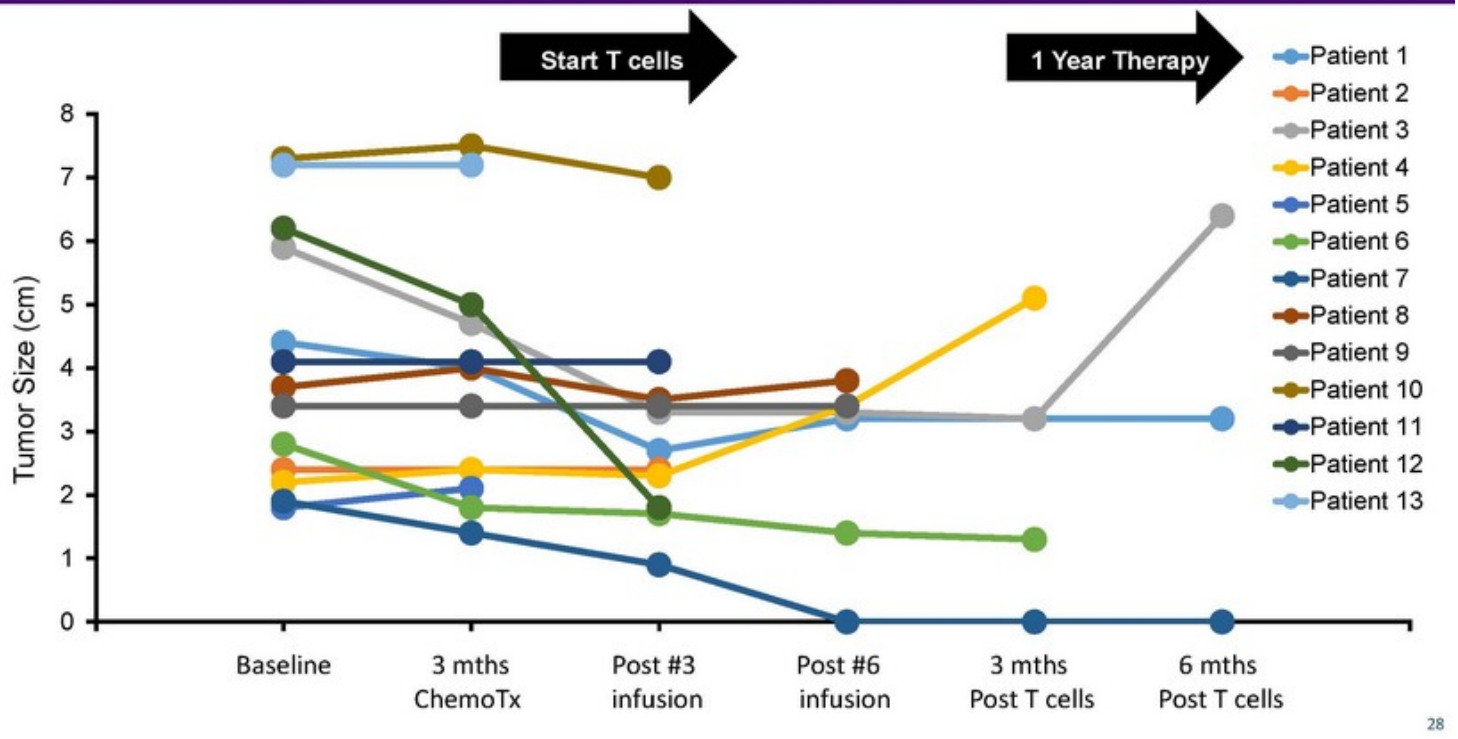
Prior to multiTAA T cells



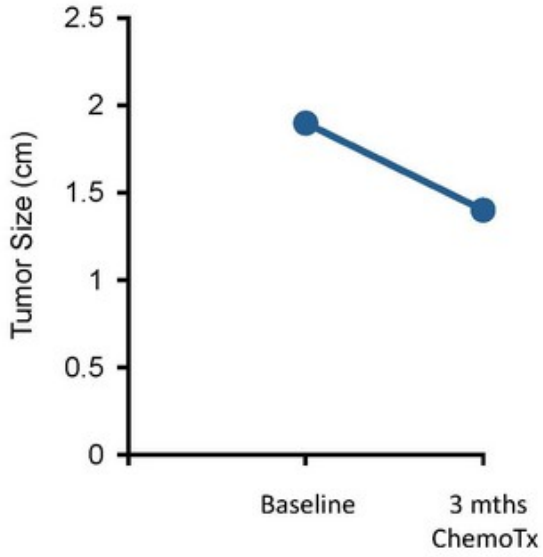
6 months post multiTAA T cells



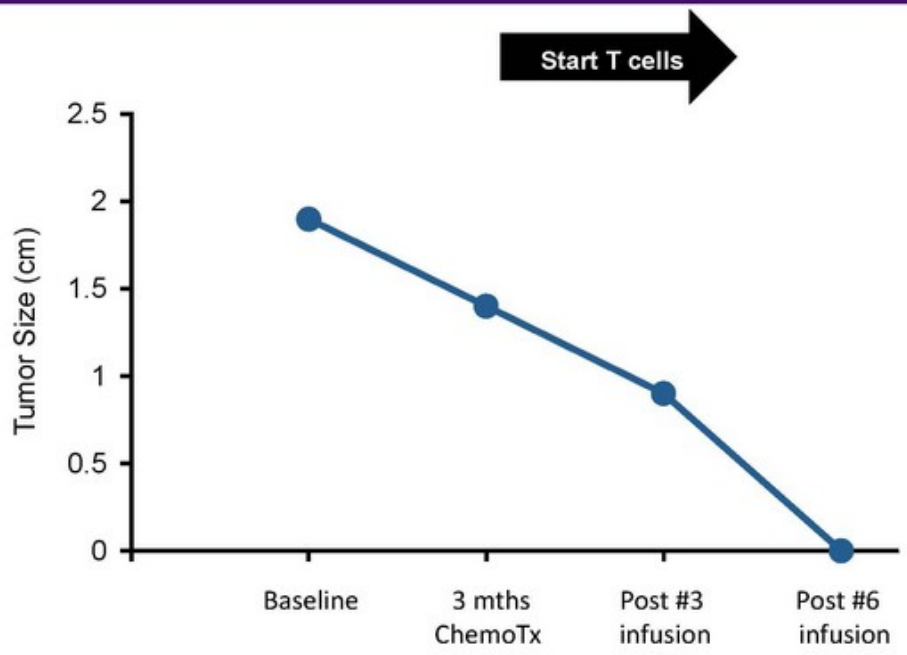
Aggregate Tumor Measurements



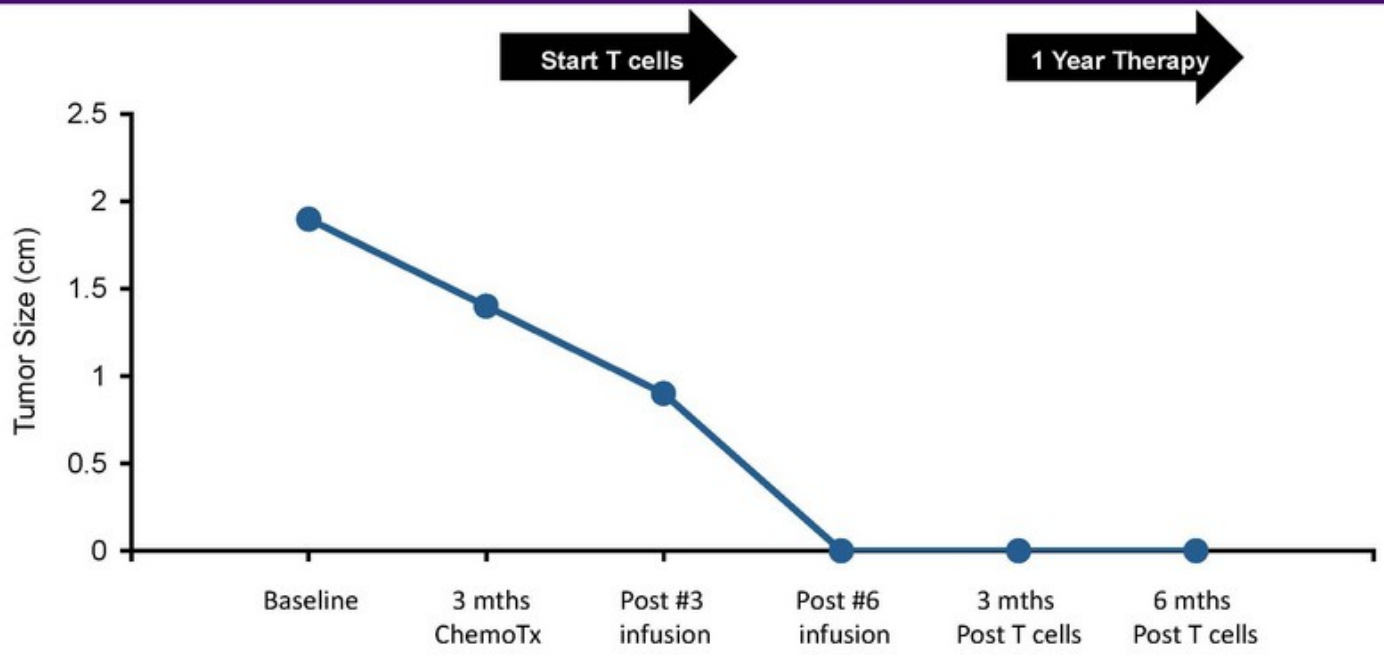
Radiographic CR : pt#7



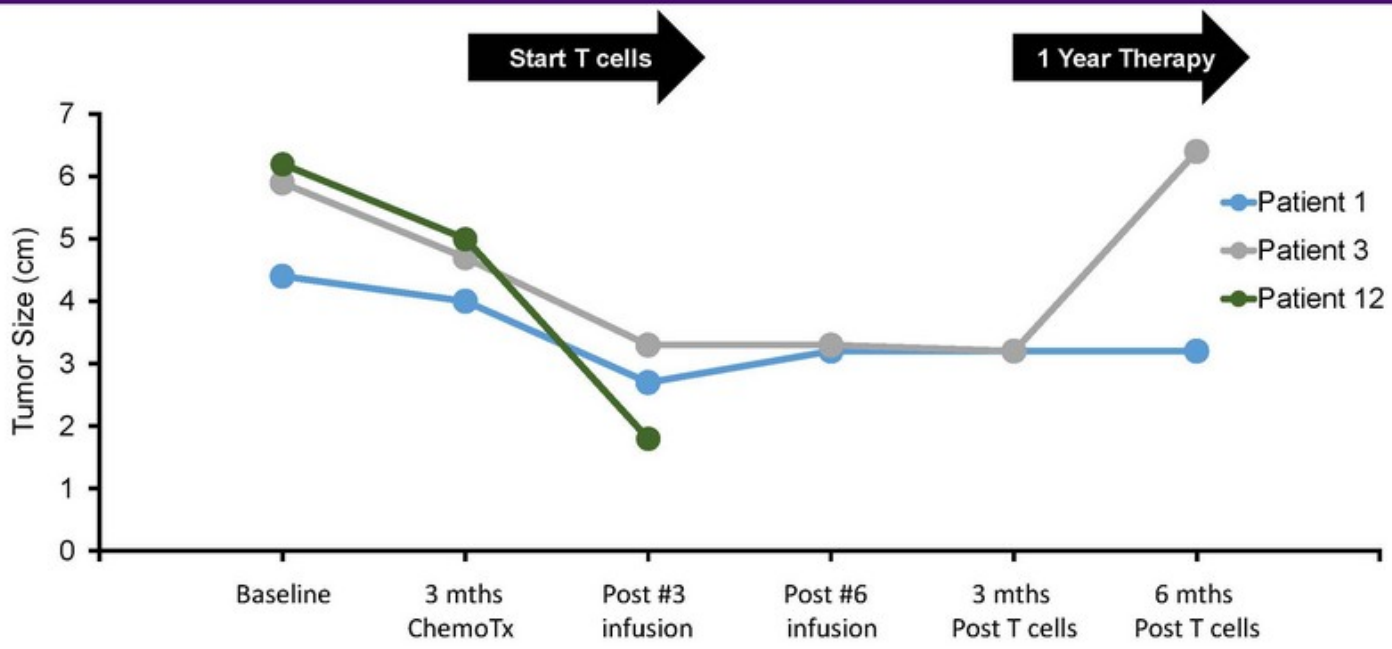
Radiographic CR : pt#7



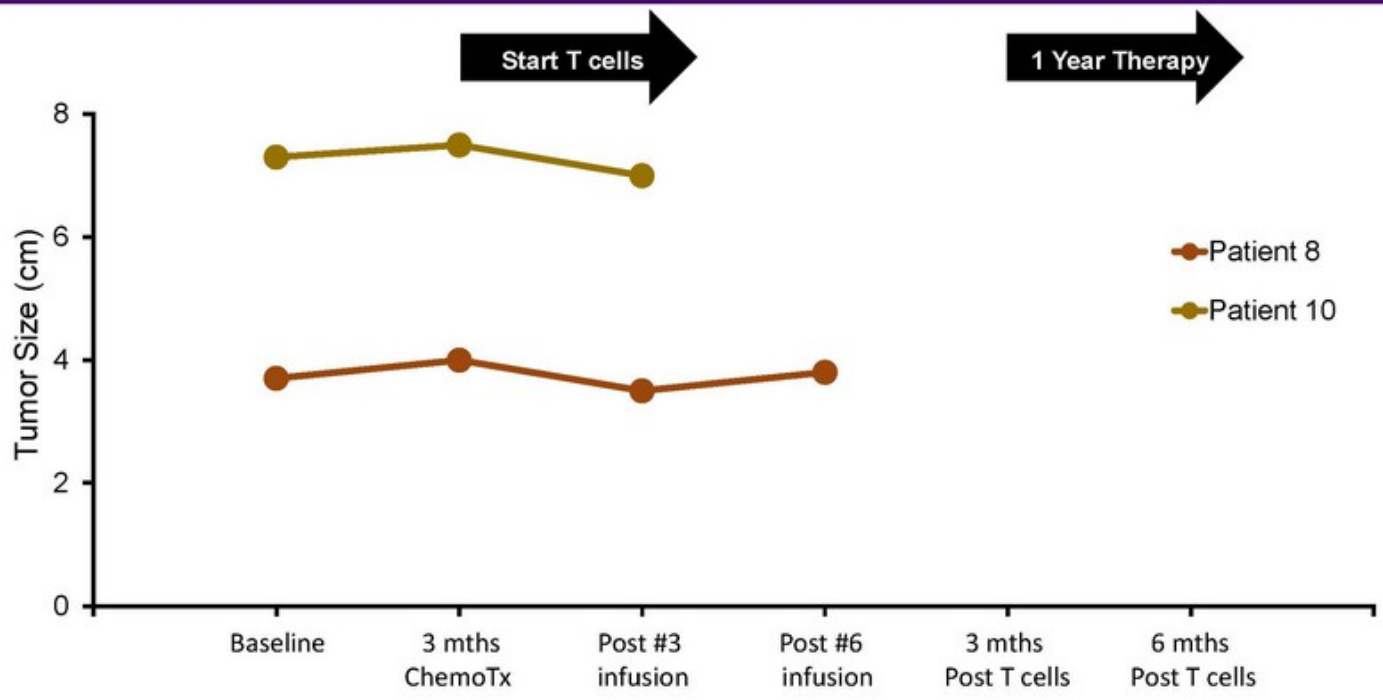
Radiographic CR : pt#7



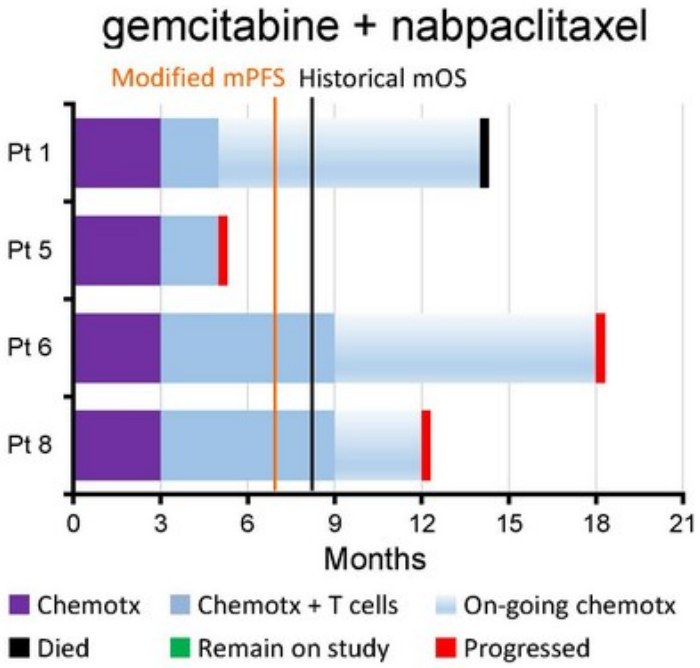
Enhanced Responses



Arresting Progression

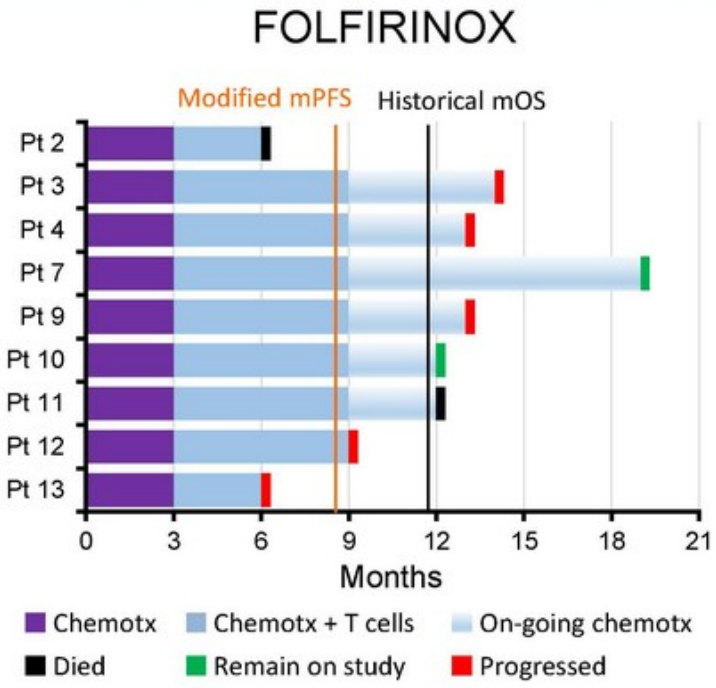


MultiTAA T cells + Chemo Summary



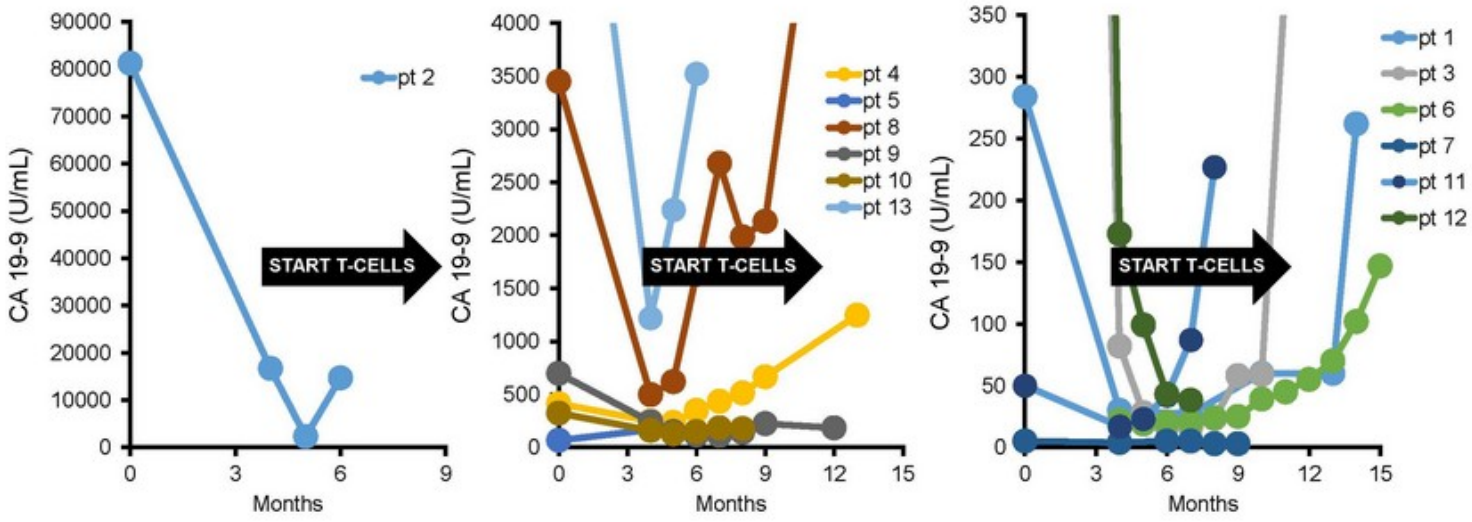
Patient	Best RECIST response on T cell therapy
1	Partial Response
5	Progressive Disease
6	Stable Disease
8	Stable Disease

MultiTAA T cells + Chemo Summary



Patient	Best RECIST response on T cell therapy
2	Mixed response
3	Partial Response
4	Stable Disease
7	Radiographic Complete Response
9	Stable Disease
10	Stable Disease
11	Stable Disease
12	Partial Response
13	Progressive Disease

CA 19-9 trends



Treatment Summary

- No additional side effect when adding t-cell therapy
- Durable cancer control with 9/13 patients exceeding historical control of overall survival
- Measurable tumor responses in 4 patients

Conclusions

- Feasible to manufacture multiTAA T cells
- Well tolerated
- Encouraging cancer treatment results
- In vivo expansion of tumor-specific T cells observed
- Antigen spreading

Future

- Encouraging effects seen with chemotherapy
- Explore first line therapy in advanced cancer with earlier t-cell initiation
- Refine which antigens to target

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