FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT	OF C	HANGES	IN BENE	FICIAL	OWNERSH	IJΡ
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	OMB APPROVAL									
	OMB Number: 3235-0287 Estimated average burden									
	hours per response:	0.5								

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* ELMS STEVE				2. Issuer Name and Ticker or Trading Symbol Marker Therapeutics, Inc. [MRKR]								ationship of Report (all applicable) Director Officer (give title		ting Person(s) to Iss		Owner				
(Last) (First) (Middle) C/O MARKER THERAPEUTICS, INC. 3200 SOUTHWEST FREEWAY, SUITE 2500						3. Date of Earliest Transaction (Month/Day/Year) 03/16/2021								below		=	below	(specify		
(Street)			7027		4. If <i>i</i>	Amendi	ment,	Date o	of Original Filed (Month/Day/Year)					. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				rson		
(City)	(St	ate) (2	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y						Execution Date,				Acquired (A) or (D) (Instr. 3, 4 and		d	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) o (D)	r Price		Transact (Instr. 3	ion(s)			(
Common Stock 03/16/202)21			P		1,142,857	A	\$1.7	75 3,142,857		2,857	I		See footnote ⁽¹⁾		
Common	Stock														17,	022		D		
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)	Execu	eemed ution Date, th/Day/Year)		ransaction of Code (Instr. Derivative			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. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
					Code	Code V (A) (D)				isable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. The reportable securities are directly owned by Aisling Capital IV, LP ("Aisling"), and which may be deemed to be beneficially owned by Aisling Capital Partners IV, LP ("Aisling GP"), as general partner of Aisling, Aisling Capital Partners IV LLC ("Aisling Partners"), as general partner of Aisling GP, and each of the individual managing members and partners (collectively, the "Managers") of Aisling GP and Aisling Partners. The Managers of Aisling Partners are Dr. Andrew Schiff and Steve Elms, who have shared voting and dispositive power over the shares. Mr. Elms, the Reporting Person, disclaims beneficial ownership of such shares 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, 03/18/2021 Attorney-in-Fact

** Signature of Reporting Person

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.