FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* McMahon Gerald PhD					2. Issuer Name and Ticker or Trading Symbol Celldex Therapeutics, Inc. [CLDX]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
,					3.0	Date of Earliest Transaction (Month/Day/Year)								_	X		er (give title			(specify
(Last) (First) (Middle) C/O CELLDEX THERAPEUTICS, INC.						12/01/2017									Delov	w)		below)		
53 FRON	53 FRONTAGE ROAD, SUITE 220					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)			.000=												X	Form	n filed by One	e Repo	orting Pers	on
HAMPT(ON NJ		8827										Form Pers	rm filed by More than One Reporting rson						
(City)	(St	ate) (2	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Trans Date (Month/I				Day/Year) Execu		Executio	Deemed ecution Date, any onth/Day/Year)		Transaction Disposed Code (Instr. 5)		rities Acquired (A ed Of (D) (Instr. 3,				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	Amount (A) or (D)		Price	•	Transaction(s) (Instr. 3 and 4)				(111501.4)
Common	Common Stock, par value \$0.001 per share 12/0				01/2017				F		3,212	2	D	D \$3		217,236(1)(2)			D	
		Та	ble II - C								sed of, onvertib				y Ov	vned				
Derivative Conversion Date Executive Security or Exercise (Month/Day/Year) if any		3A. Deeme Execution if any (Month/Da	Date, Transaction Code (Instr.		n of E		Expiration	. Date Exercisable and :xpiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			vative dirity S r. 5) E F F	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Date		Expiration		or Nun of							

Explanation of Responses:

1. On November 28, 2016, in connection with the Reporting Person's employment separation agreement with Kolltan Pharmaceuticals, Inc., Reporting Person entered into a severance agreement (the "Severance Agreement") with Celldex Therapeutics, Inc. ("Issuer") whereby Issuer agreed to pay Reporting Person 267,356 shares of its common stock, par value \$0.001 per share ("Common Stock") less required tax and other withholdings (the "Withholdings".) The Reporting Person previously reported ownership of such 267,356 shares on his Form 3 filed with the Securities and Exchange Commission on December 15, 2016. The shares, less Withholdings, are issuable to Reporting Person in equal monthly installments through December 2018.

2. Pursuant to the Severance Agreement, on December 1, 2017, the Issuer issued 5,142 shares of its Common Stock to the Reporting Person. This Form 4 reflects the disposition to the Issuer of 3,212 shares of its Common Stock to satisfy required Withholdings in connection with such issuance of Common Stock to the Reporting Person

> /s/ Samuel B. Martin, attorneyin-fact for Gerald McMahon

12/01/2017

** 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.