## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [	D.C.	20549
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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

Name and Address of Reporting Person*     McMahon Gerald PhD				2. Issuer Name <b>and</b> Ticker or Trading Symbol Celldex Therapeutics, Inc. [ CLDX ]								heck a	tionship of Reporting all applicable) Director		ıg Persor	10% Owner				
(Last) (First) (Middle) C/O CELLDEX THERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 08/01/2017										Officer (give title below)			Other (specify below)			
53 FRONTAGE ROAD, SUITE 220				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HAMPTO	ON NJ	C	)8827											X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(St	ate) (2	Zip)																	
		Tabl	e I - Nor	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	lly O	wne	:d			
1. Title of Security (Instr. 3)  2. Transa Date (Month/L				Execution Da		n Date,	Code (Instr.						, 4 and So		Securities I Beneficially (		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(1	A) or D)	Price	т	Transaction(s) (Instr. 3 and 4)				()
Common Stock, par value \$0.001 per share 08/				08/01	3/01/2017				F		2,869	)	D \$2.2		230,084 <sup>(1)(2)</sup>		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)	erivative   Conversion   Date   Execution Date, ecurity   or Exercise   (Month/Day/Year)   if any		Date,		ransaction of Derivative		ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of		ount	nt		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)		

## **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 August 1, 2017, the Issuer issued 5,485 shares of its Common Stock to the Reporting Person. This Form 4 reflects the disposition to the Issuer of 2,869 shares of is Common Stock to satisfy required Withholdings in connection with such issuance of Common Stock to the Reporting Person.

/s/ Samuel B. Martin, attorney-08/01/2017 in-fact for Gerald McMahon

\*\* 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.