FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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

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]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Wichianon Geraid Fild				-							X	Direc	ctor	10	% Owner
C/O CELLDEX THERAPEUTICS, IN	ddle) C.	3. Date of Earliest Transaction (Month/Day/Year) 06/01/2018							Office below	er (give title v)		er (specify ow)			
53 FRONTAGE ROAD, SUITE 220		4. If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable							
(Street) HAMPTON NJ 088	327									Lii			n filed by One		
(City) (State) (Zip)											F C13	OII		
Table	I - Non-Deriv	ative S	ecuriti	es Acc	uired	, Dis	posed o	f, or	Ben	eficia	lly O	wne	ed		
1. Title of Security (Instr. 3) 2. Tran: Date (Month		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr				d 5) S	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect			
					Code	v	Amount	(A (D	() or ()	Price	т	Transaction(s) (Instr. 3 and 4)			(1130.4)
Common Stock, par value \$0.001 per sh	nare 06/01	06/01/2018			F 2,813		2,813		D	\$0.58	302	197	7,736(1)(2)	D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
Derivative Conversion Date E Security or Exercise (Month/Day/Year) if	any	4. Transacti Code (Ins 8)	on of Secu Acqu (A) o Disp of (D	vative urities uired or osed) r. 3, 4 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		te ear)	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of		ount	nt		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersi Form: Direct (E or Indire (I) (Instr.	Beneficial Ownership ct (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 installments through December 2018.

2. Pursuant to the Severance Agreement, on June 1, 2018, the Issuer issued 5,541 shares of its Common Stock to the Reporting Person. This Form 4 reflects the disposition to the Issuer of 2,813 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

06/04/2018

** 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.