FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>KELER TIBOR</u>				2. Issuer Name and Ticker or Trading Symbol Celldex Therapeutics, Inc. [ CLDX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify						
(Last) C/O CEI	`	irst) ERAPEUTICS,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/13/2024							below)		belo E VP & CS	w) i	
53 FRONTAGE ROAD, SUITE 220					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person				
(Street) HAMPT	ON N.	J	08827										_	led by More	than One Re		
(City) (State) (Zip)					- R	Rule 10b5-1(c) Transaction Indication											
Check this box to indicate that a transaction was made pursuant the affirmative defense conditions of Rule 10b5-1(c). See Instruction										ct, instruction	or written pla	an that is inter	ded to satisfy				
		Tal	ole I - Non	ı-Deri	vativ	e Se	curitie	s Ac	quired, Di	sposed o	f, or Ber	neficially	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					ear)	2A. Deemed Execution Date, if any (Month/Day/Year		r, Transaction Disposed ( Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		5. Amour Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Ownership		
								Code V	Amount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
									uired, Dis s, options,				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	ate,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and 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. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form: Direct or Indi (I) (Inst	D) Benefici Ownersi ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Incentive Stock Option (right to buy) <sup>(1)</sup>	\$36.43	06/13/2024 <sup>(1)</sup>			A		93,000		06/13/2025 <sup>(2)</sup>	06/13/2034	Common Stock	93,000	\$0	93,000	D		

## **Explanation of Responses:**

- 1. Represents option granted by the Issuer pursuant to its 2021 Omnibus Equity Incentive Plan.
- 2. 25% vest on June 13, 2025 and the remainder vest quarterly (in equal amounts) over the subsequent 12 quarters.

/s/ Sam Martin, attorney-in-fact 06/17/2024 for Tibor Keler

\*\* 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.