SEC For	m 4 FORM	4	UNITI	ED ST	ATE	S SI	ECI	JRITIE	ES AN	٩D	ЕХСНА	NGE C	OMMI	SSION						
				Washington, D.C. 20549													OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					iled pu	rsuant	to Se	ection 16(a	a) of the	Secu	<b>/NERS</b> 934	CMB Number: 3235-0 Estimated average burden hours per response:				3235-0287 0.5				
1. Name and Address of Reporting Person <sup>*</sup> Jimenez Freddy A.					2.	Issuer	Nam	e and Ticl	ker or Tra	ading			5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Ow				ner			
(Last) (First) (Middle) C/O CELLDEX THERAPEUTICS, INC.			(Middle) INC.		02	3. Date of Earliest Transaction (Month/Day/Year) X 02/13/2024								SVP & GENERAL COUNSEL						
53 FRONTAGE ROAD, SUITE 220 (Street)			)		- 4.	Line) X Form filed									int/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting					
HAMPT	ON N	IJ	08827											Person		e than	One Report	ing		
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication             Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Та	ble I - N	on-Deri	ivativ	ve Se	curi	ties Ac	quirec	l, Di	sposed o	f, or Be	neficially	y Owned						
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date						s Acquired (A) or f (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)		
Common Stock 02/13/				/2024	)24			М		4,166(1)	Α	\$9.0165	1) 5,9	,924(2)		D				
Common Stock 02/13/20					/2024	)24			М		20,000	Α	\$2.78	25,	,924		D			
			Table II								posed of,			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	ned n Date,	4. Transa Code ( 8)	ction	5. Number of Derivative		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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	V (A) (D		(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)					
Incentive Stock Option (Right to Buy)	<b>\$</b> 9.0165 <sup>(1)</sup>	02/13/2024			М		4,166 <sup>(1)</sup>		(3)		06/13/2028	Common Stock	4,166(1)	\$0	0		D			
Incentive Stock Option (Right to Buy)	\$2.78	02/13/2024			М			20,000	(4)		06/19/2029	Common Stock	20,000	\$0	0		D			

Explanation of Responses:

1. On February 8, 2019, Celldex Therapeutics, Inc. effected a 1-for-15 reverse stock split of its common stock (the "Reverse Stock Split"). This option was previously reported as covering 62,500 shares at an exercise price of \$0.6011 per share, but has been adjusted to reflect the Reverse Stock Split.

2. Includes 1,328 shares of common stock acquired under the Celldex Therapeutics, Inc. 2004 Employee Stock Purchase Plan.

3. As of June 13, 2022, the option is fully vested.

4. As of June 19, 2023, the option is fully vested.

/s/ Sam Martin, attorney-in-fact 02/15/2024

for Freddy A. Jimenez

\*\* 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.