SEC Form 4															
FOI	RM 4	UNITE	NITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL				
Section 16. Fo	y continue. See		t to Section 16(a) c tion 30(h) of the Inv		OMB Number: 3235-0287 Estimated average burden hours per response: 0.5										
1. Name and Address of Reporting Person [*] Jain Rita				er Name and Ticker lex Therapeut			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) v Director 10% Owner								
(Last)	(First)	(Middle)	3. Date 06/13/	of Earliest Transac 2024	ction (Month/E)ay/Year)	Officer (give title Other (specify below) below)								
C/O CELLDEX THERAPEUTICS, INC. 53 FRONTAGE ROAD, SUITE 202			4. If An	nendment, Date of (Original Filed	(Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) V Form filed by One Reporting Person								
(Street)	NJ	08827						Form filed b Person	y More th	an One Rep	orting				
HAMPION	INJ	08827	Rule	Rule 10b5-1(c) Transaction Indication											
(City)	(State)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is in satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											
	1	able I - No	n-Derivative S	ecurities Acqu	uired, Disp	oosed of, or Benefi	cially	Owned							
Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	ransaction Disposed Of (D) (Instr. 3, 4 and Securitie				Ownership rm: Direct or Indirect	7. Nature of Indirect Beneficial				

				-	· (Month/Day/	Year	r) 8)							Owned Following Reported			Ownership (Instr. 4)
								Code	v	Amount	() (I	A) or D)	Price	Transaction(s) (Instr. 3 and 4)				(1130.4)
	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)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A) (I	D)	Date Exercisab		xpiration late	Title	0 N 0	lumber					

06/13/2025 06/13/2034

Non-Qualified Stock Option (right to buy)⁽¹⁾

\$36.43

Explanation of Responses:

1. Represents option granted by the Issuer pursuant to its 2021 Omnibus Equity Incentive Plan.

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

\$<mark>0</mark>

16,500

D

16,500

Common Stock

** 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).

06/13/2024⁽¹⁾

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Α

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.

16,500

for Rita I. Jain, M.D.