UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): **January 7, 2013**

CELLDEX THERAPEUTICS, INC.
(Exact name of registrant as specified in its charter)

Delaware	**0-15006**	**13-3191702**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer ID Number)

119 Fourth Avenue **Needham, Massachusetts** (Address of principal executive offices)	**02494** (Zip Code)

Registrant's telephone number, including area code: **(781) 433-0771**

Not Applicable
(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01 Regulation FD Disclosure.

Celldex Therapeutics, Inc. (the "Company") intends to use a slide presentation with certain investors during a conference held January 7, 2013 through January 9, 2013. The slide presentation is attached hereto as Exhibit 99.1.

In accordance with General Instruction B.2 of Form 8-K, the information in this Current Report on Form 8-K, including Exhibits 99.1, shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Exchange Act or the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such a filing.

This Current Report on Form 8-K, including exhibit 99.1, contains "forward-looking statements" made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995, including those related to the Company's strategic focus and the future development and commercialization of any of our drug candidates, including rindopepimut (CDX-110), CDX-011, CDX-1135 (formerly TP10), CDX-1401, CDX-1127, CDX-301, Belinostat and any future action we or the FDA (or any other regulator) might take with respect to regulatory approvals. Forward-looking statements reflect management's current knowledge, assumptions, judgment and expectations regarding future performance or events. Although management believes that the expectations reflected in such statements are reasonable, they give no assurance that such expectations will prove to be correct and you should be aware that actual results

could differ materially from those contained in the forward-looking statements. Forward-looking statements are subject to a number of risks and uncertainties, including, but not limited to, future actions that the FDA and other regulators might take or not take with respect to any of our drug candidates; the market for any of our drug candidates or assays; future clinical testing which will be necessary before FDA approval could be sought; our limited cash reserves and our ability to obtain additional capital on acceptable terms, or at all, including the additional capital which will be necessary to complete the clinical trials that we initiated in 2012 and plan to initiate in 2013; our ability to adapt APC Targeting Technology™ to develop new, safe and effective vaccines against oncology and infectious disease indications; our ability to successfully complete product research and further development of our programs; the uncertainties inherent in clinical testing; our limited experience in bringing programs through Phase 3 clinical trials; our ability to manage research and development efforts for multiple products at varying stages of development; the timing, cost and uncertainty of obtaining regulatory approvals; the failure of the market for the Company's programs to continue to develop; our ability to protect the Company's intellectual property; the loss of any executive officers or key personnel or consultants; competition; changes in the regulatory landscape or the imposition of regulations that affect the Company's products; and other risks detailed from time to time in the Company's filings with the Securities and Exchange Commission, including the Company's Form 10-K for the fiscal year ended December 31, 2011, and its Forms 10-Q and 8-K.

All forward-looking statements are expressly qualified in their entirety by this cautionary notice. You are cautions not to place undue reliance on any forward-looking statements, which speak only as of the date of this Current Report on Form 8-K. We have no obligation, and expressly disclaim any obligation, to update, revise or correct any of the forward-looking statements, whether as a result of new information, future events or otherwise.

Item 9.01. Financial Statements and Exhibits

Exhibit	Description
99.1	Slide Presentation, dated January 7, 2013.

SIGNATURES

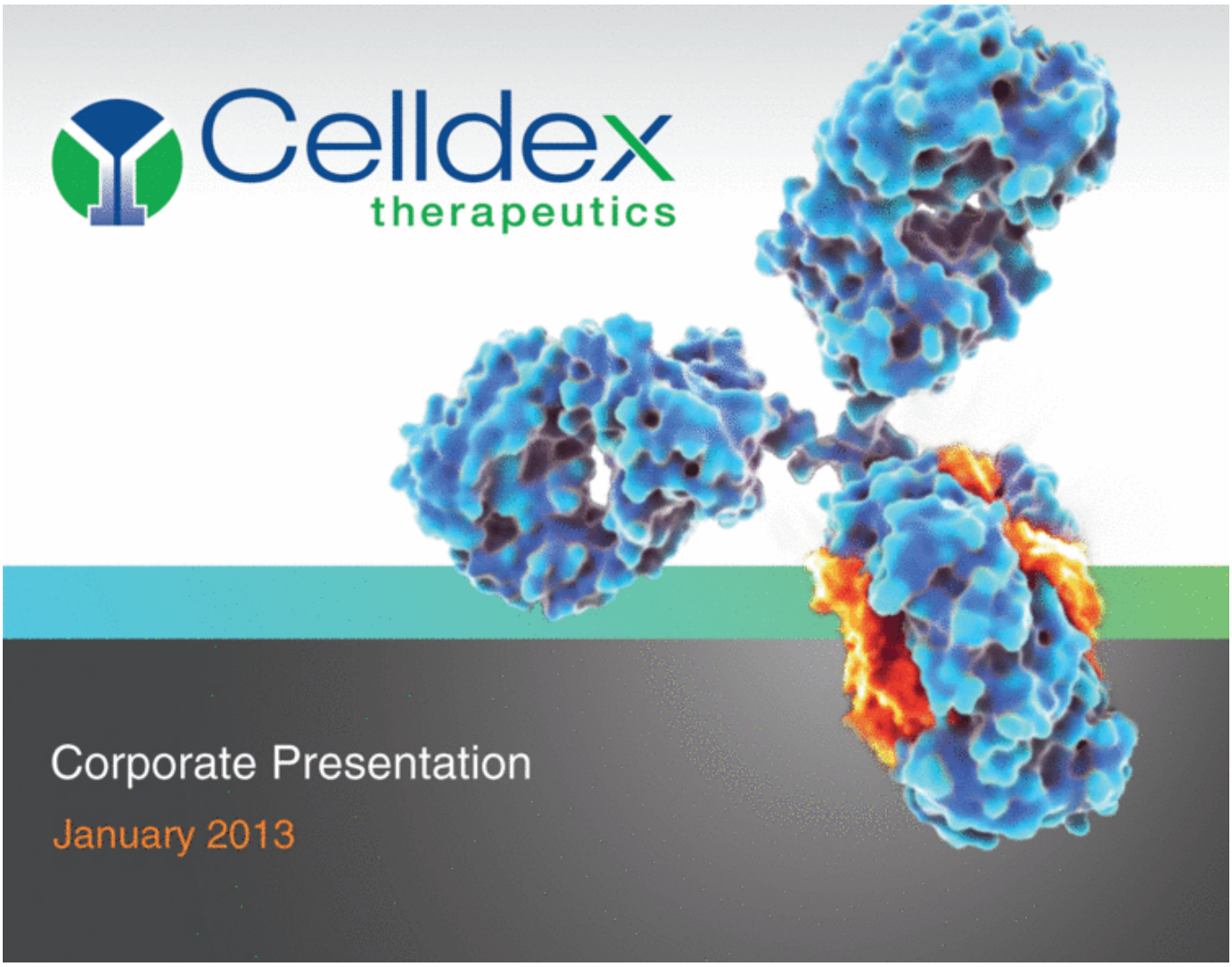
Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

CELLDEX THERAPEUTICS, INC.

Date: January 7, 2013

/s/ Avery W. Catlin
Avery W. Catlin, Senior Vice President and
Chief Financial Officer

Exhibit 99.1


Celldex
therapeutics
Corporate Presentation
January 2013

Forward Looking Statement

This communication contains "forward-looking" statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical fact are statements that could be forward-looking statements. You can identify these forward-looking statements through our use of words such as "may," "will," "can," "anticipate," "assume," "should," "indicate," "would," "believe," "contemplate," "expect," "seek," "estimate," "continue," "plan," "point to," "project," "predict," "could," "intend," "target," "potential" and other similar words and expressions of the future. These forward-looking statements are subject to risks and uncertainties that may cause actual future experience and results to differ materially from those discussed in these forward-looking statements. Important factors that might cause such a difference include, but are not limited to, the timing, cost and uncertainty of obtaining regulatory approvals for product candidates; our ability to develop and commercialize products before competitors that are superior to the alternatives developed by such competitors; the validity of our patents and our ability to avoid intellectual property litigation, which can be costly and divert management time and attention; and the other factors listed under "Risk Factors" in our filings with the SEC, including Forms 10-K, 10-Q and 8-K.

Celldex does not undertake any obligation to release publicly any revisions to such forward-looking statement to reflect events or circumstances after the date hereof or to reflect the occurrence of unanticipated events.

Celldex – Targeted Therapeutics for Patients with Devastating Diseases

- Multiple late-stage products with near-term inflection points
  - Rindopepimut (ACT IV) Phase 3 trial in front-line GB to complete enrollment by YE 2013
  - Rindopepimut (ReACT) Phase 2 trial in recurrent GB (both Avastin naïve and refractory) data in 2H 2013
  - Initiate CDX-011 late-stage study in metastatic breast by 2H 2013
- Late-stage programs supported by deep pipeline of clinical and preclinical programs
  - CDX-1135 pilot study in DDD to initiate Q1 2013
  - CDX-1127 expanded Phase 1 studies in solid tumors/hematologic cancers; data in 2H 2013
  - CDX-1401 collaboration with NCI on Phase 2 combination study with CDX-301
  - CDX-301 final results by Q1 2013; initiation of pilot study in transplant setting by YE 2013
- Balanced business strategy & risk management
  - Experienced team involved in the development of ipilimumab (Yervoy)
- Fiscal discipline
  - $77.6 mil in cash/investment as of Q3'12; financial runway into 2014

Celldex – Clinical Development Product Pipeline

CANDIDATE	INDICATION	PHASE 1	PHASE 2	PHASE 3
Rindopepimut	Front-line Glioblastoma	ACT IV Registration Trial		
CDX-011	Breast Cancer	EMERGE Trial		
Rindopepimut	Recurrent Glioblastoma	ReACT Trial		
CDX-1135	Dense Deposit Disease	Pilot		
CDX-1127	Lymphoma, Cancer			
CDX-301	HSC Transplantation			
CDX-1401	Multiple Solid Tumors			

All programs wholly-owned by Celldex

Celldex: Realizing the Potential of Immunotherapy

- Therapies that activate the patient's immune system are changing the approach to cancer treatment
- Validation: antibodies that block negative signals to immune cells (anti-CTLA-4, anti-PD1) have shown profound clinical effects in various cancers
  - These antibodies release a naturally developed immune response against the cancer
- Our targeted therapeutics (both antibody and protein based) specifically target and function through the immune system
- Rindopepimut activates a specific immune response against tumor cells and cancer stem cells that harbor the oncogene EGFRvIII and instructs the immune system to eliminate EGFRvIII expressing tumor cells

Rindopepimut: Targeting a High Unmet Need in Glioblastoma

- Rindopepimut is the only vaccine in development specifically targeting EGFRvIII
- EGFRvIII
  - Highly tumor specific, expressed **only** in tumors not normal tissues
  - Target has been validated, gaining importance as a tumor marker
  - Historical poor prognosis for vIII patients, historical median survival ~13-15 months, few survive two years
  - ~31% of GB express EGFRvIII, U.S. incidence ~4,000 per year, EU incidence ~8,800 per year
- Strong proprietary patent position
- Fast track U.S. granted
- Orphan Drug Status in US and EU (7 yrs. & 10 yrs.)

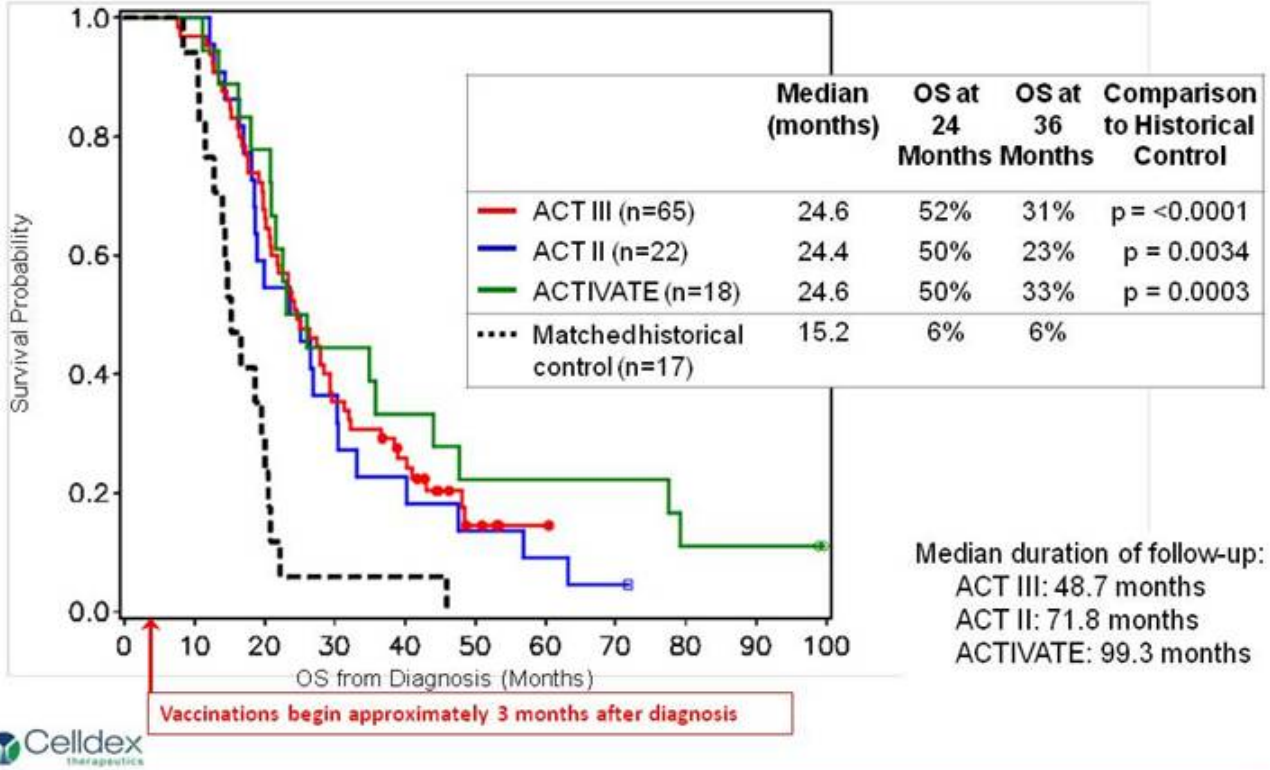
Rindopepimut Overall Survival (OS) Across Three Phase 2 Studies in EGFRvIII-Positive Glioblastoma vs Independent Control Datasets

Rindopepimut Phase 2 Studies (all data from study entry)		
	Median (months)	OS 3 years
ACT III (n=65)	21.8	26%
ACT II (n=22)	20.5	23%
ACTIVATE (n=18)	20.4	33%
Independent Control Datasets (all data from study entry)		
MD Anderson EGFRvIII-positive patients matched[1] to ACTIVATE patient population (n=17) - *contemporary with ACTIVATE*	12.2[2]	6%
Radiation Therapy Oncology Group (RTOG) 0525 study - all EGFRvIII-positive patients (n=142) - *contemporary with ACT III*	15.1	18%
RTOG 0525 study - all EGFRvIII-positive patients treated with standard dose temozolomide (n=62) - *contemporary with ACT III*	14.2	7%
RTOG 0525 study - EGFRvIII-positive patients matched[1] to ACT III/IV patient population (n=29) - *contemporary with ACT III*	16	13%

[1]Controls are closely matched to rindopepimut patient criteria including gross total resection of patient tumor and ~3 months without disease progression at time of study entry; [2]In order to provide comparable timeframes across datasets, data have been estimated assuming study entry at three months from diagnosis.

Celldex therapeutics

Rindopepimut: OS from Diagnosis



	Median (months)	OS at 24 Months	OS at 36 Months	Comparison to Historical Control
ACT III (n=65)	24.6	52%	31%	p = <0.0001
ACT II (n=22)	24.4	50%	23%	p = 0.0034
ACTIVATE (n=18)	24.6	50%	33%	p = 0.0003
Matched historical control (n=17)	15.2	6%	6%	

Median duration of follow-up:
ACT III: 48.7 months
ACT II: 71.8 months
ACTIVATE: 99.3 months

Celldex therapeutics

Rindopepimut: Correlative Biological Activity

- Induction of potent immune response to EGFRvIII
  - 85% of patients developed significant anti-EGFRvIII antibody titers which increased with time on study
  - Majority (67%) developed titers above 1:12,800
  - Anti-EGFRvIII titers maintained for >6 months following cessation of treatment
- Elimination of EGFRvIII expression
  - EGFRvIII was selectively eliminated in recurrent tumors for 26/32 (81%) patients across 3 Phase 2 studies
  - 15/15 control patients treated with TMZ/radiation (+/- CPT-11, bevacizumab or erlotinib) were EGFRvIII(+) at recurrence

Rindopepimut Currently Enrolling International Phase 3 Study—ACT IV

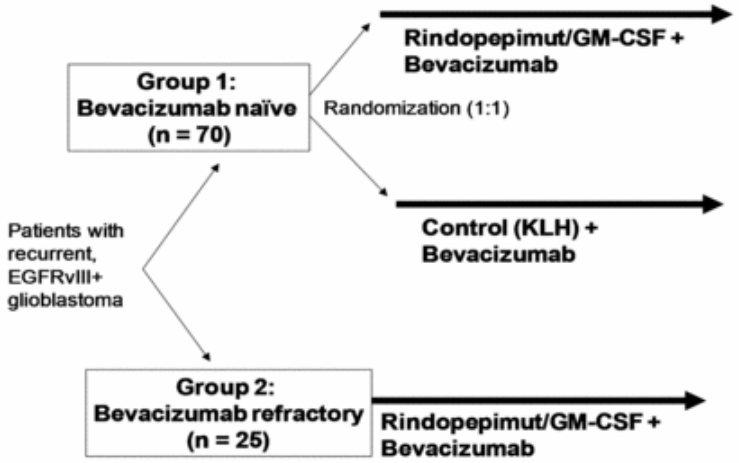
- Randomized (1:1), double-blind, placebo controlled study in 300 to 450 patients with newly diagnosed, surgically resected, EGFRvIII-positive glioblastoma (adaptive design); 150 to 200 international sites in 20+ countries
- Rindopepimut/GM-CSF with standard of care (SoC) maintenance temozolomide vs blinded control (KLH) with SoC
- Study objectives - Overall survival (primary), PFS (RANO criteria), safety, immune response, QoL, elimination of EGFRvIII expression
- Interim sample size re-estimation in which the trial may terminate early for futility or predicted success
- Targeted completion of accrual by YE 2013; follow up of 18-24 months

ACT IV
Clinical study of rindopepimut for EGFRvIII positive glioblastoma

Celldex therapeutics

Rindopepimut: ReACT Phase 2 Program

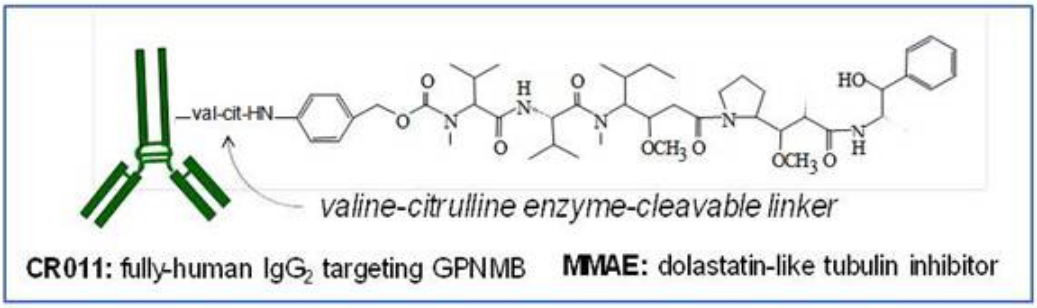
- **Phase 2 trial in recurrent glioblastoma ("ReACT")**
  - Rindopepimut in combination with bevacizumab
  - Up to 95 bevacizumab naive and refractory patients in 1st or 2nd relapse
  - Targeted accrual of 12 months and follow up of 6-12 months



Celldex therapeutics

CDX-011: First-in-class, Next Generation Therapeutic Antibody

- Antibody drug conjugate designed to release MMAE upon internalization into GPNMB-expressing tumor cells
  - Celldex proprietary target and antibody
  - Toxin and linker licensed from Seattle Genetics
    - Same technology as Adcetris™



CR011: fully-human IgG_2 targeting GPNMB **MMAE:** dolastatin-like tubulin inhibitor

CDX-011: EMERGE Phase 2b Randomized Study in Advanced Breast Cancer

- Advanced breast cancer patients who are refractory/resistant to all approved therapies
- Patients selected for GPNMB expression
- 120 patients randomized (2:1) to receive CDX-011 or "Investigator's Choice" single agent chemotherapy
- Endpoints included overall response rate, duration of response, PFS, O/S, and PK/PD
- Final data presented at SABC Symposium, Dec 2012
- End of Phase 2 FDA meeting in Dec 2012; provide update on YE 2012 call in early March

Celldex therapeutics

EMERGE: Balanced Baseline Characteristics

	CDX-011 (N=81)	Investigator's Choice (N=41)	Cross Over† (n=15)
Age, years [Median (range)]	57 (34-77)	58 (34-73)	51 (36-65)
Female [n (%)]	81 (100%)	41 (100%)	15 (100%)
ECOG Performance Status			
0	36 (44%)	14 (34%)	7 (47%)
1	44 (54%)	27 (66%)	8 (53%)
2	1 (1%)	0	0
Breast Cancer Stage [n (%)]			
III	2 (2%)	0	0
IV	79 (98%)	41 (100%)	15 (100%)
Visceral disease (Liver or Lung) [n (%)]	68 (84%)	33 (80%)	12 (80%)
Duration of Disease, years [Median (range)]			
Overall	6.7 (1.1-30.8)	5.4 (1.1-30.4)	4.7 (2.0-16.5)
Locally advanced or Metastatic	3.2 (0.3-18.9)	2.4 (0.5-19.5)	3.3 (0.8-5.5)
Prior lines of anticancer therapy [Median (Range)]	6 (3-11)	5 (3-11)	6 (4-9)
Prior lines of cytotoxic therapy for advanced/ metastatic disease [Median (Range)]	4 (2-9)	4 (1-6)	4 (2-7)

Celldex therapeutics

† Status at cross-over is displayed for the 15 IC patients who received CDX-011 after progression.

EMERGE: Safety Profile Consistent with Chemotherapies

	CDX-011 (n=96)			IC (n=41)		
	All Grades	Grade 3	Grade 4	All Grades	Grade 3	Grade 4
Hematologic						
Neutropenia	29%	16%	6%	44%	22%	7%
Leukopenia	10%	3%	1%	27%	15%	0%
Thrombocytopenia	4%	0%	1%	15%	2%	0%
Non-hematologic						
Rash	47%	4%	0%	2%	0%	0%
Fatigue	38%	7%	0%	46%	5%	0%
Nausea	32%	2%	0%	34%	0%	0%
Alopecia	25%	0%	0%	15%	0%	0%
Decreased appetite	19%	1%	0%	15%	0%	0%
Pruritus	21%	1%	0%	2%	0%	0%
Peripheral neuropathy	23%	3%	0%	12%	2%	0%
Vomiting	18%	0%	0%	10%	0%	0%
Constipation	14%	0%	0%	22%	0%	0%
Stomatitis	16%	2%	0%	17%	2%	0%
Dehydration	10%	3%	0%	7%	2%	0%

Table presents treatment-related adverse events with incidence >15% overall, or ≥3% at Grade 3-4 severity, in either study arm. No Grade 5 treatment-related adverse events were reported. Growth factors were permitted.

Celldex therapeutics

EMERGE: ORR and Disease Control Data

- CDX-011activity is greatest in patients with triple negative disease that highly expresses (≥25%) GPNMB and all patients with high GPNMB expression

On target effect clearly demonstrated in targeted patient populations

	All Patients		Triple Negative		High GPNMB Expression		Triple Negative and High GPNMB Expression	
	CDX-011 (n=81)	IC (n=36)	CDX-011 (n=27)	IC (n=9)	CDX-011 (n=25)	IC (n=8)	CDX-011 (n=12)	IC (n=4)
Response	16%	14%	19%	0%	**32%**	**13%**	**33%**	**0%**
Disease Control Rate	57%	53%	67%	33%	**64%**	**38%**	**75%**	**25%**

Responses per RECIST 1.1; IC = Investigator's Choice; CDX-011 arm includes 15 patients who crossed over to receive CDX-011 treatment after progression on IC. Analysis of best response excludes patients who discontinued from study without evaluable post-baseline radiographic imaging (n=15 for CDX-011 arm; n=5 for IC arm).

Celldex therapeutics

EMERGE: OS and PFS Data

On target effect clearly demonstrated in targeted patient populations

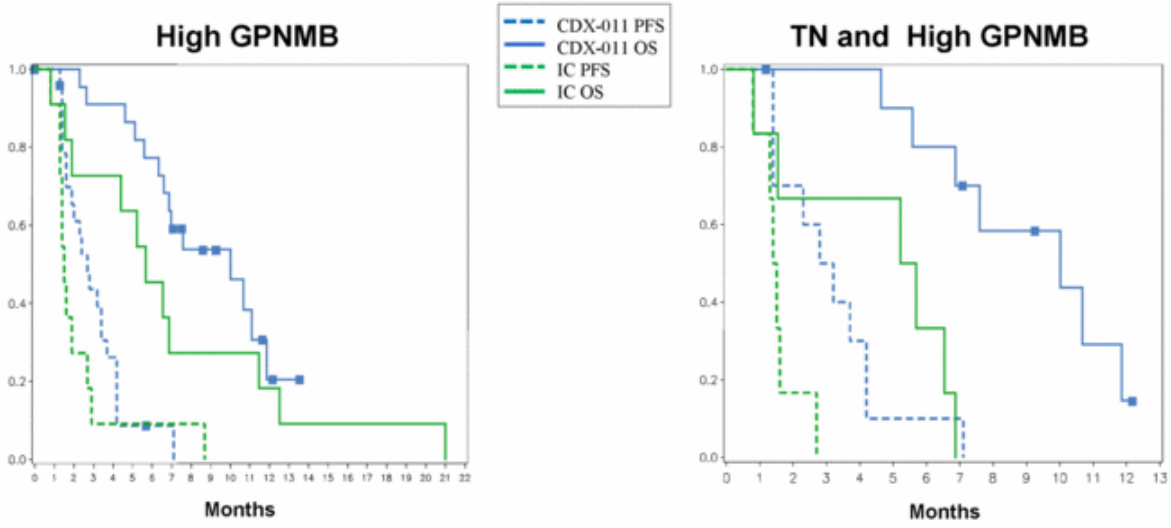
	All Patients		Triple Negative		High GPNMB Expression		Triple Negative and High GPNMB Expression	
	CDX-011	IC	CDX-011	IC	CDX-011	IC	CDX-011	IC
Median OS (months)	7.5	7.4	6.9	6.5	**10.0**	**5.7**	**10.0**	**5.5**
	p=0.24		p=0.30		**p=0.18**		**p=0.003**	
Median PFS (months)	2.1	2.0	2.3	1.6	**2.7**	**1.5**	**3.0**	**1.5**
	p=0.38		p=0.43		**p=0.14**		**p=0.008**	

Analyses include all treated patients. Patients who initially received Investigator's Choice (IC) and subsequently crossed over to receive CDX-011 (n=15) are included in the PFS analysis for each treatment. These patients, with a median OS of 12.5 months are assigned to the IC arm only for OS analysis. Median OS for the remaining IC patients who did not cross over is 5.4 months.

- When cross over patients are removed, median OS in patients with high GPNMB expression is 10.0 months for CDX-011 vs 5.2 months for IC (p=0.05) and median OS in triple negative patients with high GPNMB expression is 10.0 months for CDX-011 vs 5.2 months for IC (p=0.009).

Celldex therapeutics

EMERGE: Final OS and PFS Curves in Targeted Populations



Analyses include all treated patients. Patients who initially received Investigator's Choice (IC) and subsequently crossed over to receive CDX-011 (n=15) are included in the PFS analysis for each treatment. These patients, with a median OS of 12.5 months (range 4.4 to 21.0 months), are assigned to the IC arm only for OS analysis.

Celldex therapeutics

CDX-011: Next Steps and Additional Therapeutic Indications

- Initiate late-stage study in metastatic breast cancer in 2H 2013
  - Positive end of Phase 2 meeting with the FDA in late December
  - Finalize study design; provide update on YE 2012 call in early March
- Activity in melanoma
  - Phase 2 open-label trial completed
  - Promising PFS results in heavily pretreated patients and clinical responses with tumor shrinkage in 58% of patients (median duration of response of 5.3 months)
- Additional opportunities in squamous cell lung cancer, osteosarcoma and lymphoma/leukemia

Celldex therapeutics

CDX-1135: A Potent Complement Inhibitor

- Complement inhibition in rare disease indications is a successful business model
- CDX-1135 is a clinically proven effective complement inhibitor with unique properties—blocks both alternative and classical complement activation pathways
- Clear path to clinical opportunity in Dense Deposit Disease (DDD)
- Potent activity in mouse model of DDD
  - CDX-1135 inhibits C3 deposition in kidneys
  - CDX-1135 normalizes serum C3 levels
- Inhibits complement activation in serum from all DDD patients tested to date
  - CDX-1135 inhibition was not impacted by the presence of auto-antibodies (C3Nef)
- Data generated in the laboratory of Dr. Richard Smith at Iowa University, a leading expert in DDD

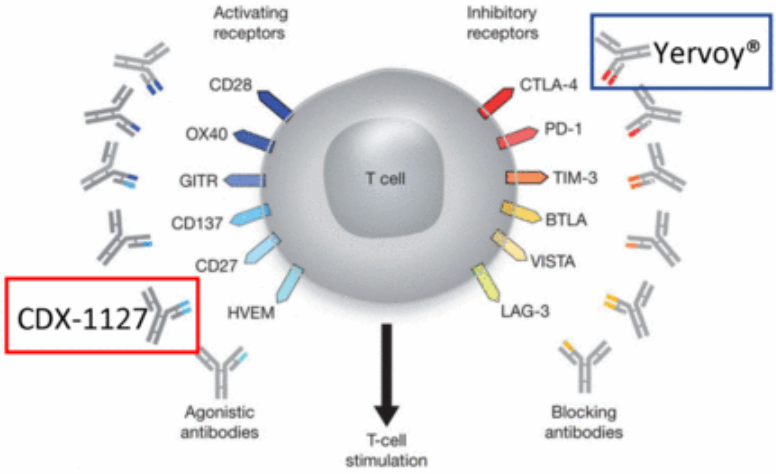
CDX-1135: Next Steps

- Initiate open-label, multicenter pilot study in pediatric and adult patients with DDD in up to 5 patients in Q1 2013
- Areas of investigation:
  - Normalization of complement
  - Improvement in kidney function
  - Pathologic improvement in the kidneys
- With positive results, pursue study expansion suitable for approval

CDX:1127: Targeting the Immune System with Antibodies

Immune system is regulated by a complex network of molecules that increase or dampen immune responses

- Antibodies can be used to turn these molecules on or off



1st product with clinical/commercial validation

Adapted from Nature, December 2011

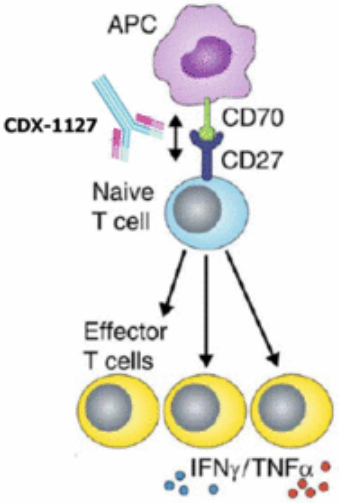
Yervoy is a registered trademark of Bristol-Myers Squibb.

Celldex therapeutics

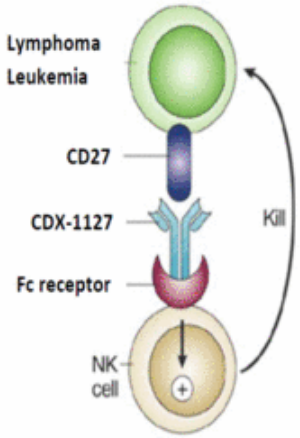
CDX-1127: A Novel Immune Modulator Targeting CD27

- Fully human mAb specific for CD27
- CD27 is a co-stimulatory molecule on T cells and is over-expressed in certain lymphomas/leukemias
- CDX-1127 has 2 mechanisms of action:
  - Immune activation
  - Effector function
- Strong pre-clinical data

Immune Activation- Activation of T cells through co-stimulatory function of CD27



Effector Function Killing of CD27-expressing tumors by ADCC



Celldex therapeutics

CDX-1127: Phase 1 Study – 2 Arms

- Solid Tumors: Immune sensitive tumors
  - Include melanoma, NSCLC, prostate, ovarian, RCC, colorectal
  - Dose range 0.1mg/kg – 10 mg/kg
  - 5 cohorts: single and multiple doses have completed accrual; well tolerated to date, including at the highest dose level
  - Expansion cohort planned in 2013
- Lymphoma/Leukemia (CD27+)
  - Tumors express CD27 at high levels
  - Dual mechanism of action (MoA): targeting tumor and immune system
  - Dose range 0.1 mg/kg – 10 mg/kg
  - 5 cohorts: single and multiple doses; expansion cohort planned in 2013

Celldex therapeutics

CDX-1127: Product Opportunity

- Monotherapy
  - Melanoma, RCC ("naturally immunogenic" tumors)
  - CD27+ cancers (various lymphoma and leukemia)
- Combination with chemotherapy
  - Chemo or ADC that reduce tumor burden and provide source of tumor antigens
- Combination with vaccines/immunotherapy
  - ***APC Targeting combinations***
  - ***Rindopepimut***
  - Other immune modulators - anti-CTLA-4, anti-PD-1

Celldex therapeutics

Anticipated Milestones for 2013

- **Rindopepimut**
  - Compete accrual of ACT IV registration study by YE 2013
  - Complete accrual of ReACT Phase 2 study— recurrent Q3 2013/refractory 1H 2013; data in 2H 2013 from both studies
- **CDX-011** - Initiate late stage study in metastatic breast cancer in 2H 2013
- **CDX-1135** - Initiate pilot study in DDD in Q1 2013
- **CDX-1127** - Expansion cohorts planned; data in 2H 2013
- **CDX-301** - Initiate pilot study in transplant setting by YE 2013
- **CDX-1401** - Collaboration with NCI on Phase 2 combination study with CDX-301

Celldex therapeutics