SEC Form 4												
FORM 4 UNITED ST				ES S		<b>AND EX</b> on, D.C. 2054	SION	ON OMB APPROVAL				
Section 16. Form 4 or Form 5 obligations may continue. See				ursuan	t to Section 16(a) o tion 30(h) of the Inv	f the Securitie		OMB Number: 3235-0287   Estimated average burden    hours per response: 0.5				
1. Name and Address of Reporting Person <sup>*</sup> MARINO JAMES J					er Name <b>and</b> Ticker ex Therapeut	υ.		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(First)	(Middle)		8. Date 06/13/	of Earliest Transac 2024	tion (Month/D	ay/Year)		Officer (give t below)	itle Other below	(specify )	
C/O CELLDEX THERAPEUTICS, INC. 53 FRONTAGE ROAD, SUITE 220				If Am	endment, Date of C	Driginal Filed	Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person				
(Street) HAMPTON	NJ	08827							Form filed by Person	More than One Rep	orting	
					10b5-1(c) T eck this box to indicat sfy the affirmative de		tten plan that is intend	ed to				
1. Title of Security (Ir		ble I - Nor	1-Derivati		ecurities Acqu	iired, Disp 3.	osed of, or Benefi 4. Securities Acquired (A	-	Owned	6. Ownership	7. Nature	

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities	(D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)

Security or Exercis (Instr. 3) Price of	Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)			5. Number of		uired, Disposed of, options, convertil 6. Date Exercisable and Expiration Date (Month/Day/Year)				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)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	4			
Non- Qualified Stock Option (right to buy) <sup>(1)</sup>	\$36.43	06/13/2024 <sup>(1)</sup>	A		16,500		06/13/2025	06/13/2034	Common Stock	16,500	\$0	16,500	D	

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

\*\* 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.

for James J. Marino