SEC For						~ ~ ~					EVOUA									
FORM 4 UNITED				ED ST/	AIE:	TES SECURITIES AND EXCHANGE COMMISSIC Washington, D.C. 20549														
Section obligation	this box if no lo 16. Form 4 or ons may contir ion 1(b).		ST		led pur	suant t	o Sec	ction 16(a) of th	e Secu	ENEFICI Irities Exchan Company Act	ge Act of	_	SHIP	Estim	Number nated ave	erage burden	0.5		
1. Name and Address of Reporting Person [*] <u>Martin Samuel Bates</u>						2. Issuer Name and Ticker or Trading Symbol Celldex Therapeutics, Inc. [CLDX]									o of Reportir licable) tor		ner			
(Last) (First) (Middle) C/O CELLDEX THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/14/2024								Officer (give title Other (specify below) below) SVP AND CFO						
53 FRONTAGE ROAD, SUITE 220				- 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person 							
(Street) HAMPTON NJ 08			08827)8827			Form Perso										filed by More than One Reporting n			
(City) (State) (Zip)					R						ction Ind			ant instruct		n lan tha	t is intended			
						satisf	y the a	affirmative	e defens	e condi	nsaction was n itions of Rule 1	0b5-1(c). S	See Instructio	n 10.		i pian tha		10		
			ole I - N						-	ed, Di	isposed o	· · · · · · · · · · · · · · · · · · ·		-						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution Date,						Acquired (A) or f (D) (Instr. 3, 4 and §		Securi Benefi	cially d Following	Form (D) or	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transa	action(s) 3 and 4)			insu. 4)		
Common Stock 06/14/202				2024			М		3,201	Α	\$9.0165	5 2	28,329		D					
Common Stock 06/14/202				2024	4			М		16,968	Α	\$10.38	4	45,297		D				
Common Stock 06/14/202				2024	.4		S		17,172	D	\$35.4248	(1) 2	28,125		D					
		-	Table I								posed of, , converti			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares							
Incentive Stock Option (Right to Buy)	\$9.0165	06/14/2024			М			3,201	(2)	06/13/2028	Commor Stock	¹ 3,201	\$0	0		D			
Incentive Stock Option (Right to Buy)	\$10.38	\$10.38 06/14/2024		М			16,968		3)	06/18/2030	Common Stock 16,968		\$0	63,632		D				

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$34.89 to \$35.76 per share, inclusive. The reporting person undertakes to provide to Celldex Therapeutics, Inc., any security holder of Celldex Therapeutics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth herein.

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

3. As of June 18, 2024, the option is fully vested.

/s/ Anthony S. Marucci,
attorney-in-fact for Samuel
Bates Martin

06/18/2024

** 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.