FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvasimigtori,	D.O.	200-0	

OMB APPROVAL

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0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					(or Sect	tion 3	O(h) of th	e Investr	nent C	Company Act o	f 1940							
Name and Address of Reporting Person* CATLIN AVERY W					2. Issuer Name and Ticker or Trading Symbol Celldex Therapeutics, Inc. [CLDX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O CELLDEX THERAPEUTICS, INC. 53 FRONTAGE ROAD				0(3. Date of Earliest Transaction (Month/Day/Year) 06/15/2015								X Officer (give title Other (specify below) Sr. VP & CFO						
(Street) HAMPTON NJ 08827 (City) (State) (Zip)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Та	ıble I - N	lon-Dei	rivati	ve Se	ecur	ities A	cquire	d, D	isposed of	, or Be	enefici	ally (Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					on 2A. Deemed Execution Date,		3. 4. Securities Acquired (A) or Transaction Code (Instr. old pisposed Of (D) (Instr. 3, 4 and Code (Instr. old pisposed Of (D) (Instr. old pi				5. Amou Securitie Benefici		es For ially (D) Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price		Transact (Instr. 3 a	ion(s)			(111341. 4)
Common Stock 06/15/20			/2015)15		M ⁽¹⁾		25,000	A	\$8.	3.52 49,0		609		D				
Common	Common Stock 06/15/20			/2015)15		S ⁽¹⁾		25,000	D	\$24.5	.5901 ⁽³⁾ 24		609		D			
			Table I								sposed of, on convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)			Transa Code (n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)			3. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Sha	ber					
Non- Qualified	¢8 52	06/15/2015			M(1)			25,000	01/06/20	10(2)	01/06/2010(1)	Commo	on 25	200	¢0	0		D	

Explanation of Responses:

Stock

Option

1. The sale reported on this Form 4 was made pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 12,2015. The options exercised and sold by the Reporting Person were due to expire January 6,2019.

01/06/2010⁽²⁾ 01/06/2019⁽¹⁾

 $2.25\% \ of the shares \ vested \ on \ January \ 6,2010 \ and \ the \ remainder \ vested \ quarterly \ (in \ equal \ amounts) \ over \ the \ subsequent \ 12 \ quarters.$

 $M^{(1)}$

3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$24.35 to \$25.23, 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 in footnote (3) to this Form 4.

/s/ Anthony S. Marucci, attorney in fact for Avery W.

25,000

Stock

06/16/2015

Catlin

** 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).

06/15/2015

** 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.