FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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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

							,,, ,,,,	(11) 01 1110	7 1111463		Joinparty Act	01 10 10								
Name and Address of Reporting Person* Martin Samuel Bates											g Symbol		Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last)	,	irst) ERAPEUTICS,	(Middle))		3. Date of Earliest Transaction (Month/Day/Year) 05/30/2024								X	Officer (give title below)		e Other below AND CFO		(specify)	
53 FRONTAGE ROAD, SUITE 220					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ON N	J	08827										X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	R	Rule 10b5-1(c) Transaction Indication																	
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
		Tab	ole I - I	Non-Deri	ivativ	e Sec	curit	ties A	cquir	ed, D	isposed o	f, or B	eneficia	lly (Owned					
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N				Execution Date,				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			ld 5) S B O		5. Amount of Securities Beneficially Owned Following Reported		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 05/30/202				2024	24		M		25,000	A	\$10.3	38 60		0,128		D				
Common Stock 05/30/20			2024)24			S ⁽¹⁾		35,000(1)	D	\$34.050)507 ⁽¹⁾ 25		5,128		D				
		•	Table								posed of, , convertil			/ O\	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, //Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir	te Exer ration D th/Day/		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares							
Incentive Stock Option (Right to	\$10.38	05/30/2024			M			25,000		(2)	06/18/2030	Common Stock	ⁿ 25,000		\$0	80,600)	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 \$33.69 to \$34.55 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. 25% vested on June 18, 2021 and the remainder vest quarterly (in equal amounts) over the subsequent 12 quarters.

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

06/03/2024

Bates Martin

** 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.