FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ashington,	DC	20549	
vasilliytoii,	D.C.	20343	

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								

hours per response:

Check this box if no longer subject to	į
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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* NEIL GARRY ARTHUR						2. Issuer Name and Ticker or Trading Symbol Celldex Therapeutics, Inc. [ CLDX ]							(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023								Officer below)	(give title		Other (specification)	pecify
C/O CELLDEX THERAPEUTICS, INC. 53 FRONTAGE ROAD, SUITE 202					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street) HAMPTON NJ 08827						Form filed by More than One Reporting Person											ting	
(City) (State) (Zip)					$ $ $ $ $ $ $ $	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.												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ad Of (D) (Instr. 3, 4 ar		Benefic	es ally Following	Form (D) or	n: Direct or Indirect Enstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code V Amount (A) or (D)		r Price	Transac (Instr. 3	ction(s)			msu. 4)							
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Execution Date, To Conversion Or Exercise (Month/Day/Year) or Exercise (Month/Day/Year)			ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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	Expira Date	tion	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to buy) <sup>(1)</sup>	\$36.87	06/15/2023 <sup>(1)</sup>			A		11,300		06/15/2024	06/15/2	2033	Common Stock	11,300	\$0	11,300		D	

## **Explanation of Responses:**

 $1. \ Represents \ option \ granted \ by \ the \ Issuer \ pursuant \ to \ its \ 2021 \ Omnibus \ Equity \ Incentive \ Plan.$ 

/s/ Sam Martin, attorney-infact for Garry A. Neil, M.D.

06/20/2023

\*\* Signature of Reporting Person

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.