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								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

Name and Address of Reporting Person*     Martin Samuel Bates					2. Issuer Name and Ticker or Trading Symbol Celldex Therapeutics, Inc. [ CLDX ]									ationship of Reporting all applicable) Director Officer (give title		son(s) to Iss 10% Ov Other (s	vner		
	,	First) ERAPEUTICS,	(Middle)			Date o		iest Tran	saction	(Mont	h/Day/Year)			below)  SVP and CFO			респу		
(Street) HAMPT (City)	ON N		08827 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form t Form t	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tal	ole I - N	on-Deri	vativ	e Se	curi	ties Ac	quire	d, Di	isposed o	f, or Be	neficial	ly Owned	l				
Date			2. Transac Date (Month/Da		Execution Date, ar) if any					s Acquired (A) or of (D) (Instr. 3, 4 and 5)		Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
										v	Amount	t (A) or Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	Common Stock 0			08/10/	2021				M	$\top$	10,302	A	\$9.0165	j <sup>(2)</sup> 21,	037(1)	D			
Common	Stock			08/10/	2021				S <sup>(3)</sup>		2,056(3)	D	\$45.2	18,	981(1)		D		
Common Stock			08/10/	/2021				M		11,079	A	\$2.78	30	,060		D			
Common	Stock			08/10/	2021				S <sup>(3)</sup>		682(3)	D	\$45.2	5 29	,378		D		
			Table II								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)	3A. Deen Executio if any (Month/D	on Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exerci Expiration Dat (Month/Day/Ye		ate	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						
Incentive Stock Option	\$9.0165 <sup>(2)</sup>	08/10/2021			M			10,302	(4)	)	06/13/2028	Common Stock	10,302	\$0.00	16,030	(2)	D		
Incentive Stock	\$2.78	08/10/2021			M			11,079	(5)	_ <b>_</b>	06/19/2029	Common	11,079	\$0.00	31,92	1	D		

## **Explanation of Responses:**

- 1. On February 8, 2019, Celldex Therapeutics, Inc. effected a 1-for-15 reverse stock split of its common stock (the "Reverse Stock Split"). The amount of securities reported on this Form 4 have been adjusted to
- 2. This option was previously reported as covering 395,000 shares at an exercise price of \$0.6011 per share, but has been adjusted to reflect the Reverse Stock Split.
- 3. Represents shares sold upon exercise of option in payment of exercise price pursuant to broker-assisted cashless exercise transaction.
- 4. 25% vested on June 13, 2019 and the remainder vest quarterly (in equal amounts) over the subsequent 12 quarters.
- 5.25% vested on June 19, 2020 and the remainder vest quarterly (in equal amounts) over the subsequent 12 quarters.

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

08/12/2021

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.