FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIA	L OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	urden								
	hours per response:	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 Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Heath-Chiozzi Margo						2. Issuer Name and Ticker or Trading Symbol Celldex Therapeutics, Inc. [ CLDX ]									k all applic Directo	able) `	g Pers	son(s) to Iss 10% Ov Other (s below)	ner		
(Last) (First) (Middle) C/O CELLDEX THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 08/11/2021									,	SVP of Regulatory Affairs						
53 FRONTAGE ROAD, SUITE 220					4 1	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)	ON N	J	08827			II Americanent, Date of Original Fried (World#Day/Teal)								Line)	e)						
(City)	(S	tate)	(Zip)												1 01301	'					
		Tab	le I - N	on-Deri	vativ	e Sec	curit	ties Ac	quired	l, Di	sposed o	f, or Be	nefic	ially	Owned						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,		n Date,	3. Transaction Code (Instr. 8)  4. Securities Disposed Of					nd 5) Securition Benefici		es Formially (D) (Following (I) (II)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transact (Instr. 3	ction(s)			(111311. 4)		
Common Stock 08/11/20					2021	021			M		10,000	A	\$9.01	9.0165(2)		11,247 <sup>(1)</sup>		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		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)		5	d. 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)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er							
Incentive Stock Option	\$9.0165 <sup>(2)</sup>	08/11/2021			M			10,000	(3)		06/13/2028	Common Stock	10,0	00	\$0.00	8,332 <sup>(2</sup>	2)	D			

## **Explanation of Responses:**

- 1. Includes 247 shares of common stock acquired under the Celldex Therapeutics, Inc. 2004 Employee Stock Purchase Plan. 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 reflect the Reverse Stock Split.
- 2. This option was previously reported as covering 275,000 shares at an exercise price of \$0.6011 per share, but has been adjusted to reflect the Reverse Stock Split.
- 3. 25% vested on June 13, 2019 and the remainder vest quarterly (in equal amounts) over the subsequent 12 quarters

/s/ Sam Martin, attorney-in-fact 08/13/2021 for Margo Heath-Chiozzi

\*\* 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.