FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| 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 |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Davis Thomas Andrew | | | | | | 2. Issuer Name and Ticker or Trading Symbol Celldex Therapeutics, Inc. [CLDX] | | | | | | | | | ck all applic Directo Officer | able) | g Pers | son(s) to Iss 10% Ow Other (s | ner | |
|---|---|--|---|---------|-----------------------|---|------------|--------------------------------|---|-----------|--|----------------------|-------------------------------|--|---|--|----------------|---|---------------------------------------|--|
| (Last) 6275 FIF | (F RETHON L | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/06/2009 | | | | | | | | | below) below) Sr. VP & CMO | | | | | |
| (Street) | Street) CLARKSVILLE MD 21029 | | | | | If Ame | endment, I | Date of | f Original F | iled | (Month/Da | 6. Inc Line) X | | | | | 1 | | | |
| (City) | (S | • | (Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | saction | n 'ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securi | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | 5. Amou Securitie Beneficia Owned F Reported | nt of s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) ((D) | ٠. | rice | Transact (Instr. 3 a | ion(s) and 4) | | | (11341. 4) | |
| Common | Stock | | | 01/0 | 06/200 | 09 | | | A | | 5,868 | 3 A | | (1) | 5,8 | 368 | D | | | |
| | | • | Table II - | | | | | | ired, Di options | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if if any (Month/Day | Date, | ate, Transa Code (| | | | 6. Date Exe Expiration (Month/Day | Date | | of Securities | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amo or Num of Sha | nber | | | | | | |
| Incentive Stock Option | \$8.52 | 01/06/2009 | | | A | | 76,400 | | (2) | 0 | 1/06/2019 | Common Stock | 76, | 400 | \$8.52 | 76,40 | 0 | D | | |

Explanation of Responses:

- 1. On January 6, 2009, the Company granted 5,868 shares of Company common stock (in the form of unrestricted stock awards under the Plan) as a special bonus relating to management's performance with respect to the Merger and the integration efforts following the Merger.
- 2. 25% of the options vest on Janaury 6, 2010 and the remainder vest quarterly (in equal amounts) on the last day of the subsequent 12 quarters.

01/08/2009

** 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.