UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT

PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of earliest event reported): **March 7, 2013**

CELLDEX THERAPEUTICS, INC.
(Exact name of registrant as specified in its charter)

Delaware	**000-15006**	**13-3191702**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

119 Fourth Avenue
Needham, Massachusetts 02494-2725
(Address of principal executive offices) (Zip Code)

(781) 433-0771
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 2.02. Results of Operations and Financial Condition.

On March 7, 2013, Celldex Therapeutics, Inc. (the "Company") issued a press release announcing its financial results for the fourth quarter and fiscal 2012. The full text of the press release is furnished as Exhibit 99.1 hereto and is incorporated by reference herein.

The information in this Item 2.02 of this Current Report on Form 8-K and Exhibit 99.1 attached hereto shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section, nor shall such information be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended (the "Securities Act"), or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

Item 8.01. Other Events.

The Company intends to use a slide presentation during its teleconference held March 7, 2013, which was announced by press release on February 28, 2013 and is publicly available at the Celldex website at www.celldextherapeutics.com. The slide presentation is attached hereto as Exhibit 99.2.

This Current Report on Form 8-K, including exhibit 99.1, contains "forward-looking statements" made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995, including those related to the Company's strategic focus and the future development and commercialization of any of our drug candidates, including rindopepimut (CDX-110), CDX-011, CDX-1135 (formerly TP10), CDX-1401, CDX-1127, CDX-301, Belinostat and any future action we or the FDA (or any other regulator) might take with respect to regulatory approvals. Forward-looking statements reflect management's current knowledge, assumptions, judgment and expectations regarding future performance or events. Although management believes that the expectations reflected in such statements are reasonable, they give no assurance that such expectations will prove to be correct and you should be aware that actual results could differ materially from those contained in the forward-looking statements. Forward-looking statements are subject to a number of risks and uncertainties, including, but not limited to, future actions that the FDA and other regulators might take or not take with respect to any of our drug candidates; the market for any of our drug candidates or assays; future clinical testing which will be necessary before FDA approval could be sought; our limited cash reserves and our ability to obtain additional capital on acceptable terms, or at all, including the additional capital which will be necessary to complete the clinical trials that we initiated in 2012 and plan to initiate in 2013; our ability to adapt APC Targeting Technology TM to develop new, safe and effective therapeutics against oncology and infectious disease indications; our ability to successfully complete product research and further development of our programs; the uncertainties inherent in clinical testing; our limited experience in bringing programs through Phase 3 clinical trials; our ability to manage research and development efforts

for multiple products at varying stages of development; the timing, cost and uncertainty of obtaining regulatory approvals; the failure of the market for the Company's programs to continue to develop; our ability to protect the Company's intellectual property; the loss of any executive officers or key personnel or consultants; competition; changes in the regulatory landscape or the imposition of regulations that affect the Company's products; and other risks detailed from time to time in the Company's filings with the Securities and Exchange Commission, including the Company's Form 10-K for the fiscal year ended December 31, 2011, and its Forms 10-Q and 8-K.

All forward-looking statements are expressly qualified in their entirety by this cautionary notice. You are cautions not to place undue reliance on any forward-looking statements, which speak only as of the date of this Current Report on Form 8-K. We have no obligation, and expressly disclaim any obligation, to update, revise or correct any of the forward-looking statements, whether as a result of new information, future events or otherwise.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

99.1	Press Release of Celldex Therapeutics, Inc., dated March 7, 2013.
99.2	Slide Presentation, dated March 7, 2013

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the registrant has duly caused this report to be filed on its behalf by the undersigned hereunto duly authorized.

Celldex Therapeutics, Inc.

Dated: March 7, 2013

By: /s/ Avery W. Catlin
Avery W. Catlin
Senior Vice President and
Chief Financial Officer

Exhibit Index

99.1	Press Release of Celldex Therapeutics, Inc., dated March 7, 2013.
99.2	Slide Presentation, dated March 7, 2013.

FOR IMMEDIATE RELEASE/March 7, 2013

Sarah Cavanaugh
Vice President of Investor Relations &
Corp Communications
Celldex Therapeutics, Inc.
(781) 433-3161
scavanaugh@celldextherapeutics.com

CELLDEX REPORTS FOURTH QUARTER AND FISCAL 2012 FINANCIAL RESULTS

- Management to Host Conference Call to Discuss Results and Provide 2013 Outlook Today, Thursday, March 7, at 8:30 a.m. Eastern Time -

NEEDHAM, MA (March 7, 2013): Celldex Therapeutics, Inc. (NASDAQ: CLDX) today reported financial results for the fourth quarter and the year ended December 31, 2012. Celldex reported a net loss of $16.8 million, or ($0.27) per share, for the fourth quarter of 2012 compared to net loss of $12.7 million, or ($0.29) per share, for the fourth quarter of 2011. For the twelve months ended December 31, 2012, Celldex reported a net loss of $59.1 million, or ($1.02) per share, compared to a net loss of $44.8 million, or ($1.13) per share, for the twelve months ended December 31, 2011. At December 31, 2012, Celldex reported cash, cash equivalents and marketable securities of $84.0 million. Following recent financings, as of February 28, 2013, Celldex had cash, cash equivalents and marketable securities of approximately $189 million.

“Celldex ended 2012 reporting positive data from four clinical programs at major medical meetings, including final results from our Phase 2b study of CDX-011 in metastatic breast cancer,” said Anthony Marucci, Chief Executive Officer of Celldex Therapeutics. “Based on the CDX-011 final data package and subsequent discussions with the FDA, we look forward to initiating a randomized trial suitable for accelerated approval in patients with triple negative breast cancer that also over-express GPNMB in the second half of 2013.”

Marucci continued, “Importantly, we begin 2013 well-financed with a current cash position that will support operations and clinical development through 2015. To that end, in addition to the CDX-011 accelerated approval study, we will also initiate new clinical studies and expansion studies for four other Celldex programs in 2013. We expect data from three clinical studies by year end—including from our Phase 2 study of rindopepimut with Avastin® in refractory glioblastoma. To close what will already be a very busy year, we also look forward to completing enrollment in the rindopepimut ACT IV registration trial in frontline glioblastoma.”

Fourth Quarter and Recent Highlights

- Presented positive final results from the Phase 2b EMERGE study of CDX-011 in patients with GPNMB-expressing, advanced, heavily pretreated breast cancer at the San Antonio Breast Cancer

– more –

Symposium in December. Progression free and overall survival benefits were demonstrated in the subgroup of patients with triple negative disease that also over-expressed GPNMB, and strong trends towards benefits were seen in all patients with over-expression of GPNMB.

- Announced impressive three-year survival data across three Phase 2 studies of rindopepimut, in EGFRvIII-positive glioblastoma at the Society for Neuro-Oncology Annual Meeting in November. In addition, Celldex announced a new contemporary historical control data set compiled from the Radiation Therapy Oncology Group (RTOG)’s Phase 3 0525 study that continues to demonstrate that patients with EGFRvIII-positive glioblastoma fare worse than the general glioblastoma patient population. Importantly, the data set provides further confidence in the ACT IV registration study design.

- Continued to open clinical sites to support enrollment in the Phase 3 ACT IV study and the Phase 2 ReACT study of rindopepimut in glioblastoma. In total, there are now more than 142 clinical sites around the world that are actively screening patients to participate in the ACT IV study. The ReACT study is also well-positioned, with all 25 study sites actively screening to date.

- Presented positive results from the Phase 1 study of CDX-1401 in solid tumors at the Society for Immunotherapy of Cancer Annual Meeting in October 2012. The study identified a well-tolerated and immunogenic regimen.

- Completed enrollment in the Phase 1 portion of the CDX-1127 solid tumor arm. CDX-1127 was determined to be well-tolerated to date, including at the highest dose level. Celldex continues to enroll patients in the dose escalation portion of the lymphoma and leukemia arm.

- Presented final results from a Phase 1 multi-dose study of CDX-301 (rhuFlt3L) in healthy volunteers in an oral presentation at the American Society for Blood and Marrow Transplantation 2013 BMT Tandem Meetings in February 2013. The study demonstrated that CDX-301 was well-tolerated and can effectively mobilize hematopoietic cell populations in healthy volunteers.

- Raised net proceeds of $114.1 million in the first quarter of 2013 to support operations and clinical development activities through 2015.

Key 2013 Objectives

- Complete global recruitment in the ACT IV registration study of rindopepimut in front-line glioblastoma and in the ReACT study of rindopepimut in combination with Avastin in patients with recurrent/refractory EGFRvIII-positive glioblastoma. Announce results from the ReACT study by year end.

- Initiate a pivotal, randomized, accelerated approval study of CDX-011 in patients with triple negative breast cancers that over-express GPNMB in the second half.

- Complete enrollment of the Phase 1 dose-escalation and expansion studies of CDX-1127 in patients with hematologic cancers and initiate expansion cohorts in both solid tumors and hematologic malignancies. Report data from this study in the second half.

- Initiate a pilot study of CDX-1135 in dense deposit disease, an orphan renal disease in children and young adults, with data expected by year end.

- Initiate a pilot clinical study of CDX-301 in hematopoietic stem cell transplant in the second half.

- Initiate a Phase 2 study of CDX-1401 in combination with CDX-301 sponsored by the Cancer Immunotherapy Trials Network of the National Cancer Institute.

Fourth Quarter and Year-to-Date Financial Highlights

The increase in net loss of $4.1 million between the fourth quarters of 2012 and 2011 is primarily due to higher research and development (R&D) expense as a result of higher clinical trials costs for the rindopepimut Phase 3 and Phase 2 programs. General and administrative (G&A) expense in the fourth quarter of 2012 increased by $0.3 million from $2.3 million in 2011 due primarily to higher personnel-related expenses in 2012. The increase in cash, cash equivalents and marketable securities of $6.3 million from September 30, 2012 primarily reflects the issuance of 3.5 million shares during the quarter through our Cantor ATM facility that raised net proceeds to Celldex of $20.9 million, partially offset by our fourth quarter operations-related cash burn of approximately $13.3 million and principal payments on our term loan of $1.3 million.

The net loss of $59.1 million for 2012 represents an increased loss of $14.3 million when compared to the net loss of $44.8 million for the same period in 2011 and is primarily due to increased R&D expense. R&D expense in 2012 increased by $15.0 million compared to 2011 and was primarily a result of increased later-stage clinical trials costs of $14.3 million in 2012 related to the rindopepimut program. G&A expenses increased by $0.8 million to $10.0 million in 2012 compared to $9.2 million in 2011, primarily due to increased personnel-related expenses and rindopepimut-related commercial planning costs in 2012.

As of December 31, 2012, Celldex had approximately 64.4 million shares outstanding. As a result of our financing transactions in January and February 2013, we now have 80.6 million shares outstanding.

Webcast and Conference Call

Celldex will host a conference call and live audio webcast at 8:30 a.m. ET on Thursday, March 7, 2013 to discuss Celldex's fourth quarter and twelve month 2012 financial results and to provide an update on anticipated research and development and business objectives for 2013. The conference call and presentation will be webcast live over the Internet and can be accessed by logging on to "Events & Presentations" under the "Investors & Media" section of the Celldex Therapeutics' website at www.celldextherapeutics.com. The call can also be accessed by dialing 888-350-0137 (within the United States) or 970-315-0478 (outside the United States).

A replay of the call will be available approximately two hours after the live call concludes through March 14, 2013. To access the replay, dial 855-859-2056 (within the United States) or 404-537-3406 (outside the United States). The passcode is 13866763. The webcast will also be archived on the Company's website.

About Celldex Therapeutics, Inc.

Celldex Therapeutics is the first antibody-based combination immunotherapy company. Celldex has a pipeline of drug candidates in development for the treatment of cancer and other difficult-to-treat diseases based on its antibody focused Precision Targeted Immunotherapy (PTI) Platform. The PTI Platform is a complementary portfolio of monoclonal antibodies, antibody-targeted therapeutics and immunomodulators used in optimal combinations to create novel disease-specific drug candidates. For more information, please visit http://www.celldextherapeutics.com.

Safe Harbor Statement Under the Private Securities Litigation Reform Act of 1995: *This release contains "forward-looking statements" made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995, including those related to the Company's strategic focus and the future development and commercialization (by Celldex and others) of rindopepimut (CDX-110), CDX-011, CDX-1135, CDX-1401, CDX-1127, CDX-301, Belinostat and other products. Forward-looking statements reflect management's current knowledge, assumptions, judgment and expectations regarding future performance or events. Although management believes that the expectations reflected in such statements are reasonable, they give no assurance that such expectations will prove to be correct and you should be aware that actual results could differ materially from those contained in the forward-looking statements. Forward-looking statements are subject to a number of risks and uncertainties, including, but not limited to, our limited cash reserves and our ability to obtain additional capital on acceptable terms, or at all, including the additional capital which will be necessary to complete the clinical trials that we have initiated or plan to initiate; our ability to adapt APC Targeting Technology™ to develop new, safe and effective therapeutics for oncology and infectious disease indications; our ability to successfully complete product research and further development of our programs; the uncertainties inherent in clinical testing; our limited experience in bringing programs through Phase 3 clinical trials; our ability to manage research and development efforts for*

multiple products at varying stages of development; the timing, cost and uncertainty of obtaining regulatory approvals; the failure of the market for the Company's programs to continue to develop; our ability to protect the Company's intellectual property; the loss of any executive officers or key personnel or consultants; competition; changes in the regulatory landscape or the imposition of regulations that affect the Company's products; and other factors listed under "Risk Factors" in our annual report on Form 10-K.

All forward-looking statements are expressly qualified in their entirety by this cautionary notice. You are cautioned not to place undue reliance on any forward-looking statements, which speak only as of the date of this release. We have no obligation, and expressly disclaim any obligation, to update, revise or correct any of the forward-looking statements, whether as a result of new information, future events or otherwise.

Avastin® is a registered trademark of Genentech, a member of the Roche Group.

-table follows-

CELLDEX THERAPEUTICS, INC.
(In thousands, except per share amounts)

CONSOLIDATED STATEMENTS OF OPERATIONS DATA	Quarter Ended December 31, 2012	Quarter Ended December 31, 2011	Year Ended December 31, 2012	Year Ended December 31, 2011
	(Unaudited)			
REVENUE				
Product Development and Licensing Agreements	$ 43	$ 45	$ 146	$ 110
Contracts and Grants	53	30	281	36
Product Royalties	3,551	2,358	10,775	9,119
Total Revenue	3,647	2,433	11,202	9,265
OPERATING EXPENSE				
Research and Development	13,748	9,824	47,398	32,439
Royalty	3,551	2,358	10,775	9,119
General and Administrative	2,644	2,343	10,016	9,193
Amortization of Acquired Intangible Assets	254	291	1,090	1,913
Total Operating Expense	20,197	14,816	69,279	52,664
Operating Loss	(16,550)	(12,383)	(58,077)	(43,399)
Investment and Other Income, Net	94	89	530	396
Interest Expense	(351)	(438)	(1,576)	(1,796)
Net Loss	$ (16,807)	$ (12,732)	$ (59,123)	$ (44,799)
Basic and Diluted Net Loss per Common Share	$ (0.27)	$ (0.29)	$ (1.02)	$ (1.13)
Weighted Average Common Shares Outstanding	62,544	44,175	57,713	39,501

CONDENSED CONSOLIDATED BALANCE SHEETS	December 31, 2012	December 31, 2011
ASSETS		
Cash, Cash Equivalents and Marketable Securities	$ 83,962	$ 53,312
Other Current Assets	1,152	1,372
Property and Equipment, net	7,205	9,093
Intangible and Other Assets, net	33,222	34,217
Total Assets	$ 125,541	$ 97,994
LIABILITIES AND STOCKHOLDERS' EQUITY		
Current Liabilities	$ 17,685	$ 14,298
Long-Term Liabilities	12,082	14,974
Stockholders' Equity	95,774	68,722
Total Liabilities and Stockholders' Equity	$ 125,541	$ 97,994

Exhibit 99.2


Celldex
therapeutics
2012 Results and 2013 Strategic Outlook Conference Call
March 7, 2013

Forward Looking Statement

This communication contains "forward-looking" statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical fact are statements that could be forward-looking statements. You can identify these forward-looking statements through our use of words such as "may," "will," "can," "anticipate," "assume," "should," "indicate," "would," "believe," "contemplate," "expect," "seek," "estimate," "continue," "plan," "point to," "project," "predict," "could," "intend," "target," "potential" and other similar words and expressions of the future. These forward-looking statements are subject to risks and uncertainties that may cause actual future experience and results to differ materially from those discussed in these forward-looking statements. Important factors that might cause such a difference include, but are not limited to, the timing, cost and uncertainty of obtaining regulatory approvals for product candidates; our ability to develop and commercialize products before competitors that are superior to the alternatives developed by such competitors; the validity of our patents and our ability to avoid intellectual property litigation, which can be costly and divert management time and attention; and the other factors listed under "Risk Factors" in our filings with the SEC, including Forms 10-K, 10-Q and 8-K.

Celldex does not undertake any obligation to release publicly any revisions to such forward-looking statement to reflect events or circumstances after the date hereof or to reflect the occurrence of unanticipated events.

Celldex therapeutics

Rindopepimut: Targeting a High Unmet Need in Glioblastoma

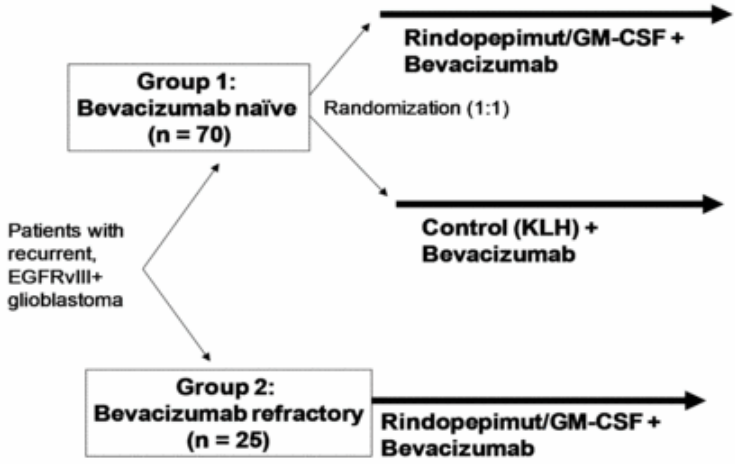
Rindopepimut Phase 2 Studies (all data from study entry)		
	Median (months)	OS 3 years
ACT III (n=65)	21.8	26%
ACT II (n=22)	20.5	23%
ACTIVATE (n=18)	20.4	33%
Independent Control Datasets (all data from study entry)		
MD Anderson EGFRvIII-positive patients matched[1] to ACTIVATE patient population (n=17) - *contemporary with ACTIVATE*	12.2[2]	6%
Radiation Therapy Oncology Group (RTOG) 0525 study - all EGFRvIII-positive patients (n=142) - *contemporary with ACT III*	15.1	18%
RTOG 0525 study - all EGFRvIII-positive patients treated with standard dose temozolomide (n=62) - *contemporary with ACT III*	14.2	7%
RTOG 0525 study - EGFRvIII-positive patients matched[1] to ACT III/IV patient population (n=29) - *contemporary with ACT III*	16	13%

[1]Controls are closely matched to rindopepimut patient criteria including gross total resection of patient tumor and ~3 months without disease progression at time of study entry; [2]In order to provide comparable timeframes across datasets, data have been estimated assuming study entry at three months from diagnosis.

Celldex therapeutics

Rindopepimut: ReACT Phase 2 Program

- **Phase 2 trial in recurrent glioblastoma ("ReACT")**
  - Rindopepimut in combination with bevacizumab
  - Up to 95 bevacizumab naive and refractory patients in 1st or 2nd relapse

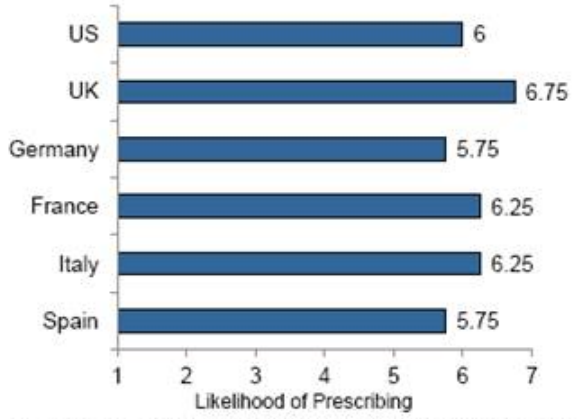


Celldex therapeutics

Rindopepimut (front-line) KOL/MD Feedback

Oncologists across six markets were enthusiastic about prescribing rindopepimut in their newly diagnosed GB population based on the improvement in OS.

Respondents' Likelihood to Prescribe Rindopepimut to Newly Diagnosed Patients



Scale is from 1 to 7, where 1 is least likely to prescribe and 7 is most likely to prescribe.

"This vaccine is especially good for the first category, where it demonstrates a significant improvement from my point of view. We have a new product, new armor. This may be an option in the recurrent population, but it will be more useful in the newly diagnosed population." – Physician (US)

Newly Diagnosed GB

- OS data: A six-month improvement was considered unprecedented and highly favorable in a newly diagnosed GB population.
- Most respondents discussed readily using this product in all eligible newly diagnosed patients.
  - The newly diagnosed population presents the most "hope" in terms of positive outcomes and success in treatment.
  - UK physicians were particularly enthusiastic as they stated that based on the label and the improvement in OS, the drug would likely be covered by NICE and therefore be readily available to them.
- Anticipated barriers include the cost and label restrictions (i.e., patients must be surgically resected as well as EGFRvIII positive to be eligible for therapy).

"There is no hesitation in using this. It is a vaccine so administration is not an issue, and if the phase III data is similar to what is described here, the improvement in OS is clinically significant." – Physician (UK)

Celldex therapeutics

Sources: Campbell Alliance interviews with 25 oncologists and 10 KOLs. June 28-July 18, 2012.

CDX-011: First-in-class Therapeutic Antibody for Metastatic Breast Cancer; SABCS 2012 Final EMERGE Data

	≥ 25% GPNMB Expression		TNBC and ≥ 25% GPNMB Expression	
	CDX-011	IC	CDX-011	IC
Median OS (months)	10.0	5.7	10.0	5.5
	p=0.18		p=0.003	
Median PFS (months)	2.7	1.5	3.0	1.5
	p=0.14		p=0.008	

Analyses include all treated patients. Patients who initially received Investigator's Choice (IC) and subsequently crossed over to receive CDX-011 (n=15) are included in the PFS analysis for each treatment. These patients, with a median OS of 12.5 months are assigned to the IC arm only for OS analysis. Median OS for the remaining IC patients who did not cross over is 5.4 months.

	≥ 25% GPNMB Expression		TNBC and ≥ 25% GPNMB Expression	
	CDX-011 (n=25)	IC (n=8)	CDX-011 (n=12)	IC (n=4)
Response	32%	13%	33%	0%
Disease Control Rate	64%	38%	75%	25%

Responses per RECIST 1.1; IC = Investigator's Choice; CDX-011 arm includes 15 patients who crossed over to receive CDX-011 treatment after progression on IC. Analysis of best response excludes patients who discontinued from study without evaluable post-baseline radiographic imaging (n=15 for CDX-011 arm; n=5 for IC arm).

Celldex therapeutics

CDX-011 Accelerated Approval Registration Study Design in GPNMB Over-expressing TNBC

Study Parameters		
Randomization	2:1	
N	Approximately 300	
Control	Capecitabine (Xeloda)	
Patient Population	Anthracycline- and taxane-resistant; GPNMB over-expressing TNBC	
Primary Endpoints: with a trial size of apx. 300 patients, able to submit for approval with positive results for *either* endpoint		
	ORR Option	**PFS Option**
Primary endpoint	Objective response	Progression-free survival
Secondary endpoints	Duration of response and PFS	ORR and duration of response
Capecitabine arm	15% ORR	4.0 months PFS
CDX-011 arm	30% ORR	6.25 months PFS
Primary analysis (ITT)	ORR estimated for each treatment arm based on best overall response of randomized patients.	Based on first 210 PFS events reported from randomized patients. Conventional censoring rules apply.

CDX-1135: A Potent Complement Inhibitor

- CDX-1135 is a clinically proven effective complement inhibitor with unique properties—blocks both alternative and classical complement activation pathways
- Clear path to clinical opportunity in Dense Deposit Disease (DDD)
- Potent activity in mouse model of DDD
  - CDX-1135 inhibits C3 deposition in kidneys and normalizes serum C3 levels
- Inhibits complement activation in serum from all DDD patients tested to date
- Pilot Study: open-label, multicenter pilot study in pediatric and adult patients with DDD in up to 5 patients
  - Areas of investigation:
    - Normalization of complement
    - Improvement in kidney function
    - Pathologic improvement in the kidneys

Celldex therapeutics

CDX-1127: A Novel Immune Modulator Targeting CD27

Phase 1 study: two arms

- Solid Tumors (CD27-)
  - Include melanoma, NSCLC, prostate, ovarian, RCC, colorectal
  - Dose range 0.1mg/kg – 10 mg/kg
  - 5 cohorts: single and multiple doses have completed accrual; well tolerated to date, including at the highest dose level
  - Expansion cohort planned in 2013
- Lymphoma/Leukemia (CD27+)
  - Tumors express CD27 at high levels
  - Dual mechanism of action (MoA): targeting tumor and immune system
  - Dose range 0.1 mg/kg – 10 mg/kg
  - 5 cohorts: single and multiple doses; expansion cohort planned in 2013

CDX-301 and CDX-1401

- CDX-301
  - FMS-like tyrosine kinase 3 Ligand (Flt3L)
  - Completed 30 patient healthy volunteer Phase 1 study
  - Potent inducer of stem cells and dendritic cells at various dose regimens
  - Well tolerated and non-immunogenic
  - Next study – Hematopoietic stem cell transplant
- CDX-1401
  - Antibody-based immunotherapy for NY-ESO-1 expressing cancers
  - Developed from APC Targeting Technology
  - Completed 45 patient Phase 1 study
  - Well tolerated; robust anti-NY-ESO-1 immunity
  - 13 patients with stable disease, 2 with significant tumor shrinkage
  - Next study – NCI sponsored melanoma trial

Anticipated Milestones for 2013

- **Rindopepimut**
  - Targeted accrual of ACT IV registration study by YE 2013
  - ReACT data: both Avastin naïve and refractory groups in 2H 2013
- **CDX-011** - Initiate accelerated approval study in metastatic breast cancer in 2H 2013
- **CDX-1135** - Initiate pilot study in DDD; data by YE 2013
- **CDX-1127** - Expansion cohorts planned; data in 2H 2013
- **CDX-301** - Initiate pilot study in transplant setting by YE 2013
- **CDX-1401** - Collaboration with NCI on Phase 2 combination study with CDX-301


Celldex
therapeutics
For additional information, please visit:
www.celldextherapeutics.com