FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D. C. 20549 Check this box if no longer subject to obligations may continue. See instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 OMB Aumber: 3235-0287 Estimated average burden hours per response: 0.5 1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol Celldex Therapeutics, Inc. [CLDX] 5. Relationship of Reporting Person(s) to Issuer 1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol Celldex Therapeutics, Inc. [CLDX] 5. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 0.13/2024 6. Individual or Joint/Group Filing (Check Applicable Line) 53 FRONTAGE ROAD, SUITE 202 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) 6. Individual or Joint/Group Filing (Check Applicable Line) (city) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisf the affinance accounding of Rule 1005-1(c). See Instruction 10. The Le Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned	SEC Form 4										
Check this box in lo longer subject to obligations may continue. See instruction 1(b). STATEINENT OF CHANGES IN DENETFICIAL CONVERSATION Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Estimated average burden hours per response: 0.5 1. Name and Address of Reporting Person* NEIL GARRY ARTHUR (Last) (First) (Middle) 2. Issuer Name and Ticker or Trading Symbol Celldex. Therapeutics, Inc. [CLDX] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 3. Date of Earliest Transaction (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) 0% Owner Officer (give title Other (specify below) 3. FRONTAGE ROAD, SUITE 202 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Kitteet HAMPTON NJ 08827 (City) (State) (Zip) 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 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned	FO	RM 4	UNITED S	TATES S			OMB Number: 3235-0287 Estimated average burden				
NEIL GARRY ARTHUR Celldex Therapeutics, Inc. [CLDX] (Check all applicable) (Last) (First) (Middle) C/O CELLDEX THERAPEUTICS, INC. 3. Date of Earliest Transaction (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable) ST FRONTAGE ROAD, SUITE 202 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable) (Street) HAMPTON NJ 08827 (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.	Section 16. Fo obligations ma	rm 4 or Form 5 y continue. See	_	Filed pursuar	it to Section 16(a)	Esti					
(Last) (First) (Middle) C/O CELLDEX THERAPEUTICS, INC. 06/13/2024 below) below) 53 FRONTAGE ROAD, SUITE 202 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) (Street) Form filed by One Reporting Person Form filed by More than One Reporting Person MAMPTON NJ 08827 Rule 10b5-1(c) Transaction Indication (City) (State) (Zip) 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.								(Check	all applicable)	0 ()	
53 FRONTAGE ROAD, SUITE 202 (Street) HAMPTON NJ (City) (State) (Zip) 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.		()	. ,			action (Month/	Day/Year)				
HAMPTON NJ 08827 Person (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	· · · · · · · · · · · · · · · · · · ·				endment, Date of	Original Filed					
(City) (State) (Zip) 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	l , ,	NJ	08827							lore than One Rep	orting
	(City)	(State)	(Zip)	Ch	eck this box to indic	ate that a trans	iction was made pursuant to a			en plan that is intend	led to
			Table I - Non-De	rivative S	ecurities Acq	· ·	posed of, or Benefi	cially	Owned		

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially	Form: Direct	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	te Execution Date,		4. Transaction Code (Instr. 8)		ber ive ies ed nstr. I 5)	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	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Stock Option (right to buy) ⁽¹⁾	\$36.43	06/13/2024 ⁽¹⁾		A		16,500		06/13/2025	06/13/2034	Common Stock	16,500	\$0	16,500	D	

Explanation of Responses:

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

/s/ Sam Martin, attorney-in-fact 06/17/2024

for Garry A. Neil, M.D.

** 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.