FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington, D.C. 20040	OMB APPRO	OVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287
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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 S	Secti	ion 30(h)	of the	Investment	Comp	oany Act	of 1940						
	nd Address of Diane C.	Reporting Person*							ker or Tradin cutics, Inc]		elationship eck all appli Directo	cable)	Person(s) to Is		
(Last) (First) (Middle) C/O CELLDEX THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023									X Officer (give title Other (specify below) SVP, CHIEF MEDICAL OFFICER				
53 FRO	NTAGE RO	AD, SUITE 220)		4. If	Ame	endment,	Date (of Original Fi	led (N	Month/Da	y/Year)	Line	e)		Filing (Check A		
(Street) HAMPT	ON N	J	08827												led by More	Reporting Persithan One Rep		
(City)	(S	tate)	(Zip)			Che	ck this box	to ind	Transa	nsact	tion was m	nade pursua			n or written pl	an that is intend	ed to	
		Tab	le I - Nor	n-Deriv					quired, D						<u> </u>			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 3, 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Benefici Owned F	es Form ally (D) of following (I) (II	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount (A) or (D)		Price	Reported Transact (Instr. 3	ion(s)		(Instr. 4)		
		7							uired, Dis , options					Owned				
Derivative Conversion Da		3. Transaction Date (Month/Day/Year) 3. Deeme Execution if any (Month/Da		Date,	rate, Transaction Code (Instr.		of E		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)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisable	Ex Da	piration te	Title	Amount or Number of Shares					
Incentive Stock Option (right to	\$36.87	06/15/2023 ⁽¹⁾			A		80,000		06/15/2024 ⁽²⁾	06/	/15/2033	Common Stock	80,000	\$0	80,000	D		

Explanation of Responses:

- 1. Represents option granted by the Issuer pursuant to its 2021 Omnibus Equity Incentive Plan.
- 2.25% vest on June 15,2024 and the remainder vest quarterly (in equal amounts) over the subsequent 12 quarters.

/s/ Sam Martin, attorney-in-fact 06/20/2023 for Diane C. Young

** Signature of Reporting Person

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.