FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
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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*     Hazard Sebastien	2. Date of E Requiring S (Month/Day 12/07/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol Imunon, Inc. [ IMNN ]						
(Last) (First) (Middle) C/O IMUNON, INC. 997 LENOX			Relationship of Reporting Person(s) to     Issuer     (Check all applicable)     Director     10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
DRIVE, SUITE 100			X Officer (give title below) Other (special below)  Chief Medical Officer		(specify	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person			
(Street) LAWRENCEVILLE, NJ 08648						Form filed by More than One Reporting Person			
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock			0	I	)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Da (Month/Day/\	ate	Underlying Derivative Security Conv (Instr. 4) cr Ex		4. Conversion Exerciprice of	rcise	Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	- 1	Direct (D) or Indirect (I) (Instr. 5)	5)	

**Explanation of Responses:** 

/s/ Sebastien Hazard, by

Jeffrey Church, Attorney- 12/11/2023

Date

in-Fact

\*\* Signature of Reporting

Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).