FORM 4

UNITED ST

Washington, D.C. 20549

ATES	SECURI	TIES AND	EXCHANGE	COMMISSIO	N

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruction 10 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer 1. Name and Address of Reporting Person (Check all applicable) Imunon, Inc. [IMNN] **Lindborg Stacy** 1 Director 10% Owner Officer (give title Other (specify 1 below) below) 3. Date of Earliest Transaction (Month/Day/Year) (Last) (First) (Middle) 09/10/2024 President and CEO C/O IMUNON, INC. 997 LENOX DRIVE, SUITE 100 6. Individual or Joint/Group Filing (Check Applicable Line) 4. If Amendment, Date of Original Filed (Month/Day/Year) 1 Form filed by One Reporting Person LAWRENCEVILLE NJ 08648 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 1. Title of Security (Instr. 3) 2. Transaction Date 2A. Deemed Execution Date, 6. Ownership Form: Direct 7. Nature of 5. Amount of Transaction Indirect Securities Beneficially (Month/Day/Year) if any (Month/Day/Year) Beneficial Code (Instr. (D) or Indirect Owned Following Ownership (Instr. 4) 8) (I) (Instr. 4) Reported Transaction(s) (A) or (D) ٧ Price Code Amount (Instr. 3 and 4) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 7. Title and Amount 1. Title of 3. Transaction 3A. Deemed 5. Number of 6. Date Exercisable and 8. Price of 9. Number of 11. Nature Derivative Security (Instr. 3) Ownership Form: Direct (D) Derivative Securities Expiration Date (Month/Day/Year) of Securitie Underlying derivative Securities Conversion Execution Date Transaction of Indir Beneficial or Exercise Price of (Month/Day/Year) if any (Month/Day/Year) Code (Instr. Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Derivative Security (Instr. 3 and 4) (Instr. 5) Beneficially 8) Ownership (Instr. 4) Derivative Owned or Indirect Following Reported Security (I) (Instr. 4) Transaction(s) Amount (Instr. 4) or Number

Date

Exercisable

09/06/2024(2)

(D)

Expiration

09/06/2034

Title

Stock

Explanation of Responses:

\$1.04(1)

Stock Option (Right to

Buy)

1. Represents the closing price of Imunon, Inc. Common Stock on the date of the grant

09/06/2024

2. The options vest as follows 1/2 on the date of grant; 1/4 on the one year anniversary of the grant; and 1/4 on the second anniversary of the date of grant.

Code

(A)

63,602(3)

3. Option granted in lieu of cash payment increases

/s/ Kimberly Graper, VP of Finance & Controller

09/10/2024

302,768

D

** Signature of Reporting Person Date

Shares

63,602

\$<mark>0</mark>

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.