FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

JU	KH	ILS	ANL	EXCHANGE	COMMISSION

OMB APPROVAL									
OMB Number:	3235-028								

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Check this box if no longer subject to)
Section 16. Form 4 or Form 5	
obligations may continue. See	
Implementation of the S	

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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								

Instruc	tion 10.																				
1. Name and Address of Reporting Person* Eylward Susan					2. Issuer Name and Ticker or Trading Symbol Imunon, Inc. [IMNN]								(Che	ck all application	onship of Reporting Po Il applicable) Director Officer (give title		on(s) to Issu 10% Ow Other (s	/ner			
(Last) (First) (Middle) C/O IMUNON, INC. 997 LENOX DRIVE, SUITE 100							3. Date of Earliest Transaction (Month/Day/Year) 10/07/2024									below) Ceneral Counsel and Corp Sec					
(Street) LAWRENCEVILLE NJ 08648 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	ndividual or Joint/Group Filing (Check Applicable e) Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tal	ole I - Noi	า-Deriva	ative	Se	curitie	s Ac	qui	ired,	Dis	posed o	f, o	r Bene	ficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution D		Date	, i	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		(A) or 3, 4 and	Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following Reported		: Direct I r Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									-	Code	v	Amount (A		(A) or (D)	Price	Transacti	Transaction(s) (Instr. 3 and 4)			msu. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				ansaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) Unc					7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
								(D)	Date	e		Expiration		l l	Amount or Number of						

10/07/2025(2)

Explanation of Responses:

\$1.02⁽¹⁾

Stock Option

(Right to Buy)

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

10/07/2024

2. The options vest as follows 1/4 on the one year anniversary of the grant and 1/4 on the second, third and fourth year anniversary.

/s/ Susan Eylward, General

Counsel

Common

10/07/2034

10/08/2024

50,000

D

** Signature of Reporting Person

50,000

\$0

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.

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