FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549

Vashington, D.	.C. 20549	
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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

							,				. 1 7									
Name and Address of Reporting Person* Kardaras Constantine John						2. Issuer Name and Ticker or Trading Symbol Celsion CORP [CLSN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Kardara</u>	<u>is Constar</u>	itine John			1	CEISION CORF [CLSN]							Director			10% Ov	-			
(Last)	(Fig.	ret)	(Middlo)		3	Date of Earliest Transaction (Month/Day/Year)								_ X	below)	give title		Other (s below)	specify	
(Last)	•	(First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 12/14/2021										Chi	ef Acco	unting	Officer					
JJ/ LLIV	LENOX DRIVE, SUITE 100 4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind	6. Individual or Joint/Group Filing (Check Applicable										
(Street)														1 ′	Line) X Form filed by One Reporting Person					
LAWREN	NCEVILLE	NJ	08648											^	Form filed by One Reporting Person Form filed by More than One Reporting					
					-										Person	Su by Wor	C tricti	One repon	9	
(City)	(St	ate)	(Zip)																	
		Та	ble I - Noi	n-Deri	vativ	ve Se	ecuritie	s A	cquire	l, Di	sposed	of, o	r Bene	ficially	Owned					
1. Title of S	ecurity (Instr	. 3)		2. Tran	sactio	action 2A. Deemed Execution Date.				3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4				5. Amoun Securities				7. Nature of		
				(Month	/Day/\	rear)	if any			Code (Instr.		u Oi (L	u) (IIISII.	s, 4 anu s)	Beneficially Owned Following		(D) or Indirect		Beneficial Ownership	
						(Montain Bay) Tel			` `	· · 		(A) or			Reported Transaction				Instr. 4)	
								Cod	V	Amount	:	(A) or (D)	Price	(Instr. 3 a	and 4)					
Celsion Corporation Common Stock 12/14				4/20	1/2021		A		10,00	10,000 ⁽¹⁾ A		\$0	10,000			D				
			Table II -	Deriva	ative	Sec	urities	Acc	quired,	Dis	oosed of	f, or I	Benefi	cially C	wned		•			
											convert									
1. Title of Derivative Security (Instr. 3)			Transa Code (I	nsaction of			6. Date Exercisable and Expiration Date (Month/Day/Year)		Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	•	Amount or Number of Shares						
Option to Purchase Celsion Corporation Common Stock	\$0.63 ⁽³⁾	12/14/2021			A		35,000		12/14/20	22 ⁽²⁾	12/14/2031	Corp	elsion poration ommon Stock	35,000	\$0.63 ⁽³⁾	35,00	00	D		

Explanation of Responses:

- 1. Stock grant award which will vest on the first anniversary of hire date (December 6, 2022). Fair value of the stock award is \$0.63 per share based on the closing price of Celsion Common Stock the award date.
- 2. The options vest as follows: 1/3 on the one year anniversary of the date of grant; 1/3 on the second year anniversary of the date of grant; and 1/3 on the third year anniversary of the date of grant.
- 3. Represents the per share fair value of the common stock based on the closing price of a share of Celsion Common Stock on the date of the award.

/s/ Timothy J Tumminello

** 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.