SEC For	FORM	4	UNITE	D SI	ATE	ES S							оммі	SSION					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				Washington, D.C. 20549 <b>STATEMENT OF CHANGES IN BENEFICIAL OWNE</b> Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										OMB APPROVAL OMB Number: 3235 Estimated average burden hours per response:			3235-0287		
transac contrac the pur securiti to satis	chase or sale of ies of the issue fy the affirmativ ons of Rule 10b	pursuant to a written plan for of equity r that is intended ve defense																	
1. Name and Address of Reporting Person <sup>*</sup> Braun Donald P					2. Issuer Name <b>and</b> Ticker or Trading Symbol Imunon, Inc. [ IMNN ]								(Che	elationship o ck all applic Director	able)	10% Owner			
	(F JNON, INC IOX DRIVI	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/10/2024								Officer (give title Other (specifibelow)     below)				specify		
(Street) LAWRENCEVILLE NJ 08648					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>					
(City) (State) (Zip)				_															
Table I - Non-Deri       1. Title of Security (Instr. 3)     2. Tran       Date (Month)     2. Tran				nsactio	on	2A. Deemed Execution Date, if any (Month/Day/Yea		Transaction Disposed Code (Instr. 5)		f, or Beneficial ies Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature o Indirect Beneficial Ownership			
								Co	ode V	Amount	(A) or (D)	Price	Price Reported Transaction (Instr. 3 and				(Instr. 4)		
			Table II -							•	osed of, convertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expira	te Exercis ation Dat th/Day/Ye	Amount of		f 9 Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefic Owners t (Instr. 4	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares		Transact (Instr. 4)				
Option to																			

Explanation of Responses:

\$1.04<sup>(1)</sup>

purchase Imunon

common stock

1. Represents the closing price of Imunon, Inc. Common Stock on the date of 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 date of grant; and 1/4 on the second year anniversary of the date of grant.

9,072<sup>(3)</sup>

09/06/2024<sup>(2)</sup>

3. Option granted in lieu of cash for portion of board fees.

<u>/s/ Kimberly Graper, VP of</u> Finance & Controller

6,072

\$<mark>0</mark>

Imunon, Inc. Common Stock

09/06/2034

09/10/2024

Date

28,905

D

\*\* 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).

Α

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.