FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

I

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). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						or Sec	tion 30(n)	or the	e inve	estment	Com	ipany Act o	01 1940							
1. Name and Address of Reporting Person [*] Lindborg Stacy						2. Issuer Name and Ticker or Trading Symbol Imunon, Inc. [IMNN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Lindborg <u>Stacy</u>														N	/ Director			10% Ow	ner	
(Last)	(F	ïrst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)									 Officer (below) 	give title		Other (s below)	pecify	
C/O IMUNON, INC.						06/12/2024									President and CEO					
997 LENOX DRIVE, SUITE 100						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)					_										I Form fil	ed by One	Repor	ting Person		
LAWRENCEVILLE NJ 08648														Form filed by More than One Reporting Person						
(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication																				
									Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										satisfy	
		Ta	able I - Noi	n-Der	rivati	ve S	ecuritie	s Ao	cqui	ired, D	isp	osed o	f, or Be	neficially	v Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/E							Execution if any	A. Deemed Execution Date, fany Month/Day/Yea		Code (Instr.					5. Amoun Securities Beneficia Owned Fo Reported	s For Illy (D) ollowing (I) (I		Direct Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership	
								G	Code V	′	Amount	(A) o (D)	r Price	Transaction(s) (Instr. 3 and 4)				Instr. 4)		
			Table II -									sed of, onvertit			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate,	4. Transaction Code (Instr		5. Number of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			ble and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	.011(3)			
Stock Option (Right to Buy)	\$1.22 ⁽¹⁾	06/12/2024			Α	. 112,500		06/12	2/2025 ⁽²⁾) 0	6/12/2034	Common Stock	112,500	\$0	239,166		D			

Explanation of Responses:

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

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/ Kimberly Graper, VP of Finance & amp; Controller ** Signature of Reporting Person

06/14/2024

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.