FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPI | OMB APPROVAL | | | | | | | |
|--------------------------|--------------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours ner resnonse. | 0.5 | | | | | | | |

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

| 1. Name and Address of Reporting Person* Fritz Frederick J. | | | | | 2. Issuer Name and Ticker or Trading Symbol Imunon, Inc. [IMNN] | | | | | | | | (Che | elationship of the control of the co | , | | on(s) to Issu 10% Ow | | |
|--|--|--|--|----------------------------|---|------------------|--|--|---|---------------|--|---|---|--|---|--|---------------------------------------|--|--|
| (Last) | (Fi | rst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/17/2023 | | | | | | | | Officer below) | (give title | | Other (sp below) | pecify | | |
| C/O IMUNON, INC. 997 LENOX DRIVE, SUITE 100 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| (Street) LAWRENCEVILLE NJ 08648 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written pi satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | olan that | t is intended | to | | | |
| Date | | | 2. Transac | 2A. Deemed Execution Date, | | 3. Transactio | 3. 4. Securitie Disposed Code (Instr. 5) | | of, or Beneficially ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | 5. Amour Securitie Beneficia | nt of s ally ollowing | Form: | Direct E Indirect E tr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code V | Aı | mount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | (| (Instr. 4) | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Executity or Exercise (Month/Day/Year) if | | 3A. Deemed Execution Da if any (Month/Day/Y | med 4. on Date, Transac Code (li | | 5. Number of | | re (| 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 (Instr. 4) | y (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | de V | (A) | 1) | | Date Exercisable | Expi Date | iration | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to Buy) | \$1.32 ⁽¹⁾ | 03/17/2023 | | A | | 2,0 | 00 | | 03/17/2023 ⁽²⁾ | 03/1 | 17/2033 | Common Stock | 2,000 | \$0 | 30,099 | | D | | |

Explanation of Responses:

- 1. Represents the closing price of Imunon, Inc. Common Stock on the date of grant.
- 2. The options vest as follows: 1/3 on the date of grant; 1/3 on the on the one year anniversary of the date of grant; and 1/3 on the second year anniversary of the date of grant.

/s/ Kimberly Bragg, VP of Finance & Controller

03/21/2023

** 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.