## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
wasiiiigton,	D.C.	20049

STATEMENT	OF	<b>CHANGES</b>	IN E	BENEFICI	AL	OWNERSI	HIP

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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Lindborg Stacy					2. Issuer Name and Ticker or Trading Symbol Imunon, Inc. [ IMNN ]							(Ched	Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner						
(Last) C/O IMU	(F JNON, INC	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/13/2024							X	below)	give title Presiden	t and	Other (sp below) CEO	pecify	
997 LENOX DRIVE, SUITE 100					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	NCEVILLE	. NI	08648		_									X		•		ting Person One Reporti	ng
LAWKE	NCE VILLI	2 INJ	00040		_L										Person				<u> </u>
(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 sat the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								satisfy											
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				action 2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.		uired (Instr.	(A) or 3, 4 and 5)	Securities For Beneficially (I		Form:	Direct III Indirect B str. 4) C	. Nature of ndirect eneficial whership nstr. 4)					
									Cod	v	Amount	ount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				115(1.4)
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Executi Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Da	ate, 4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title of Sec Under Deriva	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)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	ıble	Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	юп(s)		
Stock Option (Right to Buy)	\$1.48 <sup>(1)</sup>	05/13/2024			A		112,500		05/13/20	25 <sup>(2)</sup>	05/13/2034	Comm		112,500	\$0	126,6	66	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 of the grant and 1/4 on the second, third and fourth year anniversary of the grant and 1/4 on the second, third and fourth year anniversary of the grant and 1/4 on the second, third and fourth year anniversary of the grant and 1/4 on the second, third and fourth year anniversary of the grant and 1/4 on the second, third and fourth year anniversary of the grant and 1/4 on the second, third and fourth year anniversary of the grant and 1/4 on the second, third and fourth year anniversary of the grant and 1/4 on the second, third and fourth year anniversary of the grant and 1/4 on the second, third and fourth year anniversary of the grant and 1/4 on the second and 1/4 on the

/s/ Kimberly Bragg, VP of Finance & Controller 05/14/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.