FORM 4

UNITE

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

D STATES SECURITIES AND EXCHANGE COMM	SSIO
---------------------------------------	------

OMB APPROVA	L

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Dentzer James E					2. Issuer Name and Ticker or Trading Symbol Imunon, Inc. [IMNN]							(Che	Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own					
(Last)	(F JNON, INC	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/10/2024								Officer below)	(give title		Other (s below)	pecify	
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) LAWRENCEVILLE NJ 08648												Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
		Ta	ble I - Non	-Deriva	tive S	ecurities	Acc	quired,	Dis	posed of	, or Ben	eficially	/ Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)				Execution Da		Date,	Code (Instr		Disposed	es Acquirec Of (D) (Instr		5. Amoun Securities Beneficia Owned Fo	s For Illy (D) ollowing (I) (Form	: Direct I Indirect E str. 4) (7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ction(s)			Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	te Execution Da	Cod	saction be (Instr. a (Inst		e s I (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)			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 illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	le V	(A) (D)		Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Stock Option	\$1.04 ⁽¹⁾	09/06/2024		A		3,634 ⁽³⁾		09/06/202	4 ⁽²⁾	09/06/2034	Common	3,634	\$0	17,30	1	D		

Explanation of Responses:

Buy)

- 1. Represents the closing price of Imunon, Inc. Common Stock on the date of grant.
- 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.
- 3. Option granted in lieu of cash for portion of board fees.

/s/ Kimberly Graper, VP of Finance & Controller

09/10/2024

** 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.