FORM 4

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

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549	
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STATEMENT	OF	CHANGES	IN BE	NEFICIAL	OWNERS	HIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

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*     Pellizzari Christine A				2. Issuer Name and Ticker or Trading Symbol Imunon, Inc. [ IMNN ]								(Che	elationship of the control of the co	,	,	s) to Issu 10% Ow		
(Last)	•	,	(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	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											ing	
(City) (State) (Zip)					$ _{\sqcap}$	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.												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,		Code (In:	Transaction Disposed C Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		5. Amou Securitie Benefici Owned F Reported	s ally following	Form: Direct (D) or Indirect (I) (Instr. 4)		. Nature f Indirect eneficial wnership nstr. 4)			
									Code	<i>,</i>	Amount	(A) or (D)	Price	Transact (Instr. 3	ion(s)			1150. 4)
		1	able II - De						quired, Dis s, options					Owned				
		ransaction of ode (Instr. Derivative		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 derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or I (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)						
				Co	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$1.32 <sup>(1)</sup>	03/17/2023			A		2,000		03/17/2023 <sup>(2)</sup>	0:	3/17/2033	Common Stock	2,000	\$0	9,666		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.