FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
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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

1. Name and Address of Reporting Person* Braun Donald P				<u>Im</u>	Issuer Name and Ticker or Trading Symbol Imunon, Inc. [IMNN] Date of Earliest Transaction (Month/Day/Year)						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last)	(Fi	rst)	(Middle)			06/12/2024							below)	(give title	below)	specify	
C/O IMUNON, INC. 997 LENOX DRIVE, SUITE 100				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street) LAWRENCEVILLE NJ 08648				Ri	Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication									orting			
(City) (State) (Zip)						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.											
		Tab	le I - Non	-Deriv	ative	e Sec	curitie	s A	cquired, D	ispos	ed o	f, or Bei	neficiall	y Owned			
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)					Execution Date,			Code (Instr. 5)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	/ Am	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)			(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)	3A. Deemed Execution Date, if any (Month/Day/Year)	ate,	4. Transaction Code (Instr. 8)		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 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) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares				
Option to purchase Imunon common	\$1.22 ⁽¹⁾	06/12/2024			A		3,500		06/12/2024 ⁽²⁾	06/12/	/2034	Imunon, Inc. Common Stock	3,500	\$0	23,430	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: 1/2 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.

/s/ Kimberly Graper, VP of Finance & Controller

06/14/2024

** 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.