## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPRO	JVAL
OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * NEIS JOHN			2. Issuer Name and Ticker or Trading Symbol Cellectar Biosciences, Inc. [CLRB]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director Officer (give title below) Other (specify below)					
(Last) (First) (Middle) C/O CELLECTAR BIOSCIENCES, INC., 100 CAMPUS DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 06/24/2020						Officer (giv	e title below)	Oth	er (specify belov	()
(Street) FLORHAM PARK, NJ 07932				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person				
	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	any	emed on Date, if /Day/Year)		(.	Securities Acq A) or Disposed (nstr. 3, 4 and 5)	of (D) Own Tran	Amount of Securities Beneficially owned Following Reported fransaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership		
				(ivionin	Day/Tear)	Co	de V A	(A) or (D)		(Instr. 3 and 4)			or Indirect (I) (I) (Instr. 4)	
							Dorcon	e who roenor	d to the	collection (	of informa	tion contail	and SEC 1	474 (0.02)
							in this display	s who respon form are not r s a currently osed of, or Beno nvertible secur	equired to valid OMI eficially Ov	o respond B control r	unless the		ned SEC 1	474 (9-02)
	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if	(e.g., pu 4. Transac Code	5. Nur of Der Securi	mber rivative ties red (A) posed	in this display	form are not rest a currently osed of, or Benonvertible securercisable and Date	equired to valid OMI eficially Ovities)	o respond B control r wned nd Amount lying s	unless the		Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indired Beneficial Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., pu 4. Transac Code	ts, calls, wa tion 5. Nun of Der Securi Acqui or Dis of (D) (Instr.	mber rivative ties red (A) posed	in this display uired, Display options, co 6. Date Exc Expiration (Month/Da	form are not rest a currently osed of, or Beneritible securercisable and Date y/Year)	equired to valid OMI eficially Ovities)  7. Title are of Underly Securities	o respond B control r wned nd Amount lying s	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indired Beneficial Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
NEIS JOHN C/O CELLECTAR BIOSCIENCES, INC. 100 CAMPUS DRIVE FLORHAM PARK, NJ 07932	X				

### **Signatures**

/s/ Christina Blakley, attorney-in-fact for John Neis	06/25/2020
**Signature of Reporting Person	Date

# **Explanation of Responses:**

- \* 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).
- (1) This option grant shall vest over a period of three years from the grant date, with one-third vesting on the first anniversary of the grant date and the remainder vesting in 24 equal monthly installments over a 24 month period beginning on the first anniversary of the grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.