FORM	4
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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).

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

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

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

(Print or Type Response	es)										
1. Name and Address of DRISCOLL FRED	2. Issuer Name an Cellectar Bioscie			0.5	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X. Director 10% Owner					
(Last) C/O CELLECTAR AGRICULTURE D		0 DIG 0001	3. Date of Earliest Transaction (Month/Day/Year) 05/31/2017							ther (specify belo	ow)
MADISON, WI 533		4. If Amendment, D	ate Original	l File	d(Month/Da	y/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 Acquired, Disposed of, or Beneficially Owned								
1.Title of Security		2. Transaction	2A. Deemed	3. Transact	tion	4. Securi	ities Acqu	uired	5. Amount of Securities Beneficially	6.	7. Nature
(Instr. 3)		Date	Execution Date, if	Code		(A) or Disposed of (D)		of (D)	Owned Following Reported	Ownership	of Indirect
		(Month/Day/Year)		(Instr. 8)		(Instr. 3, 4 and 5)			Transaction(s)		Beneficial
			(Month/Day/Year)						(Instr. 3 and 4)		Ownership
										or Indirect	(Instr. 4)
				Cada	v	Amount	(A) or	Price		(1) (Instr. 4)	
1				Code	v	Amount	(D)	Price		(Instr. 4)	

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	ber	6. Date Exer	rcisable and	7. Title and	l	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	Transaction of E:		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	Code Derivative (N		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	· · · · · · · · · · · · · · · · · · ·				Securities		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquired				(Instr. 3 and 4)			Owned	Security:	(Instr. 4)
	Security					(A) or				0	Direct (D)				
						Disposed of						1	or Indirect		
						(D)							Transaction(s)	· /	
						(Instr. 3,	, 4,						(Instr. 4)	(Instr. 4)	
						and 5)					1				
											Amount				
								Date	Expiration		or				
								Exercisable			Number				
				a 1	* *	(• >					of				
				Code	V	(A)	(D)				Shares				
Stock															
option	0174	05/21/2017				10.000			05/21/2027	Common Stock	10.000	.	10.000	D	
(right to	\$ 1.74	05/31/2017		А		10,000		<u>(1)</u>	05/31/2027	Stock	10,000	\$ 0	10,000	D	
buy)										Stook					
ouy)															

Reporting Owners

Descriptions Operation Names / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
DRISCOLL FREDERICK W C/O CELLECTAR BIOSCIENCES, INC. 3301 AGRICULTURE DRIVE MADISON, WI 53716	Х							

Signatures

/s/ Chad Kolean, attorney-in-fact for Fred Driscoll 06/01/2017 Date **Signature of Reporting Person

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) Options vest in equal annual increments over a period of three years from the date of grant.

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.