FORM 4

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

| OMB APPROVAL | | | | | |
|-------------------------|-----------|--|--|--|--|
| MB Number: | 3235-0287 | | | | |
| stimated average burden | | | | | |
| ours per response | 0.5 | | | | |

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

| (Print or Typ | e Responses | s) | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------|---------------------------------|--|---|--|---|--|---|--|---|--|---|--------------------------------------|---------|-------|--|--|--|--|--|---|--|--|----------------|--|--|
| I. Name and Address of Reporting Person * Longcor Jarrod (Last) (First) (Middle) C/O CELLECTAR BIOSCIENCES, INC., 3301 AGRICULTURE DRIVE (Street) | | | | 2. Issuer Name and Ticker or Trading Symbol Cellectar Biosciences, Inc. [CLRB] 3. Date of Earliest Transaction (Month/Day/Year) 09/18/2017 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | MADISO (City | N, WI 5371 | (State) | (Zip) | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | - | | | eficially Owne | | |
| 1.Title of Se (Instr. 3) | ecurity | | | - | Date, if | Code (Instr. | 4. Securities Acq (A) or Disposed (8) (Instr. 3, 4 and 5) | | d of (D) | Owned Follow Transaction(s) | | | wnership of orm: Be | Nature Indirect neficial | | | | | | | | | | | | | |
| | | | | (Month/D | ay/Year) | Coe | le V | Amount (A) (C) | r Price | (Instr. 3 and 4) Direct (D) or Indirect (I) (Instr. 4) | | | Indirect (In | | | | | | | | | | | | | | |
| Reminder: F | | | | | | | | ns who resp | | ile collection | | | | 74 (9-02) | | | | | | | | | | | | | |
| 1. Title of Derivative | 2. Conversion | 3. Transaction Date | | e.g., puts, | 5. N | | conta form uired, Dis options, o | ined in this f displays a cu posed of, or Bo onvertible sec Exercisable and on Date | rrently neficially urities) 7. Tit | valid OMB c | 8. Price of | | | | | | | | | | | | | | | | |
| 1. Title of | Conversion | | 3A. Deemed Execution Date, i | 4. Transact | 5. Notion of Deri Secul Acqui (A) of Disp (D) | umber vative prities uired or oosed o | conta form uired, Dis options, o 6. Date Expirati (Month/ | oosed of, or Bo onvertible sec | neficially urities) 7. Tit Amou Unde Secur | y Owned tle and unt of erlying | 8. Price of | 9. Number of | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | of Indirect Beneficia | | | | | | | | | | | | | |
| 1. Title of Derivative Security | Conversion or Exercise Price of Derivative | Date | 3A. Deemed Execution Date, i | 4. Transact | tion of Deri Secu Acqu (A) of Disp (D) (Inst | umber vative urities uired or oosed o r. 3, 4, | conta form uired, Dis, options, of the Expirati (Month/ | oosed of, or Be onvertible sec Exercisable and on Date | neficially urities) 7. Tit Amou Unde Secur | y Owned tle and unt of brlying rities | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | of Indirect Beneficia Ownershi | | | | | | | | | | | | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|-----------|------------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Longcor Jarrod C/O CELLECTAR BIOSCIENCES, INC. 3301 AGRICULTURE DRIVE MADISON, WI 53716 | | | Chief Business Officer | | | |

Signatures

| /s/ Christina Blakley, attorney-in-fact for Jarrod Longcor | 09/25/2017 |
|--|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * If the form is filed by more than one reporting person, \emph{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) Option vests in equal quarterly 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.