# 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

	OMB APPI	ROVAL
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#### 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

Stock				Code	V	(A)	(D)	Exercisao	e Date			Number of Shares				
								Date Exercisable	Expiration	n Ti	itle	or				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if		4. Transaction Code		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		Title and Funderlyi ecurities nstr. 3 and	ing	8. Price of Derivative Security (Instr. 5)		Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)
Reminder:	Report on a s	separate line for each		- Deriva	ative	Securiti	es Acq	Person in this a curre		ot requ OMB co Benefici	uired to control n	respond u umber.		on containe form displa		74 (9-02)
				(World)/De			Co	de V	,	A) or (D) Pr	rice	u. 3 and 1)		(		nstr. 4)
(Instr. 3)		2. Transaction Date (Month/Day/Yea				3. Tra Code (Instr.		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		D) Own Tran		Securities Beneficially ing Reported		Ownership of B	7. Nature of Indirect Beneficial Ownership	
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu							Acquired	lired, Disposed of, or Beneficially Owned					
(Street) FLORHAM, NJ 07932			4. If Amendment, Date Original Filed(Month/Day/Year)							_X_	6. Individual or Joint/Group Filing(Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(Last) (First) (Middle) C/O CELLECTAR BIOSCIENCES, INC.,, 100 CAMPUS DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 03/04/2021								X_Officer (give title below) Other (specify below)  Chief Financial Officer				
(La	Name and Address of Reporting Person <sup>*</sup> Elefant Dov			2. Issuer Name and Ticker or Trading Symbol Cellectar Biosciences, Inc. [CLRB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				

## **Signatures**

100 CAMPUS DRIVE FLORHAM, NJ 07932

Elefant Dov

/s/ Christina Blakley., attorney-in-fact for Dov Elefant	03/05/2021
**Signature of Reporting Person	Date

## **Explanation of Responses:**

Reporting Owner Name / Address

C/O CELLECTAR BIOSCIENCES, INC.,

- \* 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).

10%

Owner

Officer

Chief Financial Officer

Other

Director

This option grant is a contingent grant subject to the following conditions: (i) approval by Cellectar's stockholders of shares available under Cellectar's equity incentive plans at Cellectar's 2021 annual meeting of stockholders or other special meeting of stockholders called for such purpose; and (ii) to the extent stockholder approval is received, the grant shall vest over a period of three years form the grant date, with 1/3 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.