FORM 4

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

OMB APPRO\	/AL
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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

1. Name and Address of Reporting Person * DRISCOLL FREDERICK W			2. Issuer Name and Ticker or Trading Symbol Cellectar Biosciences, Inc. [CLRB]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner					
(Last) (First) (Middle) C/O CELLECTAR BISCIENCES, INC., 100 CAMPUS DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 06/30/2021					Officer (giv	e title below)	Oth	er (specify below))	
(Street) FLORHAM PARK, 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				
(Cit		(State)	(Zip)		Table I - Non-Derivative Securities Acqu					lired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		eemed ation Date, if	Code (Instr.	(.	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ned Follow nsaction(s)			Ownership of B	7. Nature of Indirect Beneficial Ownership
				(Wolld)	Day/Tear)	Coc	de V A	(A) or (D)	Price	(Instr. 3 and 4)			or Indirect (I) (I) (Instr. 4)	
Reminder:	Report on a s	separate line for each	class of securities l	beneficial	lly owned d	irectly								
Reminder:	Report on a s	separate line for each		Derivati	ve Securit	ies Acq	Person in this display uired, Dispo	s who respon form are not r s a currently osed of, or Beno nvertible secur	equired to valid OMB eficially Ow	respond control r	unless the		ned SEC 14	174 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transact Code	ve Securiti is, calls, wa 5. Nur tion of Der Securi	nber rivative ties red (A) posed	Person in this display uired, Dispose, options, co	s who respon form are not r is a currently osed of, or Bend nvertible secur crecisable and Date	equired to valid OMB eficially Ow	respond control r ned	unless the	9. Number o	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Benefic Owners: (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transact Code	ve Securiti ts, calls, wa 5. Nur of Der Securi Acqui or Dis of (D) (Instr.	nber rivative ties red (A) posed	Person in this display uired, Dispose, options, co	s who respon form are not r s a currently osed of, or Bene nvertible secur creisable and Date y/Year)	equired to valid OMB eficially Ow ities) 7. Title and of Underly Securities	respond control r ned	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu p of Indir Benefic Owners (Instr. 4

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DRISCOLL FREDERICK W C/O CELLECTAR BISCIENCES, INC. 100 CAMPUS DRIVE FLORHAM PARK, NJ 07932	X					

Signatures

/s/ Christina Blakley, attorney-in-fact for Frederick Driscoll	07/02/2021
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 shall vest on the first anniversary of 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.