FORM 4

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

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

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* NEIS JOHN (Last) (First) (Middle) C/O CELLECTAR BISCIENCES, INC., 100 CAMPUS DRIVE (Street) FLORHAM PARK, NJ 07932				Issuer Name and Ticker or Trading Symbol Cellectar Biosciences, Inc. [CLRB] Date of Earliest Transaction (Month/Day/Year) 06/30/2021						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director					
									_						
				4. If Amendment, Date Original Filed(Month/Day/Year)											
(Cit		(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								d		
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)		ion Da	ite, if		8) (. Securities AcA) or Disposed Instr. 3, 4 and 5	Of (D) O T1 (In	Amount of Standard Follow ransaction(s) nstr. 3 and 4)	ing Reporte	d (Ownership form: B Direct (D) O	. Nature f Indirect geneficial ownership (nstr. 4)
			Table II -					display	form are not is a currently osed of, or Ben onvertible secu	valid OM	IB control r				
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise	3. Transaction Date Execution Date, (Month/Day/Year) (Month/Day/Year) (Month/Day/Ye	3A. Deemed Execution Date, if	(e.g., puts, calls, w 4. 5. Nu f Transaction of De Code Secur r) (Instr. 8) Acqu or Di of (D		Ils, wari 5. Numb of Deriv Securities Acquired or Disposof (D)	warrants, options, Number Derivative curities quired (A) Disposed		Exercisable and on Date Day/Year) 7. Ti of Ut		and Amount		9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia Ownershi (Instr. 4)
				Code		(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s (Instr. 4)		

Reporting Owners

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

Signatures

/s/ Christina Blakley, attorney-in-fact for John Neis	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.