

## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPR	OVAL
OMB	3235-
Number:	0104
Estimated aver	age
burden hours p	er
response	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

State (Mor	2. Date of Event Requiring Statement (Month/Day/Year) 3. Issuer Name and Ticker or Trading Symbol Cellectar Biosciences, Inc. [CLRB]					1		
· ·			rson(s) to I (Check	ssuer all applicable	)	5. If Amendment, Date Original Filed(Month/Day/Year)		
	Director X 10% Owner Officer (give title below) Other (specify below)  Filing(Check Applicable Line) Form filed by One Reporting P X Form filed by More than One I Person			k Applicable Line) d by One Reporting Person				
Zip)	Tab	le I - Non-	Derivati	ve Securitie	es Ber	reficially (	Owned	
·	Beneficially Owned (Instr. 4) Ownership Form: Direct (D) or Indirect (I)			Owne				
	530,000 I See			See I	e Footnote (1)			
ho respond ed to respon	to the collected unless the	ction of inf e form disp	formation plays a cu	contained i	in this	3 control	SEC 1473 (7-02)	
	•						6. Nature of Indirect	
1. Title of Derivative Security Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)		Securities Underlying Derivative Security (Instr. 4)		Convers or Exerc Price of	sion C cise H	Ownership Form of Derivative	Beneficial Ownership (Instr. 5)	
Date Exercisable	Expiration		Security	7 I	Direct (D) or Indirect I)			
08/20/2014	08/20/2019	Common Stock	530,000	\$ 0.01		I	See Footnote (1)	
	State (Mor 08/1 ddle)  Tip)  Tip)  Tip)  Tip)  Tip)  Tip)  Tip)  Tip)  Securities Because Exercises Because Expiration Date Exercises Because Exercises Because Expiration Date Exercisable	Statement (Month/Day/Year) 08/15/2014  Table 2. Ar Bene (Instruction of the collected to respond to the collected to respond unless the securities Beneficially Ow 2. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date Exercisable Date	Statement (Month/Day/Year) 08/15/2014  Table I - Non-  2. Amount of Sec Beneficially Own (Instr. 4)  530,000  The for each class of securities beneficially ho respond to the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of interest to respond unless the form dispersion of the collection of the coll	Statement (Month/Day/Year) 08/15/2014  4. Relationshiperson(s) to I (Check Director Officer (givitite below)  2. Amount of Securities Beneficially Owned (Instr. 4)  530,000  ne for each class of securities beneficially owned depends on the collection of information and to respond unless the form displays a cutoff to respond unless the	Statement (Month/Day/Year) 08/15/2014  4. Relationship of Reportin Person(s) to Issuer (Check all applicable Director Officer (give below)  2. Amount of Securities Beneficially Owned (Instr. 4)  530,000  I  Table I - Non-Derivative Securities (D) or Indirect (I) (Instr. 5)  530,000  I  The for each class of securities beneficially owned directly or indirect of to respond unless the form displays a currently validation of the collection of information contained in the responding state of the form displays a currently validation of the collection of information contained in the responding state of the form displays a currently validation of the collection of information contained in the responding state of the form displays a currently validation of the collection of information contained in the responding state of the responding of the collection of information contained in the responding state of the collection of information contained in the responding state of the responding of the collection of information contained in the responding state of	Statement (Month/Day/Year) 08/15/2014  4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ————————————————————————————————————	Statement (Month/Day/Year) 08/15/2014  4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give Officer (give Director Officer (give Downership Form: Direct (D) or Indirect (I) (Instr. 5)  530,000  I See Footnote  To respond to the collection of information contained in this form are red to respond unless the form displays a currently valid OMB control  Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible: 2. Date Exercisable and Expiration Date (Month/Day/Year)  Securities Underlying Derivative Security (Instr. 4)  Amount or Number of Shares  Cellectar Biosciences, Inc. [CLRB]  5. If Amer Filed(Month Glowner Filed(Month Glowner Filed(Month Owner Filed(Month Owner Filed(Month Ownership O	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Cormorant Asset Management, LLC 100 HIGH STREET, SUITE 1105 BOSTON, MA 02110		X			
Chen Bihua C/O CORMORANT ASSET MANAGEMENT, LLC 100 HIGH STREET, SUITE 1105 BOSTON, MA 02110	X	Х			

Cormorant Global Healthcare GP, LLC 100 HIGH STREET, SUITE 1105	X	
Cormorant Global Healthcare Master Fund, LP 100 HIGH STREET SUITE 1105 BOSTON, DC 02110	X	

### **Signatures**

/s/ Bihua Chen, Managing Member of Cormorant Global Healthcare GP, LLC, General Partner of CORMORANT GLOBAL HEALTHCARE MASTER FUND, LP	09/05/2014
**Signature of Reporting Person	Date
/s/ Bihua Chen, Managing Member of CORMORANT GLOBAL HEALTHCARE GP, LLC	09/05/2014
**Signature of Reporting Person	Date
/s/ Bihua Chen, Managing Member of CORMORANT ASSET MANAGEMENT, LLC	09/05/2014
**Signature of Reporting Person	Date
/s/ Bihua Chen	09/05/2014
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

  The securities reported herein are held by Cormorant Global Healthcare Master Fund, LP (the "Fund"). Mr. Laughlin serves as manager of North Tide. Cormorant Global Healthcare GP, LLC (the "GP") serves as the general partner of the Fund, and Cormorant Asset
- (1) Management, LLC (the "Manager") serves as the investment manager of the Fund. Bihua Chen serves as the managing member of the GP and the Manager. Each of the Reporting Persons disclaims beneficial ownership of the shares reported herein except to the extent of its or her pecuniary interest therein, and the filing of this Form 3 shall not be construed as an admission that any of the Reporting Persons is the beneficial owner of any such shares for purposes of Section 16(a) of the Securities Exchange Act of 1934 or for any other purpose.

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.