FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB 32 | 235- |
|-------------------|------|
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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) 08/14/2014 | | 3. Issuer Name and Ticker or Trading Symbol Cellectar Biosciences, Inc. [CLRB] | | | | |
|---------------|--|---|---|--|---|--|--|
| 08/1 | | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give Other (specific | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| | | title | | below) O and Treasure | Filing(C _X_ Form | idual or Joint/Group heck Applicable Line) filed by One Reporting Person filed by More than One Reporting | |
| | Tab | le I - Non | -Derivati | ve Securitie | s Beneficiall | y Owned | |
| | Bene | eficially Ow | | | Ownership | direct Beneficial | |
| respond | to the collect | ction of in | formation | contained in | n this form a | | |
| | · | | | | | | |
| piration I | iration Date th/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | Ownership Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | Expiration Date | Title | | r Security | Direct (D) | | |
| 1) | 05/28/2024 | Common Stock | 20,000 | \$ 7.4 | D | | |
| | State (Mor 08/1 or each clarespond or respond or respond to respon | Statement (Month/Day/Year) 08/14/2014 Tab 2. An Bene (Institute of the college | Table I - Non 2. Amount of Se Beneficially Ow (Instr. 4) Tor each class of securities beneficial respond to the collection of in orespond unless the form discretise Beneficially Owned (e.g., p. Date Exercisable and apiration Date onth/Day/Year) 3. Title and Securities beneficial securities Derivative (Instr. 4) Expiration Date onth/Day/Year) Title 1) 1) 1) 1) 1) 1) 1) 1) 1) 1 | Statement (Month/Day/Year) 08/14/2014 4. Relationsh Person(s) to I (Check Director X Officer (gittle below) VP, CFO Table I - Non-Derivati 2. Amount of Securities Beneficially Owned (Instr. 4) or each class of securities beneficially owned of respond to the collection of information or respond unless the form displays a curities Beneficially Owned (e.g., puts, calls, Date Exercisable and Apiration Date onth/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) ate Expiration Date Title Amount of Number of Shares 1) 05/28/2024 Common 20 000 | Statement (Month/Day/Year) 08/14/2014 Table I - Non-Derivative Securities 2. Amount of Securities Beneficially Owned (Instr. 4) To reach class of securities beneficially owned directly or indirect or respond to the collection of information contained in or respond unless the form displays a currently valid curities Beneficially Owned (e.g., puts, calls, warrants, optimate conth/Day/Year) Date Exercisable and spiration Date onth/Day/Year) Amount or Number of Shares Cellectar Biosciences, In 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) To reach class of securities beneficially owned directly or indirect or espond unless the form displays a currently valid content or exponding Derivative Security Title Amount or Number of Shares 1) 05/28/2024 Common 20 000 \$ 7.4 | A. Relationship of Reporting Filed Motor | |

| Reporting Owner Name / Address | Relationships | | | | |
|---|---------------|-----------|-----------------------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Kolean Chad J C/O CELLECTAR BIOSCIENCES, INC. 3301 AGRICULTURE DRIVE MADISON, WI 53716 | | | VP, CFO and Treasurer | | |

Signatures

| /s/ Paul Bork,attorney-in-fact for Chad J. Kolean | 08/14/2014 |
|---|------------|
| | Doto |

| Signature | of Reporting Perso | m |
|-----------|--------------------|-----|
| Signature | or reporting rease | ,,, |

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).
- Option vests in equal quarterly increments over a period of three years from the date of grant. Option expires on the tenth anniversary of the date of grant.

Remarks:

Exhibit 24 - Power of Attorney

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.

CONFIRMING STATEMENT

This Statement confirms that the undersigned has authorized and designated Paul Bork, Matthew Eckert, Chad Kolean and Christina Blakley, each acting singly, to execute and file on the undersigned's behalf a Form ID and all Forms 3, 4, and 5 (including any amendments thereto) that the undersigned may be required to file with the U.S. Securities and Exchange Commission as a result of the undersigned's ownership of or transactions in securities of Cellectar Biosciences, Inc. The authority of Paul Bork, Matthew Eckert, Chad Kolean and Christina Blakley under this Statement shall continue until the undersigned is no longer required to file Forms 3, 4, and 5 with regard to the undersigned's ownership of or transactions in securities of Cellectar Biosciences, Inc. unless earlier revoked in writing. The undersigned acknowledges that Paul Bork, Matthew Eckert, Chad Kolean and Christina Blakley are not assuming any of the undersigned's responsibilities to comply with Section 16 of the Securities Exchange Act of 1934.

obligations with respect to securities of Cellectar Biosciences, Inc. who is not named herein, and this Statement replaces and supersedes any such prior confirming statement.

Dated: August 8, 2014 Signed: /s/ Chad J. Kolean

Print Name: Chad J. Kolean

This Statement revokes the authority of any person named in any prior confirming statement relating to the undersigned's filing