FORM 4

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

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
nours per respon	se 0.5							

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

(Print or Ty	pe Response	es)													
Name and Address of Reporting Person * Longcor Jarrod					2. Issuer Name and Ticker or Trading Symbol Cellectar Biosciences, Inc. [CLRB]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Chief Business Officer				
(Last) (First) (Middle) C/O CELLECTAR BIOSCIENCES, INC., 100 CAMPUS DRIVE				400	3. Date of Earliest Transaction (Month/Day/Year) 02/28/2019										
(Street) FLORHAM, NJ 07932				4	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu						uired. Disp	osed of, or	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Year) Ex	A. Deemed secution Date, if	3. Transac Code (Instr. 8)		(A) or Disj (Instr. 3, 4		equired	5. Amount of Securities			6.	7. Nature of Indirect Beneficial Ownership
				(Code	V	Amount	(A) or (D)	Price	Ì			or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		02/28/2019	•		P		100	A	\$ 2.002	5 7,300			D	
Reminder: indirectly.	Report on a	separate line			ties beneficially		Person the	sons wh tained i form dis	n this splays	form a	re not req	ection of ir uired to re d OMB cor	spond un	less	EC 1474 (9- 02)
1. Title of Derivative Security (Instr. 3) Price of Derivativ Security		3. Transaction Date (Month/Day	Execu (Year) any	eemed tion Date	4. Transaction Code (Instr. 8)	5. Number	6. I		cisable 7. Ton Date Am Und Sec (Ins 4)		Title and mount of aderlying curities astr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Ownershi (Instr. 4) ct
					Code V	(A) (D)	Dat Exe		Expirat Date	tion Ti	or Number of Shares				
Repor	ting O	wners													
Reporting Owner Name / Address					Relationships										
Direct			Director	or 10% Owner Officer				Ot	her						
Longcor Jarrod C/O CELLECTAR BIOSCIENCES, INC. 100 CAMPUS DRIVE FLORHAM, NJ 07932					Chief Bu	sine	ss Offic	er							
Signat	tures														
/s/ Christ	ina Blakle	y, attorney-	in-fact for J	arrod Lo	ongcor	03/01/	/201	9							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

**Signature of Reporting Person

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.

Date

