FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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nours per respons	e 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

(Fillit of Ty	pe Response	3)																	
Name and Address of Reporting Person * AWM Investment Company, Inc.					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 10% Owner						
527 MADISON AVENUE, SUITE 2600					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2015									er (give title belo			er (specify	below	<i>i</i>)
(Street) NEW YORK, NY 10022				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Fo	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)		(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owner							vned							
(Instr. 3)		2. Transaction Date (Month/Day/Y	Execu ear) any	Execution Date, if any (Month/Day/Year)				(Instr. 3, 4 and 5) (A) or		d of (I	(D) Beneficial Reported (Instr. 3 ar		t of Securities ly Owned Following Transaction(s) nd 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership		
Common	Stock		09/30/2015				S		6,340	D	\$ 2 (1	1,111,	111,227			I			imited erships
Common Stock 10/0		10/01/2015				S		21,600 (2) (3)	D	\$ 2.059 (1)	9 1,089	1,089,627 (2) (3)		I (2) (3)		By Limited Partnerships (2) (3)			
Reminder: I indirectly.	Report on a	separate line	e for each class of	of securities	s beneficia	lly o	wned d	P	ersons w					ection of in				SEC :	1474 (9- 02)
			Table				_	iired	, Disposed	of, or	Benef	icially Ov		d OMB cor	ntrol nu	mber.			
(Instr. 3)			Execution Execution any		4. Transact Code	ion (5. Num of	ber dive dies ed ed s,	and Expiration Date e (Month/Day/Year)		7. Title ar Amount of Underlying Securities (Instr. 3 a	of ng	8. Price of Derivative Security (Instr. 5)		ve es ially ng d tion(s)	Form of Deriva Securit Direct or Indi	ship of tive ty: (D) rect	11. Nature of Indirec Beneficial Ownershi (Instr. 4)	
					Code	v	(A) (Date Exercisable		ration	Am or Title Nur of Sha							

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
AWM Investment Company, Inc. 527 MADISON AVENUE SUITE 2600 NEW YORK, NY 10022		X						

Signatures

Adam Stettner	10/02/2015
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 is a weighted average price.

- AWM Investment Company, Inc., a Delaware corporation (AWM), is the investment adviser to Special Situations Fund III QP, L.P. (SSFQP), Special Situations Cayman Fund, L.P. (CAYMAN) and Special Situations Life Sciences Fund, L.P. (SSLS and together with SSFQP and CAYMAN, the Funds). As the investment adviser to the Funds, AWM holds sole voting and investment power over 514,514 shares of Common Stock of the Issuer (the Shares) held by SSFQP, 171,504 Shares held by CAYMAN and 403,609 Shares held by SSLS.
- Austin W. Marxe (Marxe), David M. Greenhouse (Greenhouse) and Adam C. Stettner (Stettner) are the controlling principals of AWM. The reporting person disclaims (3) beneficial ownership of the Shares, except to the extent of its pecuniary interest therein. This report shall not be deemed an admission that the reporting person is the beneficial owner of the securities reported herein for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, 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.