FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours per respon	se 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

	pe Response	,,,														
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						
(Last) (First) (Middle) 527 MADISON AVENUE, SUITE 2600					3. Date of Earliest Transaction (Month/Day/Year) 12/15/2015					Officer (give title below) Other (specify below)						
(Street) NEW YORK, NY 10022				4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)					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 Acqui					aired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	any	cution Date, if			on 4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5)		d of (D)	Beneficially Reported Tr	Γransaction(s)		6. Ownership Form:	Beneficial	
				(Month/I	Jay/ Y ear)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)		
Common	Stock		12/15/2015			S		44,965 (2) (3)		\$ 0.8243	657,597 (2	2) (3)		I (2) (3)		imited erships
Reminder: indirectly.	Report on a	separate line	e for each class of se	curities be	eneficially	owned di	Pe	ersons wh			o the colle				SEC	1474 (9-02)
			Table II	Davinati	C		the	e form di			rently valid					/
					ts, calls, wa	•		•			ially Owned s)					
1. Title of Derivative Security (Instr. 3)	Conversion			(e.g., put ed 4 Date, if T	ts, calls, wa l. Transaction Code	5. Numb	er 6. an we (Mes	•	tible s reisabl on Da	te 7. Ui	Title and mount of inderlying eccurities instr. 3 and	8. Price of Derivative Security (Instr. 5)	Derivation Securities Beneficion Owned Following Reported	ve Ow For ally Der Second Or I ion(s) (I)	m of Î	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

Post of the Community of Additions	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 C. Stettner	12/16/2015
**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 310,542 shares of Common Stock of the Issuer (the Shares) held by SSFQP, 103,452 Shares held by CAYMAN and 243,603 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.