FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Name and Address of Reporting Person* Le Goff Corinne				2. Issuer Name and Ticker or Trading Symbol Imunon, Inc. [IMNN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Le Goi	<u>r Cornine</u>													V Director		10% Ov	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)							7	Officer below)	(give title	Other (s below)	pecify
C/O IMUNON, INC.					03	03/17/2023							President and CEO				
997 LENOX DRIVE, SUITE 100				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)					-									Y Form fi	ed by One Re	porting Perso	1
LAWRENCEVILLE NJ 08648												Form filed by More than One Reporting Person					
(City) (State) (Zip) Rule 10b5-1(c) Tu						Transa	cti	on Indi	cation	,							
Check this box to indicate that a transaction was made pursuant the affirmative defense conditions of Rule 10b5-1(c). See Instruction							t to a contra ction 10.	a contract, instruction or written plan that is intended to satisfy n 10.									
		Tal	ole I - Nor	n-Deri	vativ	e Se	curitie	s Ac	quired, [Disp	osed o	f, or Ber	neficiall	y Owned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date		e, Transaction Disposed Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amour Securitie Beneficia Owned F	s Fo ally (D ollowing (I)	rm: Direct) or Indirect (Instr. 4)	7. Nature of ndirect Beneficial Dwnership			
								Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)	
			Table II -						,	•	,		•	Owned			
					-	Call	1		, options	_						1	Land
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	ate,	4. Transactio Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$1.32 ⁽¹⁾	03/17/2023			A		90,000		03/17/2023 ⁽²	2)	03/17/2033	Common Stock	90,000	\$0	320,000	D	

Explanation of Responses:

- 1. Represents the closing price of Imunon, Inc. Common Stock on the date of grant.
- 2. The options vest as follows: 1/3 on the date of grant; 1/3 on the one year anniversary of the date of grant; and 1/3 on the second year anniversary of the date of grant.

/s/ Kimberly Bragg, VP of

03/21/2023

Finance & Controller

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.