Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

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

1. Name and Address of Reporting Person* <u>Fritz Frederick J.</u>					2. Issuer Name and Ticker or Trading Symbol Imunon, Inc. [IMNN]							(Che	elationship of the control of the co	able)	on(s) to Issu 10% Ov			
(Last)	,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2024								Officer below)	(give title		Other (s below)	pecify
C/O IMUNON, INC. 997 LENOX DRIVE, SUITE 100			4. I1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street)	NCEVILLE	E NJ	08648										Form filed by More than One Reporting Person					
(City)	(Si	tate)	(Zip)			Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							to					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Code (In	Transaction Disposed Of (D) Code (Instr. 5)		ties Acquire I Of (D) (Ins	es Acquired (A) or Of (D) (Instr. 3, 4 and		nt of es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
					Code	/	Amount	(A) or (D) Price		Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	ate, T	Code (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisable		expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$0.86 ⁽¹⁾	03/15/2024			Α		3,500		03/15/2024 ⁽²) 0	3/15/2034	Common Stock	3,500	\$0	33,599)	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: 1/2 on the date of grant; 1/4 on the one year anniversary of the date of grant; and 1/4 on the second year anniversary of the date of grant.

/s/ Kimberly Graper, VP of Finance & Controller ** Signature of Reporting Person

03/18/2024

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.