SEC Form 4											
FORM 4	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										
			OMB APPROVAL								
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See		NT OF CHANGES IN BENEFICIAL OWN	OMB Number Estimated ave hours per resp	rage burden							
Instruction 1(b).	File	d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940			<u> </u>						
1. Name and Address of Reporting Perso	n*	2. Issuer Name and Ticker or Trading Symbol Imunon, Inc. [IMNN]		tionship of R all applicable	eporting Perso e)	n(s) to Issuer					
Chow Pok Yu Augustine		L	X	Director		10% Owner					
(Last) (First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/17/2023		Officer (giv below)	e title	Other (specify below)					
C/O IMUNON, INC. 997 LENOX DRIVE, SUITE 100		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint	/Group Filing (	Check Applicable					
			X	Form filed	by One Report	ting Person					
(Street) LAWRENCEVILLE NJ	08648			Form filed Person	by More than (	One Reporting					

(State)

(Zip)

(City)

## 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.

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11150.4)

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 Date, if any (Month/Day/Year)	4. Transa Code ( 8)		n of		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)	10. 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 <sup>(1)</sup>	03/17/2023		A		2,000		03/17/2023 <sup>(2)</sup>	03/17/2033	Common Stock	2,000	\$0	18,429	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	
Finance & Controller	<u>C</u>
** Signature of Reporting Person	Г

03/21/2023

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.

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