FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT	OF CHAN	GES IN BI	ENEFICIAL	OWNERSHIP

OMB APP	OMB APPROVAL								
OMB Number: 3235-0									
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>Lindborg Stacy</u>				2. Issuer Name and Ticker or Trading Symbol Imunon, Inc. [IMNN]							(Che	elationship of the contract of	able)	Perso	on(s) to Issu			
(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. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person						
(Street)	ENCEVILLE NJ 08648				L									Form filed by More than One Reporting Person				
(City) (State) (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									
		Tab	le I - Non-	-Deriv	ative	Se	curitie	s A	cquired, D)isp	osed o	f, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Code (In	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			5. Amour Securitie Beneficia Owned F Reported	es Form ally (D) of Following (I) (II		Direct of Indirect	7. Nature of Indirect Beneficial Ownership				
						Code	/	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			(Instr. 4)			
		1	Table II - D						quired, Dis s, options					Owned				
		ransac Code (li	ransaction of ode (Instr. Derivative		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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)					
				c	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$0.86 ⁽¹⁾	03/15/2024			A		4,500		03/15/2024 ⁽²⁾	0	3/15/2034	Common Stock	4,500	\$0	14,166	5	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 anniversary of the date of grant.

/s/ Kimberly Graper, VP of Finance & Controller

03/18/2024

** 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.