FORM 4

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

OIVID APPROVAL					
OMB Number:	3235-028				
Estimated average bur	den				
hours per response	0.9				
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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

Repor	ting O	wners													
Stock option (right to buy)	\$ 0.55	01/25/2022		A		422,000)	(1)	01/25/2032	2 Commo Stock	422,000	\$ 0	422,000	D	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
1. Title of Derivative Security (Instr. 3) Price of Derivative Security		Exercise (Month/Day/Year) any (Month/Day/Year) invitative				5. Number Derivative Securities Acquired	vative rities (Month/Day/Year) Expiration Date (Month/Day/Year) Expiration Date (Month/Day/Year)		cisable and Date			Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia Ownershi (Instr. 4)
Reminder: F	Report on a s	separate line for each	n class of securities l	- Deriva	ative	Securities	s Acq	Persons in this f a currer uired, Dispo	s who respondent are not	required to IB control neficially Over	o respond u number.				174 (9-02)
(Month/Day/Yea			ay/Year)	(Instr.		(A) o (D)	Transaction(s) (Instr. 3 and 4))		Direct (D)	Beneficial Ownership Instr. 4)			
1.Title of Security 2. Transaction (Instr. 3) Date		2A. Deemed 3. Transaction 4. Securities				Securities Ac	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7. Nature of Indirect					
FLORHA (City		(State)	(Zip)							<u> </u>		6 D (
(Street)			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					
(Last) (First) (Middle) C/O CELLECTAR BIOSCIENCES, INC.,, 100 CAMPUS DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 01/25/2022							X_Officer (give title below) Other (specify below) Chief Financial Officer				
	1. Name and Address of Reporting Person * Elefant Dov				2. Issuer Name and Ticker or Trading Symbol Cellectar Biosciences, Inc. [CLRB]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Elefant Dov C/O CELLECTAR BIOSCIENCES, INC., 100 CAMPUS DRIVE FLORHAM, NJ 07932			Chief Financial Officer			

Signatures

/s/ Christina Blakley, attorney-in-fact for Dov Elefant	01/27/2022
**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 option shall vest over a period of three years from the grant date, with 1/3 vesting on the first anniversary of the grant date and the remainder vesting in 24 equal monthly installments over a 24 month period beginning on the first anniversary of the grant date.

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 no	ot required to respond unless the form displays a currently valid OMB number.