

## 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).

## 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

(Print or Type Responses)

|                                                                                                                                                                                                         |                                         |                                                                                   |                                   |                                                                                                                                                                                                                                        |                                                                                                  |                                                             |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
| 1. Name and Address of Reporting Person *<br>POSNER BRIAN M<br>(Last) (First) (Middle)<br>C/O COLLECTAR BIOSCIENCES, INC., 100<br>CAMPUS DRIVE<br>(Street)<br>FLORHAM, NJ 07932<br>(City) (State) (Zip) |                                         | 2. Issuer Name and Ticker or Trading Symbol<br>Collectar Biosciences, Inc. [CLRB] |                                   | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>____ Director<br>____ 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below)<br>Chief Financial Officer |                                                                                                  |                                                             |                                                          |
|                                                                                                                                                                                                         |                                         | 3. Date of Earliest Transaction (Month/Day/Year)<br>01/17/2019                    |                                   |                                                                                                                                                                                                                                        |                                                                                                  |                                                             |                                                          |
|                                                                                                                                                                                                         |                                         | 4. If Amendment, Date Original Filed(Month/Day/Year)                              |                                   | 6. Individual or Joint/Group Filing(Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br>____ Form filed by More than One Reporting Person                                              |                                                                                                  |                                                             |                                                          |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned                                                                                                                        |                                         |                                                                                   |                                   |                                                                                                                                                                                                                                        |                                                                                                  |                                                             |                                                          |
| 1. Title of Security<br>(Instr. 3)                                                                                                                                                                      | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed Execution Date, if any<br>(Month/Day/Year)                             | 3. Transaction Code<br>(Instr. 8) | 4. Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4 and 5)                                                                                                                                                                   | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|                                                                                                                                                                                                         |                                         |                                                                                   | Code                              | V                                                                                                                                                                                                                                      | Amount                                                                                           | (A) or (D)                                                  | Price                                                    |

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

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 control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security<br>(Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed Execution Date, if any<br>(Month/Day/Year) | 4. Transaction Code<br>(Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date<br>(Month/Day/Year) | 7. Title and Amount of Underlying Securities<br>(Instr. 3 and 4) | 8. Price of Derivative Security<br>(Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)<br>(Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)<br>(Instr. 4) | 11. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |   |
|-----------------------------------------------|--------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------|---|
|                                               |                                                        |                                         |                                                       | Code                              | V                                                                                          | (A)                                                         | (D)                                                              | Date Exercisable                              | Expiration Date                                                                                       | Title                                                                               | Amount or Number of Shares                                |   |
| Stock option (right to buy)                   | \$ 1.99                                                | 01/17/2019                              |                                                       | A                                 | 30,000                                                                                     | <a href="#">(1)</a>                                         | 01/17/2029                                                       | Common Stock                                  | 30,000                                                                                                | \$ 0                                                                                | 30,000                                                    | D |

## Reporting Owners

| Reporting Owner Name / Address                                                             | Relationships |           |                         |       |
|--------------------------------------------------------------------------------------------|---------------|-----------|-------------------------|-------|
|                                                                                            | Director      | 10% Owner | Officer                 | Other |
| POSNER BRIAN M<br>C/O COLLECTAR BIOSCIENCES, INC.<br>100 CAMPUS DRIVE<br>FLORHAM, NJ 07932 |               |           | Chief Financial Officer |       |

## Signatures

|                                                             |            |
|-------------------------------------------------------------|------------|
| /s/ Christina Blakley, attorney-in-fact for Brian M. Posner | 01/18/2019 |
| 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 grant is a contingent grant subject to the following conditions: (i) approval by Collectar's stockholders of an increase in shares available under the Amended and Restated 2015 Stock Incentive Plan at the Corporation's 2019 annual meeting of stockholders or other special meeting of stockholders called for such purpose; and (ii) to the extent stockholder approval is received, the grant 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 not required to respond unless the form displays a currently valid OMB number.