# FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden nours per response 0.5					
ours per response					

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

1. Name and Address of Reporting Person *		2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer						
Cohen Yuval  (Last) (First) (Middle)  C/O CORBUS PHARMACEUTICALS  HOLDINGS, INC, 100 RIVER RIDGE DRIVE			Corbus Pharmaceuticals Holdings, Inc. [CRBP]  3. Date of Earliest Transaction (Month/Day/Year) 05/18/2016					[SP]	(Check all applicable)  _X_ Director					
(Street)  NORWOOD, MA 02062			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					
(City)		(State)	(Zip)	Table I - Non-Derivative Securities Acquire				ired, 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	Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following		Beneficial Ownership
					Code	V	Amoun	(A) or (D)	Price				or Indirect ((I) (Instr. 4)	(Instr. 4)
Common	Stock		05/18/2016		P		2,125	Δ	\$ 2.4	9,990			D	
indirectly.				erivative Securiti	es Acquire	conta the fo	ained ir orm dis sposed o	this for plays a o	m are curre eficial	not req	uired to re d OMB cor	formation espond unl ntrol numb	ess	EC 1474 (9- 02)
1. Title of Derivative Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/\)	3A. Deemed Execution Date any	4. te, if Transaction Code Year) (Instr. 8)	5. Number of	f 6. Da and I (Mor	5. Date Exercisable and Expiration Date (Month/Day/Year) US		7. Ti Amo Undo Secu	itle and ount of erlying irities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security: Direct (E or Indirect	ve Ownersh (Instr. 4) D)
				Code V	(A) (D)	Date Exer	cisable l	Expiration Date	Title	Amount or Number of Shares				
Repor	ting O	wners												

Reporting Owner Name / Address		Relationships					
		10% Owner	Officer	Other			
Cohen Yuval C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062	X		Chief Executive Officer				

### **Signatures**

/s/ Yuval Cohen	05/19/2016
Signature of Reporting	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).

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.