FORM 4

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

OMB APP	ROVAL
OMB Number:	3235-0287
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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

(Print or Ty	pe Response	es)													
1. Name and Address of Reporting Person *- White Barbara			2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 06/12/2015							X Officer (give title below) Other (specify below) Chief Medical Officer				
(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						
NORWOOD, MA 02062 (City) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disp							red, Dispo	sed of, or l	Beneficially	Owned		
1.Title of Security (Instr. 3)		D	Transaction rate Month/Day/Year)	Execution any	A. Deemed Execution Date, if		ction	4. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficial	of Securities y Owned Following ransaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
						Code	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock	0	6/12/2015			P		6,000	A	\$ 3	65,612			D	
											ly Owned				
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Ye	3A. Deemed Execution Da			5. Number of Derivative Securities Acquired (A) or Disposed of (D)		and Expiration Date (Month/Day/Year) U S (I		7. Ti Amo Undo Secu	Title and 8. Price of		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownershi Form of Derivativ Security: Direct (D or Indirect	D) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
				Cod		(Instr. 3, 4, and 5) (A) (D)	Date Exe	e l	Expiration Date	n Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Repor	ting O	wners													
Reporting Owner Name / Address					Relationships										
Reporting Owner Name / Address					Director 10% Owner Officer						Oth	er			

Signatures

White Barbara

100 RIVER RIDGE DRIVE

NORWOOD, MA 02062

/s/ Barbara White	06/12/2015				
Signature of Reporting Person	Date				

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

C/O CORBUS PHARMACEUTICALS HOLDINGS, INC

** 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.

Chief Medical Officer