## 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

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

	Responses)													
Name and Address of Reporting Person * Hochman David P				2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 08/12/2015						Officer (give	title below)		(specify below)	
(Street) NORWOOD, MA 02062				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ Fo	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)			(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
(Instr. 3)		. Transaction Date Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yes		. Transac Code Instr. 8)	(A) (Ins	or Disposed of other. 3, 4 and 5)  (A) or ount (D)				d OFFO	wnership of orm: Be irect (D) Or Indirect (In	eneficial wnership	
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1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, any	4. Transaction	5. Nu on of Deriv Secur Acqu (A) o Dispo	Acquire rants, op umber varive rities aired or osed of 3, 4,	in this for displays a ed, Dispose tions, conv 6. Date Exe Expiration	m are not re a currently vo d of, or Benefi ertible securit ercisable and Date	quired to rallid OMB of cially Own ies)  7. Title and Amount of Underlying Securities	respond control r ed	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh
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#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Hochman David P C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062	Х				

### **Signatures**

/s/ David Hochman	08/17/2015
Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The option award was made in accordance with the terms of the issuer's 2014 Equity Compensation Plan. The option will vest in equal monthly installments over the course of 24 months.

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.