FORM 4

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

OMB APPE	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

1. Name and Address of Reporting Person *- HOLMER ALAN F			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			LS	3. Date of Earliest Transaction (Month/Day/Year) 08/25/2015							Officer (give	e title below)	Oth	er (specify belo	w)	
(Street)			2	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person lired, Disposed of, or Beneficially Owned				
NORWOOD, MA 02062 (City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu							Acquired.					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					ate, if	3. Transaction Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		rired 5. Amount of f(D) Owned Follo Transaction(f Securities Beneficiall owing Reported s)		6. Ownership Form:	Beneficial	
				(Month	/Day/	Year)	Code	e V A	mount (L		(Inst	(I)		or Indirect	Ownership (Instr. 4)	
Common	Stock		08/25/2015				M	10),000 A		\$ 1 21,0	000			D	
Reminder:	Report on a	separate line for eac	h class of securities	benefici	ally o	wned	directly of	Persons	who resp				of inform	ation		474 (9-02)
Reminder:	Report on a	separate line for eac	Table II - I	Derivativ	ve Sec	curitie	es Acquir	Persons containe form dis	who respect in this splays a content of, or B	form urrer enefi	are not rently valid	required OMB co		d unless tl		474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - I 3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transac Code	ve Secs, call stion of I	s, wanted to the second second second (A) or	es Acquirrants, o mber 6 E dative (lities red sed of 3, 4,	Persons contain form dis	who respect in this splays a color of or B vertible secisable and late	form urrer enefi curiti	are not rently valid	required OMB co	to respondentrol number 8. Price of	d unless tl	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - I (3A. Deemed Execution Date, if any	Derivativ (e.g., puts 4. Transac Code	ve Secs, call stion of I	curities, wanted to be considered to be	es Acquinrants, o mber 6 ative ities red sed of 3, 4,	Persons contained form dis red, Dispos ptions, con 5. Date Exer Expiration D	who respect in this splays a color of or B vertible secisable and late	enefii ()	are not rently valid scially Ownies) 7. Title and Amount of Underlying Securities	required OMB co	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownersl Form of Derivati Security Direct (I or Indirects) (I)	11. Natur of Indire Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HOLMER ALAN F C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062	X					

Signatures

/s/ Alan Holmer	08/25/2015
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).

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.