FORM	4
-------------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 of Type Responses)											
1. Name and Address of Reporting P	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer				
Moran Sean F.		Corbus Pharmac	ceuticals	Hold	lings, In	ic. [CR	RBP]	(Check all appli Director	10% Owner		
(Last) (First)	3. Date of Earliest Transaction (Month/Day/Year)						X Officer (give title below) Other (specify below)				
C/O CORBUS PHARMACEU	09/16/2015						Chief Financial Officer				
HOLDINGS, INC, 100 RIVER											
(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			
NORWOOD, MA 02062								Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security	2. Transaction	2A. Deemed	3. Transac	tion	4. Securities Acquired		quired	5. Amount of Securities	6.	7. Nature	
(Instr. 3)		Execution Date, if	Code					Beneficially Owned Following	Ownership		
	(Month/Day/Year)	2	(Instr. 8)		(Instr. 3, 4 and 5)		5)	Reported Transaction(s)	Form:	Beneficial	
		(Month/Day/Year)						(Instr. 3 and 4)	· · ·	Ownership	
						(A) or			or Indirect	(Instr. 4)	
			Code	v	Amount	· · ·	Price		(1) (Instr. 4)		
			coue	•	7 miount	(D)	1 1100		(1150.1)		
Common Stock	09/16/2015		Р		5,000	А	\$	60,250	D		
							2.121				

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

Persons who respond to the collection of information SEC 1474 (9contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.		3A. Deemed	4.		Numbe	r 6. Date Exe	rcisable	7. Tit	tle and	8. Price of	9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	ı of		and Expirati	ion Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	De	rivativ	e (Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Sec	urities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Ac	quired			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				(A)	or			4)			Following	Direct (D)	
					Dis	posed						Reported	or Indirect	
					of	(D)						Transaction(s)	(I)	
					(In	str. 3,						(Instr. 4)	(Instr. 4)	
					4, a	ind 5)								
										Amount				
							Date	Expiration		or				
							Exercisable		Title	Number				
								Date		of				
				Code V	(A) (D	L.			Shares				

Reporting Owners

Barred's Commentation	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Moran Sean F. C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062			Chief Financial Officer				

Signatures

/s/ Sean Moran	09/16/2015
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.