# FORM 4

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

OMB APF	ROVAL					
OMB Number:	3235-0287					
Estimated average burden						
hours per respor	nse 0.5					

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	s)		•												
1. Name and Address of Reporting Person *			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Moran Sean F.			Corbus P	harma	ceuticals	Hold	lings, Iı	ic. [CR	BP]	Direct		еск ан арри	10% Owner			
(Last) (First) (Middle)			3. Date of 1		Transacti	on (M	onth/Day	/Year)		X Officer (give title below) Other (specify below)  Chief Financial Officer						
C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE			12/11/20	12/11/2015					Chief i manetai officei							
HOLDIN	105, 1110,	(Street)	RIDGE DRIVE	4 If Amon	dmont	Data Orio	rinol Ei	ilodov	h/D/W	>	6 Individ	ual or Ioint/	Group Filin	Or(Charle Assetion	hla I in a	
(Street)			4. II Amen	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	y)	(State)	(Zip)		Tab	le I - Noi	ı-Deri	vative S	ecuritie	s Acqu	ired, Disp	osed of, or	Beneficially	Owned		
1.Title of S	Security		2. Transaction	2A. Deeme		3. Transa					ed 5. Amount of Securities 6.				7. Nature	
(Instr. 3)	Instr. 3) Date (Month/Day/Year)		Execution I	Date, if	Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)			Ownership Form:	of Indirect Beneficial		
			(Month/Day/Tear)	(Month/Dav	y/Year)	(IIISII. 6)		(IIISu. 3	111811. 3, 4 and 3)		(Instr. 3 a			Direct (D)	Ownership	
											ľ	ĺ			(Instr. 4)	
						Code	V	Amount	(A) or (D)	Price				(I) (Instr. 4)		
						Code	1	rinoun	(D)	¢				(111511. 4)		
Common	Stock		12/11/2015			P		1,000	A	ه 1.559	75,250			D		
										-1007						
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.																
							Pers	ons wh	o resp	ond to	the colle	ection of in	nformation	SI	EC 1474 (9-	
													spond un		02)	
							the f	orm dis	plays a	a curre	ently valid	d OMB coi	ntrol numb	er.		
			Table II -	Derivative S	ecuritie	es Acquir	ed, Di	sposed o	of, or Be	neficia	lly Owned	i				
				e.g., puts, ca		•		•			•					
1. Title of		3. Transactio				5. Numbe					Title and	8. Price of			11. Nature	
Derivative Security	Conversion or Exercise			ate, if Trans		of Derivativ		Expiration			ount of derlying	Derivative Security	Derivative Securities	Ownersl Form of	of Indirect Beneficial	
(Instr. 3)	Price of	(Wollin Day)		Year) (Instr		Securities		iitii/Day/	i cai)		urities	(Instr. 5)	Beneficiall			
	Derivative					Acquired				,	str. 3 and		Owned	Security		
	Security					(A) or Disposed				4)			Following Reported	Direct (I or Indire	4	
						of (D)							Transaction		Ct	
						(Instr. 3,							(Instr. 4)	(Instr. 4)		
						4, and 5)										
											Amount					
							Date		Expirati	on Titl	or e Number					
							Exe	rcisable	Date		of					
				Cod	e V	(A) (D)	)				Shares					
_																
Repoi	rting O	wners														
Post Court V					Relationships											
Reporting Owner Name / Address			Direct	or 10%	Owner	Office	r		0	ther						
	Moran Sean F.															
C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE					Chief Financial Officer											

## **Signatures**

NORWOOD, MA 02062

/s/ Sean Moran	12/11/2015
**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.