FORM 4

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

OMB APPROVAL
OMB 3235Number: 0287

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

Estimated average burden hours per response... 0.5

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 Respon	ses)		,													
1. Name and Address of Reporting Person *- White Barbara				2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]					Inc.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner _X Officer (give title Other (specify below)				pelow)			
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 11/25/2014						Chief Medical Officer							
(Street) NORWOOD, MA 02062				4. If Amendment, Date Original Filed(Month/Day/Year)					A	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)	(5	tate) (Zip)		Table I - I	Non-Der	ivat	ive Secur	ities .	Acqui	red, D	oisposed o	of, or l	Benefici	ally Owner	i		
1.Title of S (Instr. 3)	ecurity	2. Transaction Date (Month/Day/Year)	Exec any	Deemed ution Date, if nth/Day/Year)	Code)	4. Securi Acquired Disposed (Instr. 3,	d (A) d of (4 and (A) or	D)	Secur Bene Follo Trans (Instr	mount of rities ficially Or wing Rep saction(s) :. 3 and 4)	orted	6. Owner Form: Direct (or Indir (I) (Instr. 4	rect (Instr.	lirect icial rship		
Common	Stock	11/25/2014			P ⁽¹⁾		6,531	A	\$ 3.03	6,53	1		D				
directly or i				ntive Securities uts, calls, war		inforced,	ormation quired to rrently v	n cor res valid	ntaine pond (OMB o	ed in t unles conti	the colle this form as the fo rol numb by Owned	are r rm dis er.	ot	(1474 9-02)		
1. Title of Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Yea	3A Ex	. Deemed ecution Date, i	4. Transaction Code		5. 6. Date and Ex		. Date l	Exercisable piration Date n/Day/Year)		Amou Under Secur	Amount of Underlying Securities Instr. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	· V	(A) (I	E E	Date Exercisa		Expiration Date	Title I	Amount or Number of Shares				
Repor	ting	Owners															
						Re				lationships							
Reporting Owner Name / Address				-	Director 10% Owner 0				Officer			Otl	ner				

Donouting Owner Name / Adduses	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
White Barbara C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062			Chief Medical Officer				

Signatures

/s/ Barbara White	11/25/2015
**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).
- (1) All sales were between \$3.00 and \$3.10 per share

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.