FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
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ours per response	e 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

(Print or Type I	Responses)														
1. Name and Address of Reporting Person *- GUPTA RENU			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						
		(First) MACEUTICALS RIVER RIDGE		3. Date of Earliest Transaction (Month/Day/Year) 08/12/2015					Officer (give	title below)		er (specify below)	•		
(Street) NORWOOD, MA 02062			4	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)	Table I - Non-Derivative Securities Acqu				Acquired, l	uired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/			any	Deemed cution Date, if onth/Day/Year)		nsaction 8)	(A)	or Disposed of ar. 3, 4 and 5)	(D) Owner Trans			d (Ownership o Form:	Beneficial Ownership	
						Co	ile '	V Amo	(A) or (D)	Price				(I) (Instr. 4)	mstr. 4)
Reminder: Rep	ort on a sepa	rate line for each c	lass of securities	beneficiany	owned	directly	Per in t	rsons w	who respond m are not re currently v	quired to	respond	unless the		ned SEC 14	174 (9-02)
Reminder: Rep	ort on a sepa	rate line for each c	iass of securities	beneficially	owned	directly	or mai	iccity.							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction	Table II - (3A. Deemed Execution Date;	Derivative (e.g., puts, c	Securit salls, w	ies Acq arrants Numbe	Per in t dis uired, I option r 6. E	rsons withis form splays a Disposed as, conve	m are not re a currently v d of, or Beneficertible security reisable and Date	quired to alid OMB of cially Own ies) 7. Title and Amount of Underlying Securities	respond control r	unless the number.	9. Number of Derivative Securities Beneficially	of 10. Ownershi Form of Derivative	11. Nature p of Indirec Beneficia Ownershi
Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date	Table II - I	Derivative (e.g., puts, c	Securite Security Securite Securite Securite Securite Securite Securite Security Securite Security Securite Sec	ies Acq arrants Numbe erivative eccurities cquired a) or isposed	Per in t dis uired, I option r 6. Exp (Mo	rsons wathis for splays a Disposed is, converted to the Exercitation I	m are not re a currently v d of, or Beneficertible security reisable and Date	quired to a alid OMB of cially Own ies) 7. Title and Amount of Underlying	respond control r	8. Price of Derivative Security	9. Number of Derivative Securities	of 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)
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Reporting Owners

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

Signatures

/s/ Renu Gupta	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.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$

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.