FORM 4

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

OMB APPROVAL
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).

Reporting Owners

Reporting Owner Name / Address

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 Responses)									
Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE	3. Date of Earliest Transaction (Month/Day/Year) 08/17/2015					Other (specify l	pelow)		
(Street) NORWOOD, MA 02062	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 Form filed by More than One Reporting Person					
(City) (State) (Zip)	Tai	ble I - Non-	-Der	ivative S	ecuritie	es Acqui	red, Disposed of, or Beneficiall	v Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transac Code (Instr. 8)			ities Ac	quired l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form:	7. Nature of Indirect Beneficial Ownership
		Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 08/17/2015		Р		1,000	A	\$ 1.9192	454,300	D	
Common Stock							4,300	I	By Solomon Asher Hochman Trust of 2005
Common Stock							4,300	Ι	By Hannah Hochman Trust of 2007
Common Stock							4,300	I	By Judah Herman Hochman Trust of 2009
Common Stock							190,000	I	By NSH 2008 Family Trust
Reminder: Report on a separate line for each class of sec indirectly.	urities beneficially	owned dire	ctly o	or					
			con	tained ii	n this f	form ar	the collection of information e not required to respond ur ently valid OMB control num	less	EC 1474 (9- 02)
	Derivative Securiti						•		
1. Title of Derivative Conversion Date Security or Exercise (Month/Day/Year) any		5. Number	6. I and	Date Exer Expiration	cisable on Date	7. T Am Und Sec	Sitle and ount of derlying urities str. 3 and Security (Instr. 5) 8. Price of Derivative Security Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Ownershiv: (Instr. 4) D) ect
	Code V	(A) (D)	Dat Exe		Expirat Date	tion Titl	Amount or e Number of Shares		

Relationships

Hochman David P	Director	10% Owner	Officer	Other	
C/O CORBUS PHARMACEUTICALS HOLDINGS, INC	v				
100 RIVER RIDGE DRIVE	Λ				
NORWOOD, MA 02062					

Signatures

/s/ David Hochman	08/18/2015
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.