# FORM 4

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

OMB APPR	OVAL	
DMB Number:	3235-0	287
Estimated average	burden	
ours per response	э	0.5

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	es)														
1. Name and Address of Reporting Person * GUPTA RENU				2. Issuer Name <b>and</b> Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 08/17/2015								r (give title belo	ow)	Other (specify	below)	
(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 Form filed by More than One Reporting Person					
	OD, MA 0		(7:)													
(City)	)	(State)	(Zip)		Tab	le I - N	Non-	Deri	vative S	ecuritie	s Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	-	ition Date, if	Code (Instr. 8)		tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership of	Beneficial			
				(Month/Day/Year)		Coo	le	V	Amount	(A) or	Price	(Instr. 3 a	(Instr. 3 and 4)			Ownership (Instr. 4)
Common	Stock		08/17/2015			Р			5,000	A	\$ 1.889	10,000			D	
Common	stoke		08/18/2015			P			5,000	A	\$ 1.9	15,000			D	
indirectly.	`						t	ont he f	ained ir orm dis	n this fo	orm a	re not req ently valid	ection of in uired to re d OMB cor	spond un	less	EC 1474 (9- 02)
				Derivative Secu 2.g., puts, calls,		•			•			•	l			
Security (Instr. 3)	2. 3. Transaction Date Exercise Price of Derivative Security  3. A. Deemed Execution Date, if any (Month/Day/Year)  3. A. Deemed Execution Date, if any (Month/Day/Year)		ion	5. Nun of	nber tive ties red sed	6. D and	Date Exercisable Expiration Date onth/Day/Year)		7. An Un Sec	Fitle and abount of derlying curities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Ownersh (Instr. 4) D) ect		
				Code	v	(A)	(D)	Date Exe	e rcisable	Expirati Date	on Tit	Amount or Number of Shares				

### **Reporting Owners**

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

### **Signatures**

/s/ Renu Gupta	08/19/2015
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 nu	mber.