# FORM 4

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

OMB APPROVAL							
DMB Number:	3235-0287						
Estimated average burden							
ours per respon	se 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

(Fillit of Ty	pe Response	(S)																
1. Name and Address of Reporting Person * Moran Sean F.				2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE				11/20/20	3. Date of Earliest Transaction (Month/Day/Year) 11/20/2015							X Officer (give title below) Other (specify below)  Chief Financial Officer						
				4. If Amen	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)						
NORWOOD, MA 02062												_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year	2A. Deemed Execution I any (Month/Day	Date, if	Code (Instr.		(A) or	Disposed 3, 4 and 3  (A) or nt (D)	of (D	Benefi Report (Instr.	ount of Scially O ted Trans 3 and 4)	wned saction	Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common	Stock		11/20/2015			P		1,500	A	\$ 1.69	87 66,75	0			D			
indirectly.			Table II -	Derivative S	ecurit	ies Acqı	the	itained form d	in this i	form a cui	are not r	equired alid OM	l to re	formation espond unl atrol numb	less	SEC 1474 (9 02		
1 Ti41£	l <sub>2</sub>	2 T		(e.g., puts, ca	alls, wa							lo n	:¢	0 November	-£ 10	11 N		
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/	Execution D any	d 4. Date, if Trans Code //Year) (Instr		of a		and Expiration Date (Month/Day/Year)		Title and amount of Underlying ecurities (Instr. 3 and )	Deriv Secu (Instr	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect	owners y: (D) rect			
				Cod	le V	(A) (	Da Ex	te ercisable	Expirat Date	tion T	Amou or Numb of Share	er						
Repor	ting O	wners																
	Panari	ing Owner N	Jame / Address					Relati	onships									
Reporting Owner Name / Address			Direc	ctor 10	% Own	er Offi	cer			Other								
Moran Sean F. C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062						Chi	ief Fina	ncial	Officer									

## **Signatures**

/s/ Sean Moran	11/20/2015
Signature of Reporting	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.