FORM 4	4
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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).					

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

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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 R	Response	s)								•				
1. Name and Address of Reporting Person – Hochman David P			2. 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				
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 05/11/2017							r (give title belo	w)	Other (specify)	below)
(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 PersonForm filed by More than One Reporting Person				
(City)		(State)	(Zip)	Table I - Non-Derivative Securities Acquired,							osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if) any (Month/Day/Year)		ction	4. Secur (A) or D (D) (Instr. 3)	isposed	lof	d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		· · ·	Beneficial Ownership		
					Code	v	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Sto	ock		05/11/2017		Р		3,400	А	\$ 6.18	459,500			D	
Common Sto	ock									4,300			I	By Solomon Asher Hochman Trust of 2005
Common Sto	ock									4,300			I	By Hannah Hochman Trust of 2007
Common Sto	ock									4,300			I	By Judah Herman Hochman Trust of 2009
Common Sto	ock									200,000			I	By NSH 2008 Family Trust
Reminder: Repoindirectly.	oort on a s	separate line f	or each class of secu	rities beneficially o	wned direc	tly o	r							
						cont	ained in	this for	orm a	re not req	ection of in uired to re d OMB cor	spond un	less	EC 1474 (9- 02)
				Derivative Securitie							i			
(Instr. 3) Pric Der	nversion	3. Transaction Date (Month/Day/	n 3A. Deemed Execution Da Year) any	te, if Transaction Code Year) (Instr. 8)	5. Number	6. D and	ate Exerc Expiratio	isable n Date	7. T An Un Sec) Fitle and nount of derlying surities str. 3 and	8. Price of Derivative Security (Instr. 5)		y Owners Form of Derivat Security Direct (or Indir	ive Ownership /: (Instr. 4) D) ect

Reporting Owners

Departing Owner Name / Address	Relationships				
Reporting Owner Name / Address					

Date

Exercisable Date

Expiration

Amount or Title Number

of Shares

4, and 5)

V (A) (D)

Code

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

Signatures

/s/ David Hochman	05/12/2017
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.