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

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

Name and Address of Reporting Person * Cohen Yuval			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)							
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 03/14/2018						X Director 10% Owner  X Officer (give title below) Other (specify below)  Chief Executive Officer							
(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)		1	Гabl	e I - Non	-Deri	ivative S	ecuritie	s Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dany (Month/Day)	tion Date	, if	Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following I Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership
				(Monu	II/Day/ 1 e	zai)	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		03/14/2018				P		1,160	A	\$ 6.885	59,935			D	
indirectly.			Table II - I				s Acquir	cont the f	tained in form dis	n this fo splays a of, or Be	orm ar a curre eneficia	e not required to the second s	uired to re d OMB cor	nformation espond unl ntrol numb	less	EC 1474 (9- 02)
1. Title of	2	3. Transactio	,	<u> </u>	ts, calls,			_				itle and	& Price of	9. Number	of 10.	11. Nature
Derivative Security (Instr. 3)	Conversion		(Year) Execution Da			on of I	of	and	(Month/Day/Year)		Am Und Sec	ount of derlying urities str. 3 and	Derivative Security (Instr. 5)		Owners Form of Derivati Security Direct ( or Indire	hip of Indirec Beneficia Ownershi (Instr. 4)
					Code	V	(A) (D)	Date Exe	e rcisable	Expirati Date	on Titl	Amount or e Number of Shares				
Repor	ting O	wners														

Percetice Occurs Name / Addition	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Cohen Yuval C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062	X		Chief Executive Officer			

# **Signatures**

/s/ Yuval Cohen	03/15/2018
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.