## FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
nours per response.	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

(Print or Ty	pe Response	es)																
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) Director 10% Owner					
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 500 RIVER RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 11/14/2018								X Officer (give title below) Other (specify below)  President and CSO						
(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							
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							ned							
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year			Oate, it	Code (Instr		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Owne Trans	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership		
			(Month/Day/		y/ i cai	Co	de V	Am	nount	(A) or (D)	Price	(Instr. 3 and 4)			or Indirect (I) (Instr. 4)	(Instr. 4)		
Common	Stock		11/14/2018				N	1	10,	,000	A	\$ 1	2,110	0,400			D	
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	s, ca	5. Nu of Deriv Secur Acqu (A) o Dispo (D)	mber vative rities ired r osed of 3, 4,	Expiration Date (Month/Day/Year)			le securi and	7. Titl Amou Under Secur	le and unt of rlying rities : 3 and	14)		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Ownershi Form of Derivative Security: Direct (D) or Indirec	Ownership (Instr. 4) D)
				Code	v	(A)	(D)	Date Exercisa	ble	Expir Date	ration	Title		Amount or Number of Shares				
Option to purchase common stock	\$ 1	11/14/2018		М		1	10,000	04/11/2	2015	04/1	1/2024	Com Sto		10,000	\$ 0	261,600	) D	
Repor	ting O	wners																
	P	ting Own N	Adduses					Relation	ship	s								
Reporting Owner Name / Address				I	Director 10% Owner Officer							Othe	er					

## **Signatures**

500 RIVER RIDGE DRIVE NORWOOD, MA 02062

Tepper Mark

/s/ Mark Tepper	11/16/2018
Signature of Reporting Person	Date

### **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

C/O CORBUS PHARMACEUTICALS HOLDINGS, INC

\*\* 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.

President and CSO