### 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    |  |  |  |  |  |

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)                                   |                                      |               |   |              |                                    |               |   |                 |                   |   |  |     |   |  |   |
|--|-------------|---------------------------------------|--------------------------------------|---------------|---|--------------|------------------------------------|---------------|---|-----------------|-------------------|---|--|-----|---|--|---|
| 1. Name and Address of Reporting Person * Jenkins John Kenneth   |             |                                       |                                      |               | 2. Issuer Name and Ticker or Trading Symbol<br>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., 500 RIVER RIDGE DRIVE  |             |                                       |                                      | 03/1          | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2019                                 |              |                                    |               |   |                 |                   |   | r (give title belo   | ow) | Other (specify  | below)   |   |
| (Street)   |             |                                       |                                      | 4. If         | 4. If Amendment, Date Original Filed(Month/Day/Year)  |              |                                    |               |   |                 |                   |   | A. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person |     |   |  |   |
| NORWOOD, MA 02062 (City) (State) (Zip)   |             |                                       |                                      |               |   |              |                                    |               |   |                 |                   |   |  |     |   |  |   |
| 1.Title of Security<br>(Instr. 3)  |             |                                       | 2. Transaction Date (Month/Day/Year) | Execu<br>any  | 1<br>2A. Deemed<br>Execution Date, it<br>any  |              | 3. Transacti<br>Code<br>(Instr. 8) |               | ion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                 |                   | d 5   | Beneficially Owned Following<br>Reported Transaction(s)  |     |   | 6.<br>Ownership<br>Form:<br>Direct (D)           | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |             |                                       |                                      | (Mon          |   | th/Day/Year) |                                    | V             | (A) (Instr. Amount (D) Price  |                 | (Instr. 3 a       | 3 and 4)  |  |     |   |  |   |
| Common   | Stock       |                                       | 03/15/2019                           |               |   |              | P                                  |               | 1,000   | A               | \$<br>6.97        | 79  | 1,000  |     |   | D  |   |
| Persons who respond to the collection of information SEC 1474 (9-contained in this form are not required to respond unless the form displays a currently valid OMB control number.  Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |             |                                       |                                      |               |   |              |                                    |               |   |                 |                   |   |  |     |   |  |   |
| Derivative Conversion I  |             | 3. Transaction<br>Date<br>(Month/Day/ | Execution I<br>Year) any             | d<br>Date, if | 4.<br>te, if Transaction<br>Code<br>Year) (Instr. 8)  |              | 5. Number of                       | r 6. l<br>and | 6. Date Exercisable<br>and Expiration Date<br>(Month/Day/Year)        |                 | 7.<br>A<br>U<br>S | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and                        |  |     | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Owners Form o Derivat Security Direct ( or Indir | Beneficial Ownership (Instr. 4) D)                                |
|  |             |                                       |                                      |               | Code  | V            | (A) (D)                            | Da<br>Ex      |   | Expirat<br>Date | T                 | itle  | Number<br>of<br>Shares   |     |   |  |   |
| Repor  | ting O      | wners                                 |                                      |               |   |              |                                    |               |   |                 |                   |   |  |     |   |  |   |

|  | Relationships |           |         |       |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address   | Director      | 10% Owner | Officer | Other |  |  |  |
| Jenkins John Kenneth<br>C/O CORBUS PHARMACEUTICALS HOLDINGS,INC.<br>500 RIVER RIDGE DRIVE<br>NORWOOD, MA 02062 | X             |           |         |       |  |  |  |

# **Signatures**

| / / X 1 X 1:           | 02/15/2010 |
|------------------------|------------|
| /s/ John Jenkins       | 03/15/2019 |
| 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.