## FORM 4

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

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

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	s)																
Name and Address of Reporting Person*  Cohen Yuval				Cor	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 _X_ Officer (give title below) Other (specify below)  Chief Executive Officer					
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 500 RIVER RIDGE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 05/13/2019									Chie	f Executive	Officer		
NORWOOD, MA 02062				4. If	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)		,	Гable	I - N	on-De	erivative	Securit	ies A	cqui	red, Disp	osed of, or I	Beneficially	Owned		
(Instr. 3) Date (Month/Day/Year)		Exect any	Deemed ution Date, i th/Day/Year	Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)  (A) or Amount (D) P		of (I 5)		Beneficially Owned Followi Reported Transaction(s) (Instr. 3 and 4)		Following	6. Ownersh Form: Direct (I or Indire (I) (Instr. 4)	ip of Bo	Nature Indirect eneficial wnership nstr. 4)			
Common	Stock		05/13/2019				P		995	A	\$ 6.9	898	64,185			D		
Reminder:	Report on a s	separate line	for each class of secu Table II -	Deriv	vative Secur	ities A	Acqui	Per cor the	rsons wl ntained i form di Disposed	ho respin this to splays	form a cu Benefi	n are urren iiciall	not requ itly valid	ction of inf uired to res OMB conf	spond unle	ss	EC 14	74 (9-02)
1. Title of	2	3. Transactio	on 3A. Deemed		puts, calls, v	varra 5.	nts, o						tle and	9 Dries of	9. Number	of 10.		11. Natur
Derivative Security	Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day	Execution D	ate, if	Transaction Code	Num of Der Sec Acc (A) Dis of (Ins	rivativ uritie quirect or posec	and Expiration Date (Month/Day/Year)  A Ut		Amo Unde Secu	ount of derlying urities etr. 3 and Derivative I Security (Instr. 5)		Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Own- Form Deriv Secu- Direct or In-	rative rity: t (D) lirect	of Indirect Beneficia Ownershi (Instr. 4)		
					Code V	(A)	) (D		te ercisable	Expirat Date	tion	Title	Amount or Number of Shares					

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Cohen Yuval C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 500 RIVER RIDGE DRIVE NORWOOD, MA 02062	X		Chief Executive Officer				

### Signatures

/s/ Yuval Cohen	05/14/2019
**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.