# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours 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

	· · · · · · · · · · · · · · · · · · ·														
1. Name and Address of Reporting Person * Millian Craig Stuart  (Last) (First) (Middle)  500 RIVER RIDGE DRIVE (Street)  NORWOOD, MA 02062			2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]      3. Date of Earliest Transaction (Month/Day/Year)     08/12/2019      4. If Amendment, Date Original Filed(Month/Day/Year)						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director Officer (give title below) Other (specify below)  Chief Commercial Officer						
										Cillei	Commerciai	Officer			
									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)		Ta	ble I - No	n-Deri	ivative S	ecurities	Acqui	red, Disp	osed of, or I	Beneficially (	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ate, if Year)	if Code (Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D) Benefici Reported		ially Owned Following d Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
					r car)	Code	V	Amount (A) or (D)		Price	(Instr. 3 and 4)				(Instr. 4)
	Stools		08/12/2019			P		1,500	A	\$ 6	7,500			D	
Reminder:		separate line fo	or each class of secur	rities beneficia	lly ow	vned direc	Pers	ons wh	o respo			ction of inf			1474 (9-02)
		separate line fo	or each class of secur	Derivative Se	curiti	es Acqui	Personta conta the fo	ons who	o respo this for plays a	m are currer eficiall	not requ ntly valid	uired to res	ormation spond unle trol numbe	ss	1474 (9-02)
Reminder: 1		3. Transactio	Table II -  1 3A. Deemed Execution Day		curition 1	es Acquinrants, o	Personnal the formation of the formations, and I (Morrows)	ons who	o responding this for plays a left, or Bendible secunisable in Date	rm are currer eficiall rities) 7. Ti Amo Undo Secu	not requ ntly valid	OMB conf	spond unle	of 10. Owners Form of Derivati Security Direct ( or Indire	11. Nation of Indirection Benefic Owners (Instr. 4

## **Reporting Owners**

P 4 0 N 4	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Millian Craig Stuart 500 RIVER RIDGE DRIVE NORWOOD, MA 02062			Chief Commercial Officer			

### **Signatures**

/s/ Craig Millian	08/13/2019	
**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.