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

(Print or Ty	pe Response	s)		1							1				
Name and Address of Reporting Person* Cohen Yuval				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 10% Owner 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) 05/16/2022							Cine	I Executive	Officer		
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)			Table I - Non-Derivative Securities Acqui					ıired, Disp	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)			(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	Transaction	Owned Following ansaction(s)		7. Nature of Indirect Beneficial	
				(Month/Day/Year	ar)	Code	V	Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock 05/1		05/16/2022			P		10,50	00 A	\$ 0.25	5 94,430 D		D			
Reminder:	Report on a s	separate line fo	or each class of secur Table II - 1	ities beneficially Derivative Secur			Pers cont the f	ons wi ained i form di	no respo in this fo splays a	orm an	e not requently valid	ction of inf uired to res OMB con	spond unle	ess	C 1474 (9-02)
		1	(e.g., puts, calls,	warr	ants, op	tions	, conver	tible sec	urities)				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution Day (Year) any	te, if Transaction Code Year) (Instr. 8)		Number and		Date Exercisable Expiration Date onth/Day/Year)		An Un Sec	Title and nount of derlying purities str. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Securit Direct or India	Beneficia Ownershi y: (Instr. 4)
				Code V	' (A	(D)	Date Exer	e rcisable	Expiration Date	on Tit	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	05/16/2022
**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.