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

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of
The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): November 25, 2019

CORBUS PHARMACEUTICALS HOLDINGS, INC.

(Exact name of registrant as specified in its charter)

Delaware	**001-37348**	**46-4348039**
(State or other jurisdiction of incorporation)	*(Commission File Number)*	*(IRS Employer Identification No.)*

500 River Ridge Drive, Norwood, MA	**02062**
(Address of principal executive offices)	*(Zip Code)*

Registrant's telephone number, including area code: **(617) 963-0100**

Not Applicable
(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

[ ] Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

[ ] Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

[ ] Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

[ ] Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1 933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging growth company [X]

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. [X]

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, par value $0.0001 per share	CRBP	Nasdaq Global Market

Item 8.01. Other Events.

On November 25, 2019, the Company used the slides attached hereto as Exhibit 99.1 in connection with management presentations to describe its business.

Item 9.01. Financial Statements and Exhibits.

(d) The following exhibit is furnished with this report:

Exhibit No.	Description
99.1	Investor Presentation

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

CORBUS PHARMACEUTICALS HOLDINGS, INC.

Dated: November 25, 2019

By: */s/ Yuval Cohen*
Name: Yuval Cohen
Title: Chief Executive Officer

CORBUS PHARMACEUTICALS™

Pioneering transformative medicines that target the endocannabinoid system

@corbuspharma

NASDAQ: CRBP
www.corbuspharma.com

Forward-Looking Statements

This presentation contains certain forward-looking statements, including those relating to the Company's product development, clinical trials, clinical and regulatory timelines, market opportunity, competitive position, possible or assumed future results of operations, business strategies, potential growth opportunities and other statements that are predictive in nature. Additional written and oral forward-looking statements may be made by the Company from time to time in filings with the Securities and Exchange Commission (SEC) or otherwise. The Private Securities Litigation Reform Act of 1995 provides a safe-harbor for forward-looking statements. These statements may be identified by the use of forward-looking expressions, including, but not limited to, "expect," "anticipate," "intend," "plan," "believe," "estimate," "potential," "predict," "project," "should," "would" and similar expressions and the negatives of those terms. These statements relate to future events or our financial performance and involve known and unknown risks, uncertainties, and other factors which may cause actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Such factors include those set forth in the Company's filings with the SEC. Prospective investors are cautioned not to place undue reliance on such forward-looking statements, which speak only as of the date of this presentation. The Company undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise.

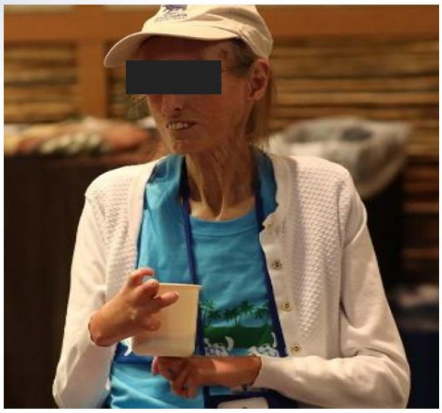
Corbus at a Glance

- Targeting the endocannabinoid system
- Focus on inflammatory and fibrotic diseases
- Key catalysts expected in 2020 (4 clinical program readouts)
- Large markets with significant unmet need

VITAL STATS

CRBP Ticker	**2014** Founded in	**100+** Employees	**Norwood, MA**
$168M Capital raised to-date	**~$45M** Additional awards and grants from NIH and CFF	**$27M** Upfront payment from Kaken collaboration	

Lenabasum: Phase 3 Data in Systemic Sclerosis Expected in Summer 2020



Phase 2 Study: Improvement in Primary Endpoint
ACR CRISS Score

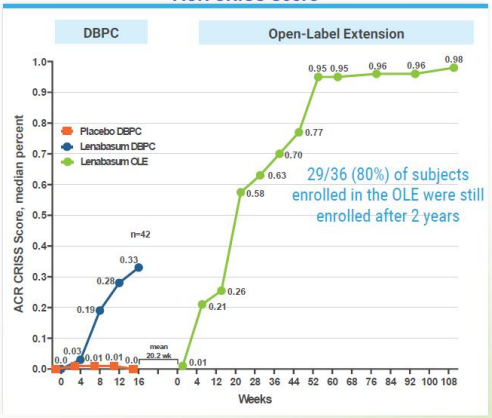
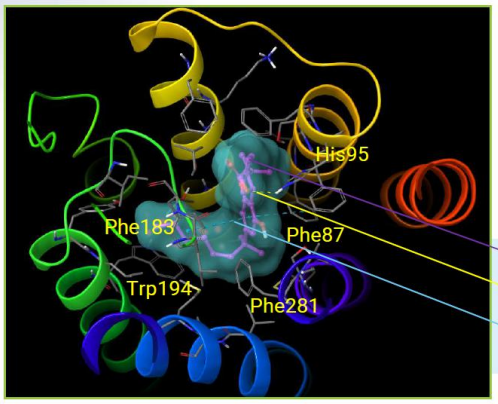


Image provided by the Scleroderma Foundation.

Lenabasum MOA: CB2 Agonist Targeting Innate Immune Response



- Oral new chemical entity (NCE)
- G protein-coupled receptors (GPCRs) activation (CB2)
- Resolves inflammation
- Limits fibrosis
- IP until 2034

Lenabasum molecule (purple)

Highlighted H-bond interaction (yellow dashed line)

pi stacking interaction (blue dashed line)

What is the Endocannabinoid System (ECS)?

- 2 related GPCRs (CB1 and CB2)
- Endogenous agonists (Anandamide and 2-AG)
- Metabolic enzymes (FAAH and MAGL)

CB1

- Mostly in CNS
- Analgesic, anti-emetic, euphoric, appetite…
- Also found in liver, kidney and lung where it's pro-inflammatory

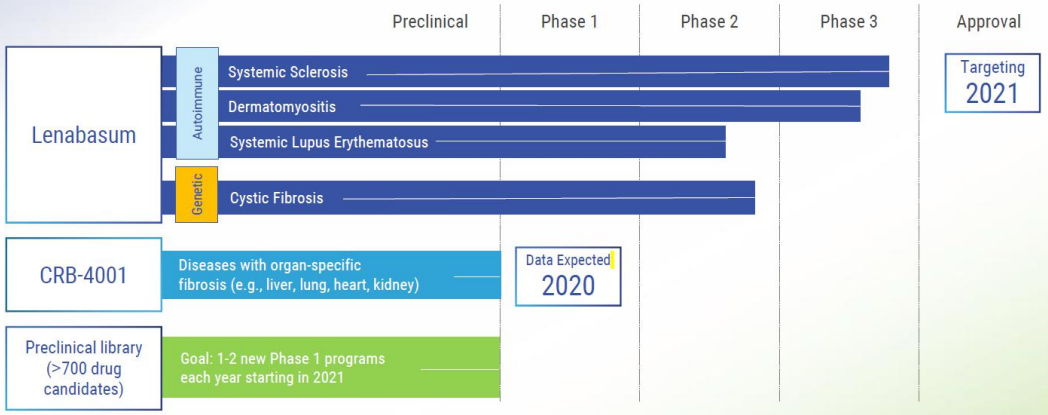
CB2

- Mostly in immune system
- Anti-inflammatory and anti-fibrotic
- Non-psychotropic

Growing Recognition of Therapeutic Potential of Targeting the ECS

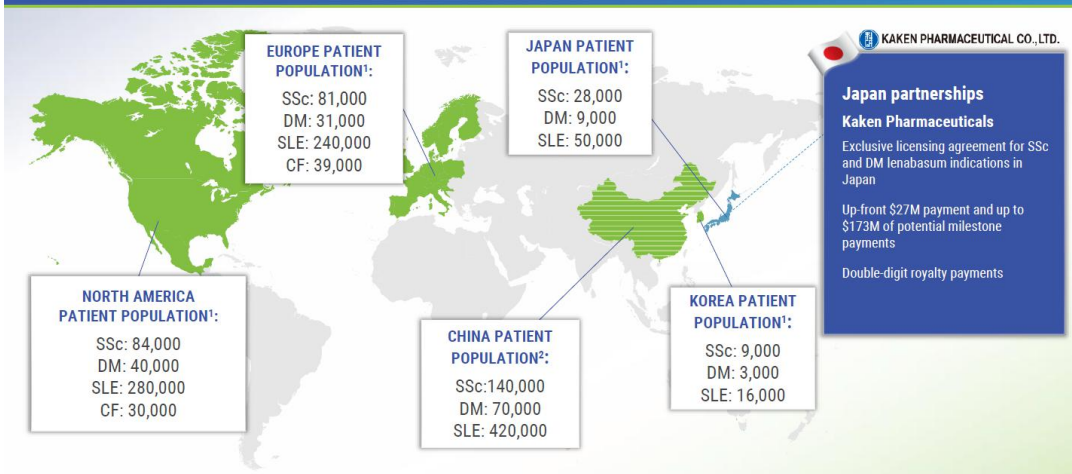
Company	Drug Candidate	Phase	Target	Type of Compound
CORBUS PHARMACEUTICALS	Lenabasum (CB2 agonist)	Phase 3 in SSc & DM Phase 2 in CF & SLE	SSc, DM, CF & SLE	Small molecule (NCE)
	CRB-4001 (CB1 inverse agonist)	Phase 1 safety data expected in 2020	NASH	Small molecule (NCE)
Roche	RO6871304 (CB2 agonist)	Preclinical	Uveitis	Small molecule (NCE)
Goldfinch Bio / Takeda	GFB-024 (CB1 antagonist)	Preclinical (Phase 1 planned 2H 2020)	Diabetic kidney disease	Monoclonal antibody (mAb)
janssen	Nimacimab (CB1 antagonist)	Phase 1 completed	NAFLD & diabetes or pre-diabetes	Monoclonal antibody (mAb)
janssen	JNJ-42165279 (FAAH inhib)	Phase 2	Autism Spectrum Disorder & Social Anxiety Disorders	Small molecule (NCE)
Lundbeck / ABIDE THERAPEUTICS	ABX-1431 (MGLL inhib)	Phase 2, Acquired by H. Lundbeck A/S	Tourette Syndrome	Small molecule (NCE)
VALEANT	Cesamet (nabilone) (THC)	Commercial	Nausea & Vomiting Associated with Cancer Chemotherapy	Phytocannabinoid
abbvie	Marinol® (THC)	Commercial	Anorexia Associated with Weight Loss in Patients with AIDS, Nausea & Vomiting Associated with Cancer Chemotherapy	Phytocannabinoid
GW pharmaceuticals	Epidiolex® (CBD)	Commercial	Seizures Associated with Lennox-Gastaut Syndrome or Dravet Syndrome	Phytocannabinoid
GW pharmaceuticals	Sativex® (CBD & THC)	Commercial in EU	Symptomatic Relief of Spasticity in MS	Phytocannabinoid

Corbus Pipeline: Early and Late Stage Programs



Lenabasum is not approved for the treatment of systemic sclerosis, dermatomyositis, cystic fibrosis or systemic lupus erythematosus

Robust Domestic and Foreign Intellectual Property Rights for Lenabasum Provide Strategic Optionality



KAKEN PHARMACEUTICAL CO.,LTD.

Japan partnerships

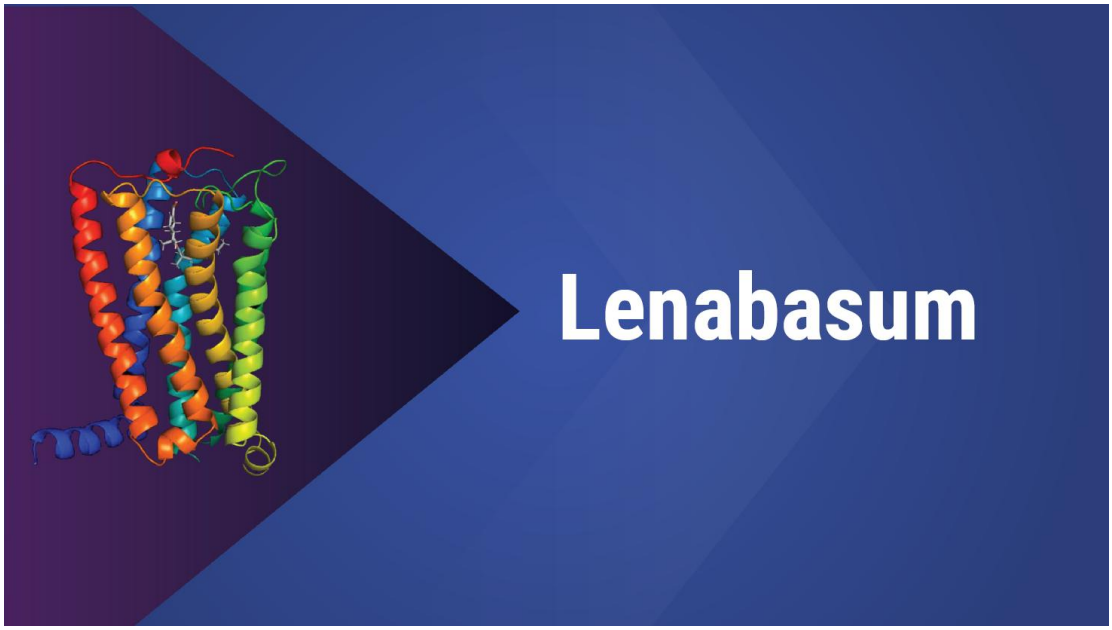
Kaken Pharmaceuticals

Exclusive licensing agreement for SSc and DM lenabasum indications in Japan

Up-front $27M payment and up to $173M of potential milestone payments

Double-digit royalty payments

1: Health Advances, LLC; Lenabasum Commercial Market Assessment, 2: Rheumatology, Ru Li, Jian Sun, et al. (2012)

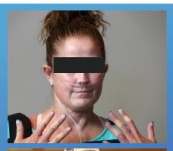

Lenabasum

Systemic Sclerosis (SSc) at a Glance

Rare and life-threatening autoimmune disease characterized by tissue inflammation and fibrosis

Most lethal of the systemic autoimmune diseases[1]

Pathogenesis	Autoimmune disease with chronic activation of immune system, fibrosis and vascular damage
Common Symptoms	Thick, tight, painful, itchy skin; fatigue, anorexia, weight loss; shortness of breath; swallowing problems, reflux; painful joints and tendons; Raynaud's; digital ulcers
Current Standard of Care	Immunosuppressive drugs with potential for significant toxicity



~200,000
people with SSc in U.S., EU and Japan[2]

40-60%
mortality in 10 years with severe internal organ involvement[3]

Zero
SSc-specific drugs approved

Orphan Drug Designation from FDA & EMA, Fast Track status from FDA

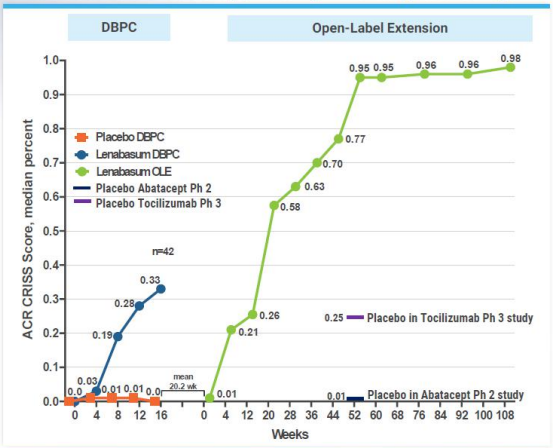
Images provided by the Scleroderma Foundation

1:Elhai M, Meune C, Avouac J, Kahan A, Allanore Y. Rheumatology 2012;51(6):1017e26, 2: Health Advances, LLC; Lenabasum Commercial Market Assessment; 3: Tyndall et al, 2010

ACR CRISS Score

Phase 2 Study: Improvement in Primary Endpoint

Stable standard-of-care drugs, including immunosuppressive drugs



29/36 (80%) of subjects enrolled in the OLE were still enrolled after 2 years

Comparator trials

Drug		N	Time (wks)	ACR CRISS score	
				Active	PBO
Cyclophosphamide[1]	amneal	84	52	0.24	0.01
Tocilizumab[2], Ph 2	Roche	69[3]	24	0.23	0.01
		62[3]	48	0.31	0.0
Tocilizumab[3] + rescue immunosuppressive drugs after 16 weeks if needed, Ph 3	Roche	210	48	0.89	0.25
Abatacept[4] + rescue immunosuppressive drugs after 26 weeks if needed, Ph 2	Bristol-Myers Squibb	69[5]	52	0.68	0.01

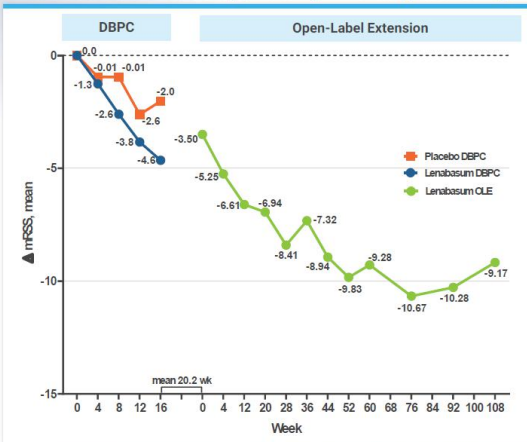
[1] Khanna et al. ACR abstract 726, 2017; Khanna et al. Arthritis Rheumatol. 2016; 68:299-311 [2]Khanna et al. EULAR abstract SAT0373, 2017 [3]Completers only, Initial N = 87.3 [4]Khanna et al. ACR abstract 898, 2018 [4]Khanna et al. ACR abstract 900, 2018 69 completers

American College of Rheumatology Combined Response Index in diffuse cutaneous Systemic Sclerosis (ACR CRISS) score provides a composite measure of probability of improvement from baseline. Calculated using change from baseline in modified Rodnan Skin Score (mRSS), Physician Global Assessment, Patient Global Assessment, Health Assessment Questionnaire - Disability Index and forced vital capacity (FVC) percent predicted.

mRSS Score

Phase 2 Study: Improvement in Secondary Endpoints

Stable standard-of-care drugs, including immunosuppressive drugs



-4 to -5 points is generally considered minimal clinically important difference (MCID)[1]

Comparator trials

Drug	N	Time (wks)	mRSS, mean (SD) change from baseline Active	PBO
Six drug trials[1]	492	~26	-2.9	
Cyclophosphamide[2]	84	52	-5.3	-1.7
Tocilizumab[3], Ph 2	67	24	-4.2	-2.1
	58	48	-5.9	-3.2
Tocilizumab[4] + rescue immunosuppressive drugs after 16 weeks if needed, Ph 3	212	48	-6.1	-4.4
Abatacept[5] + rescue immunosuppressive drugs after 26 weeks if needed , Ph 2	88[6]	52	-6.2	-4.5

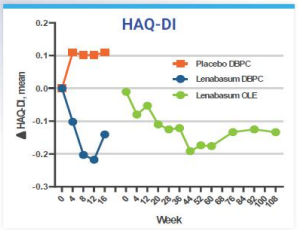
[1] α interferon, d-penicillamine, relaxin Ph 2 and 3, minocycline, methotrexate, anti-TGFβ, Merkel et al, Arthritis Rheum 2012;64:3420. [2] Khanna et al, ACR abstract 2016. [3] Le et al, Ann Rheum Dis 2011; 70: 1104. [4] Khanna et al. EULAR abstract SAT0373, 2017. [4] Khanna et al. ACR abstract 898, 2018 [5] Khanna et al. ACR abstract 900, 2018 [6] 69 completers

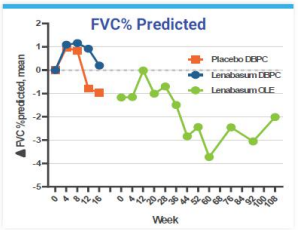
Baseline mRSS mean mRSS (SD) = 23.6 (10.4) for lenabasum arm and 26.2 (11.1) for placebo arm in Part A and 20.4 (11.0) for all subjects at start of open-label dosing.

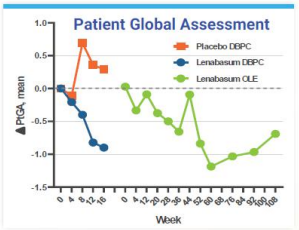
1: Khanna et al, Ann Rheum Dis 2006;65:1325

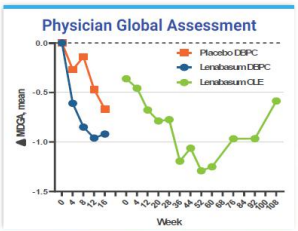
Phase 2

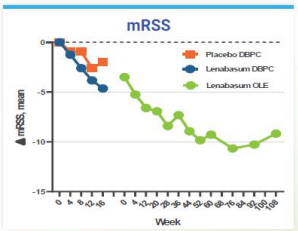
Measurements Across All 5 Domains of CRISS





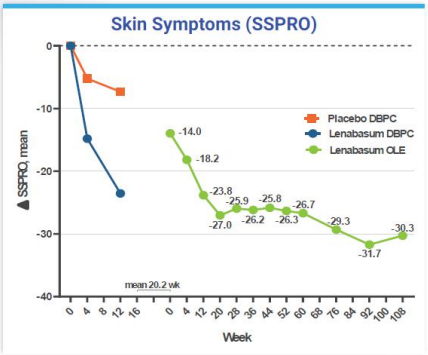


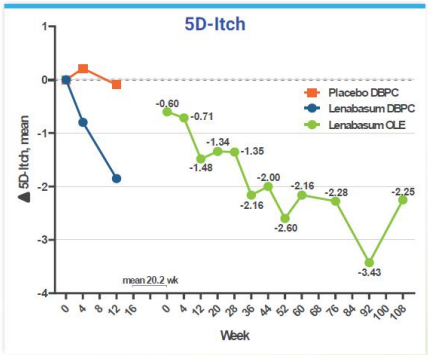




Phase 2

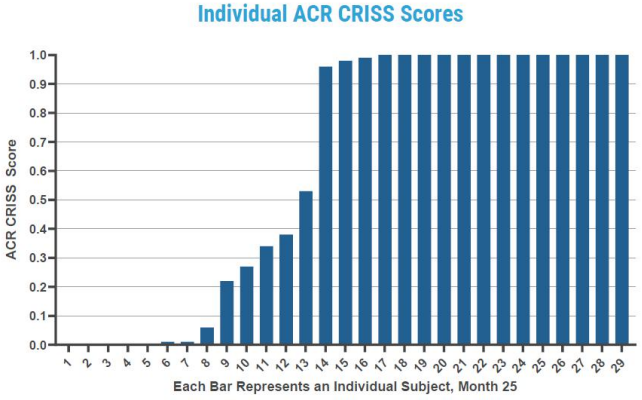
Change from Baseline in SSPRO and 5D-Itch



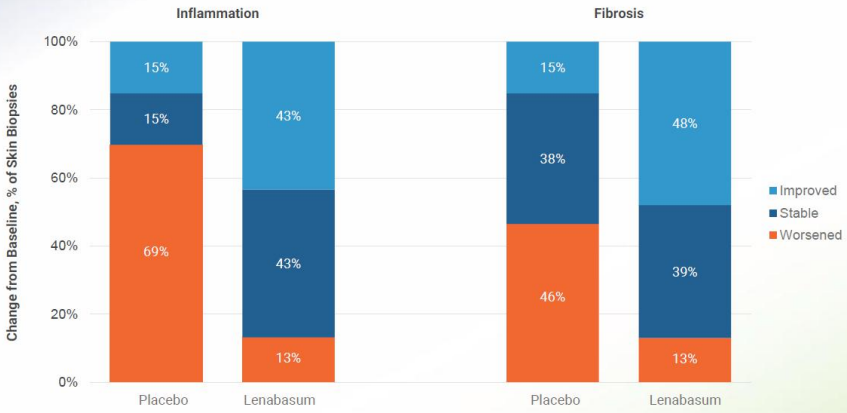


Patient Distribution of ACR CRISS Scores at Month 25 in Open-Label Extension Study

45% of subjects achieved CRISS score of 1.0



Lenabasum Treatment Improves/Stabilizes Histological Findings of Inflammation and Fibrosis in Skin Biopsies Compared to Placebo



17 Data from Phase 2 trial JBT101-SSc-001, study evaluated the safety, tolerability, pharmacokinetics and efficacy of lenabasum in adult subjects with diffuse cutaneous systemic sclerosis.

Lenabasum Safety Overview

HAS ACCEPTABLE SAFETY PROFILE AND IS WELL-TOLERATED BASED ON DATA TO-DATE

- The majority of adverse reactions observed in clinical studies conducted to date are mild or moderate
- Most common adverse reactions are transient dizziness and dry mouth, which are consistent with expected class effects
- 2 withdrawals in treated subjects for AEs related to lenabasum
- Minimal changes from baseline in vital signs and laboratory safety tests and similar to those seen with placebo
- Data in blinded clinical studies are consistent with that observed in unblinded studies (n > 800)

Ongoing Phase 3 RESOLVE-1 Study

Enrollment Complete | Topline Data Expected Summer of 2020 | Patent Protection Through 2034

Double-blind, randomized, placebo-controlled study

Primary Endpoint in U.S. & EU: ACR CRISS

Secondary Endpoints: Change from baseline in mRSS, Change from baseline in HAQ-DI, Change from baseline in FVC % predicted

Key Insights Provide Foundation for Commercial Strategy in SSc*

Significant unmet need and no approved treatments for totality of disease

- Often lengthy and challenging journey to diagnosis
- Current therapies address symptoms or specific organ involvement only
- No other drug candidates in late-stage development

"Treatment for scleroderma is the number one unmet need in rheumatology today." Treatment Center Rheum

Care for patients extends beyond centers

- Rheums oversee SSc patient care with support from other specialists
- Scleroderma centers have deep, multi-disciplinary expertise to manage complex disease manifestations
- Sizable amount of community Rheums diagnose and are comfortable treating

"Most of the time I'm managing treatment for scleroderma patients. We will send them to a treatment center for clinical trials." Community Rheum

Rheums and patients had favorable reaction to potential lenabasum profile

- Favorable and enthusiastic reaction to potential safety, tolerability and efficacy profile
- Rheums appreciate that lenabasum is oral, not immunosuppressive and can be used with other medications
- Experts embrace the ACR CRISS endpoint, but clear opportunity to educate community rheums

"It looked like it may make a major difference in the CRISS score." Community Rheum

*All insights and quotes derived from proprietary qualitative market research conducted in Q3 2019 [US Rheumatologists treating at least 10 SSc patients; US patients diagnosed with SSc]

Commercial Launch Team

Craig Millian, MBA
Chief Commercial Officer
25 years of experience leading commercial organizations for a range of pharmaceutical companies as well as a successful track record building pharmaceutical brands

EMD Serono · VERTEX · Pfizer · SANOFI

Brian Walsh, MBA
Head, Global Marketing
More than 10 years of commercial leadership roles in healthcare management, consulting and sales

EMD Serono · Johnson & Johnson

Quinn Dinh, MD
Vice President, Medical Affairs
Experienced senior leader with more than 10 years of medical affairs and R&D experience, with a focus on rare and complex diseases

Alnylam · Amicus Therapeutics · Jazz Pharmaceuticals · Shire

Kaizar Lehri, MBA
Head of Global Supply Chain
Accomplished executive with more than 25 years of supply chain management and technology implementation experience

Biogen · REGENERON · IBM

Keith White
Head of Market Access
Proven commercial leader with more than 20 years of professional experience at leading commercial stage biotech companies

Genentech · Intercept · InterMune · ThromboGenics

Jeanne Penn, MS
Market Research Consultant
More than 20 years of experience in the biopharma industry leading market insights, planning and operations with deep expertise in rare diseases

genzyme · MERCK

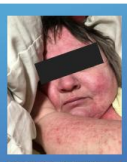
Combined Drug Experience

OCALIVA (obeticholic acid) · LIPITOR (atorvastatin calcium) · Lumizyme (alglucosidase alfa) · KYNAMRO (mipomersen sodium) injection · GONAL-f (follitropin alfa) · BAVENCIO (avelumab) · INCIVEK (telaprevir) · VFEND (voriconazole) · Esbriet (pirfenidone) tablets · EGRIFTA (tesamorelin for injection) · Rebif (interferon beta-1a) subcutaneous injection · Myozyme (alglucosidase alfa) · MAVENCLAD (cladribine) tablets · Cerdelga (eliglustat) Capsules · DIFLUCAN

Dermatomyositis (DM) at a Glance

Rare and life-threatening autoimmune disease characterized by skin and muscle inflammation

Pathogenesis	Autoimmune disease with organ inflammation, fibrosis, atrophy and vascular changes
Common Symptoms	Proximal muscle weakness, rash, pain, itch, shortness of breath
Current Standard of Care	Immunosuppressive drugs with potential for significant toxicity



~80,000
people with DM in U.S., EU and Japan[1]

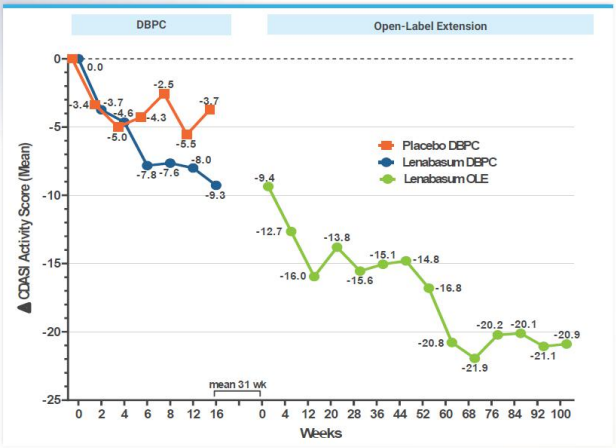
30%
mortality in 5 years[2]

Zero
DM-specific drugs approved

Orphan Drug Designation from FDA & EMA

Images provided by Myositis Support and Understanding
1: Health Advances, LLC; Lenabasum Commercial Market Assessments; 2: Schiopu et al, 2012

Phase 2 Clinically Meaningful Improvement in Skin & Other Outcomes



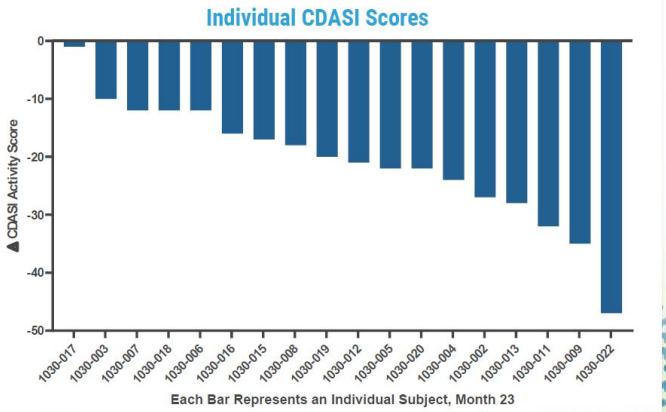
18/20 (90%) of subjects enrolled in the OLE were still enrolled after 23 months

- Continued improvement in open-label extension study
- 72% achieved low skin disease activity (CDASI ≤ 14) by Week 100
- Improvement -4 to -5 points is considered clinically meaningful[1]
- Improvement of -4 points or more is associated with improvement in skin-related quality of life outcomes, itch, and pain[2]

1 Week 0 DBPC CDASI activity score mean (SD) = 33.3 (9.74) for lenabasum and 35.8 (7.77) for placebo. P* = 0.09, p = 0.05, p = 0.28, p = 0.04, for lenabasum vs. placebo at Weeks 4, 8, 12, and 16, respectively, of DBPC Part A of study, MMRM, 2-sided; 1: Anyanwu et al Br J Dermatol. 2015;173:969; 2: Robinson et al. Br J Dermatol. 2015;172:169

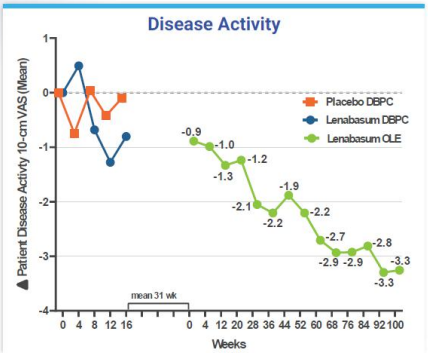
Distribution of CDASI Scores at Month 23 in Open-Label Extension Study

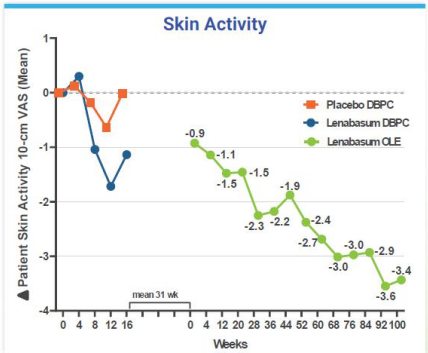
72% achieved low skin disease activity (CDASI ≤ 14) by Week 100



Phase 2

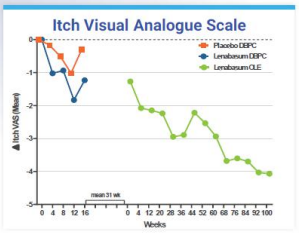
Patient Activity Visual Analogue Scale Scores

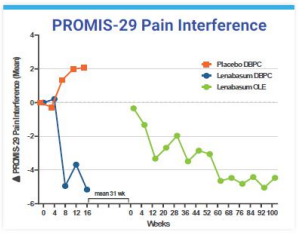


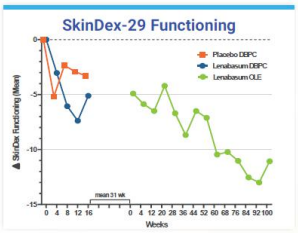


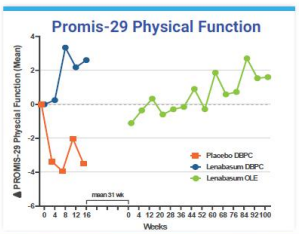
Phase 2

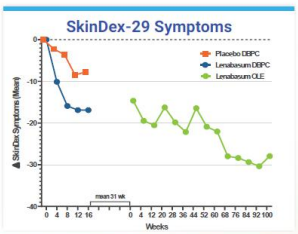
Patient-Reported Outcomes

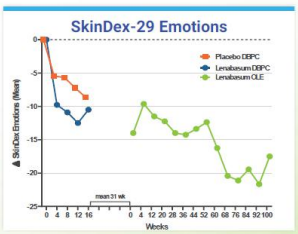






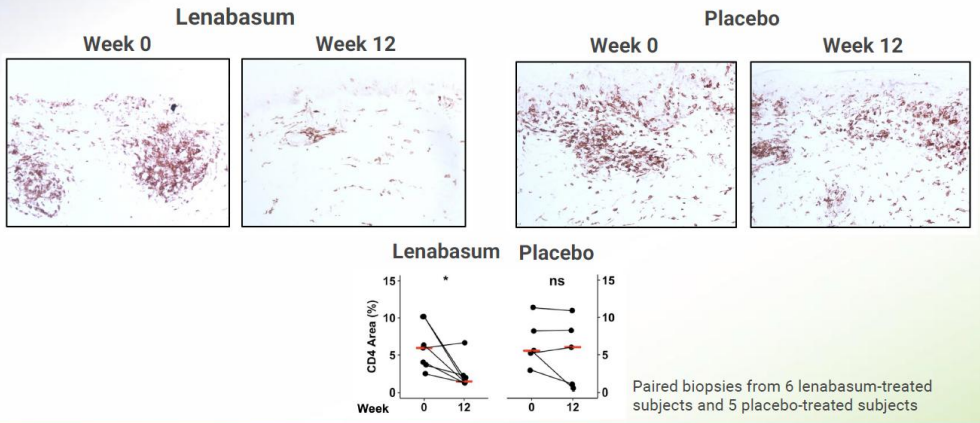






Lenabasum Treatment was Associated with Reduction in T Cell Infiltration in Skin Biopsies in DM

Associated with Improvement in CD4+ T Cells in Skin Biopsies



Paired biopsies from 6 lenabasum-treated subjects and 5 placebo-treated subjects

Ongoing Phase 3 DETERMINE Study

Topline Data Expected 2021 | Patent Protection Through 2034

Double-blind, randomized, placebo-controlled study

Primary Endpoint: American College of Rheumatology (ACR) / European League Against Rheumatism (EULAR) 2016 Total Improvement Score (TIS) in Adult Dermatomyositis & Polymyositis

Secondary Endpoints: Mean MMT-8 Score, CDASI activity score, Investigator Global Assessment scale of skin activity, Short Form-36 physical functioning domain score, Corticosteroid dose, FVC % predicted

CF: Targeting Pulmonary Exacerbations (PEx)

18 days
spent in the hospital each year by average person with cystic fibrosis (CF)[1]

Up to
$120K
cost of pulmonary exacerbations in patients with severe lung disease[2]

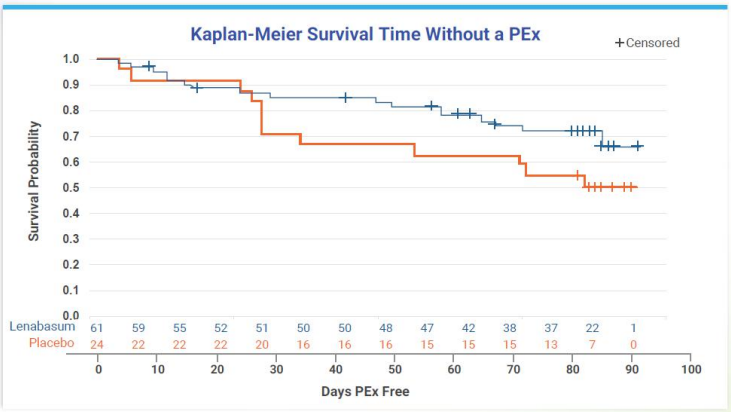
2.9 pulmonary exacerbations per year[2]
per person

Need
for drugs to reduce pulmonary exacerbations

Pulmonary exacerbations are common in people with CF

1: CFF, Patient Registry Data Report, 2017; 2: Rubin et al, 2017

Lenabasum Treatment was Associated with Longer Time to PEx in Phase 2 Study (n = 85)



Ongoing CF Phase 2b Study

Enrollment Complete | Topline Data Expected Summer of 2020 | Patent Protection Through 2034

Double-blind, randomized, placebo-controlled study

Primary Endpoint: Event rate of PEx

Open to people with CF 12 years and older, regardless of mutation or current background medications, including Orkambi®, Kalydeco® and Symdeko®

Secondary Endpoints: Other measures of PEx, Cystic Fibrosis Questionnaire-Revised Respiratory Domain Score, FEV_1 % predicted

1: Development award from CFF announced in January 2018, which provides up to $25M in funding

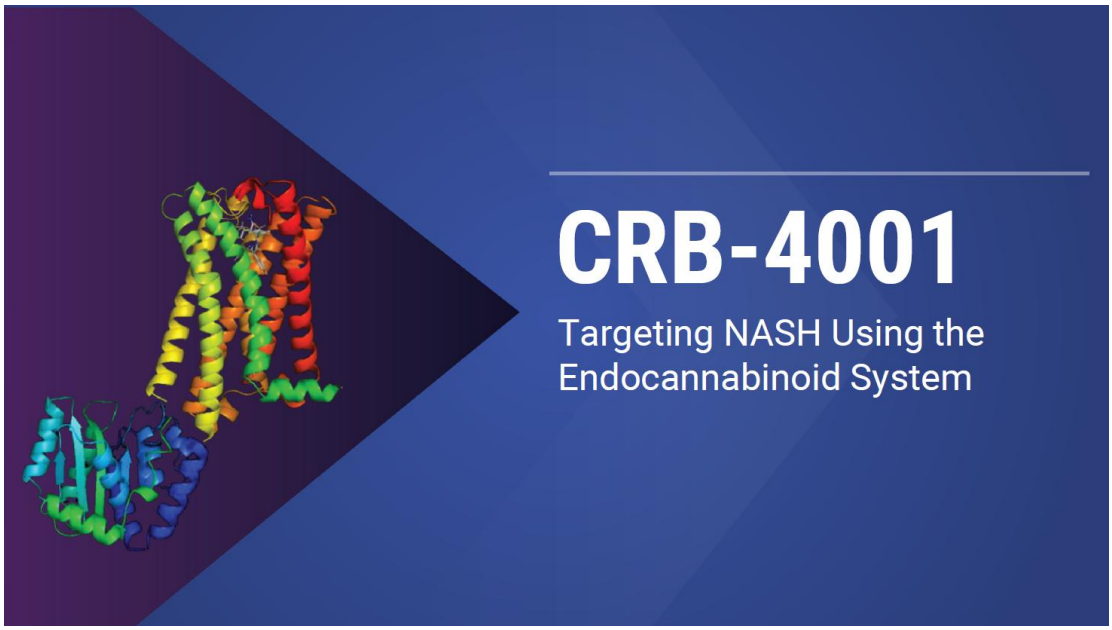
Ongoing Systemic Lupus Erythematosus Phase 2 Study Funded and Run by National Institutes of Health

Topline Data Expected 2020 | Patent Protection Through 2034

Double-blind, randomized, placebo-controlled study

Primary Endpoint: Change from baseline in the 7-Day Average of the Maximum Daily NRS-Pain Score

Secondary Endpoints: BILAG-2004, SELENA-SLEDAI Score, SELENA-SLEDAI Flare Index, Patient Global Assessment, PROMIS-29, SLE Responder Index, Swollen or Tender Joint Count


CRB-4001
Targeting NASH Using the
Endocannabinoid System

2006: Targeting CB1 for Metabolism was Highly Desirable

Drug Name	Company	Stage
Rimonabant	SANOFI	Launched in EU
Taranabant	MERCK	Phase 3
Otenabant	Pfizer	Phase 3
Surinabant	SANOFI	Phase 2
Ibipinabant	Bristol-Myers Squibb	Phase 2

Projected Annual Sales of Rimonabant were $3bn*

*2007 Analyst Sales Estimates: WestLB, Sanford Bernstein, Raymond James, ING, Goldman Sachs

…But It Ended Poorly in 2008

European Medicines Agency
Press office

London, 23 October 2008
Doc. Ref. EMEA/CHMP/537777/2008

PRESS RELEASE
The European Medicines Agency recommends suspension of the marketing authorisation of Acomplia

CB1 binding in the brain led to **depression** and **suicidality**

Rimonabant (Acomplia) **withdrawn**

Entire drug class terminated

2019: Focusing on CB1 Without Affecting the Brain

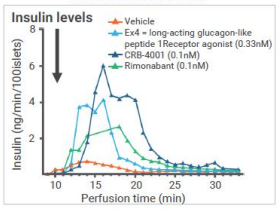
Company	Compound	Phase	MOA	Type of compound
CORBUS PHARMACEUTICALS	**CRB-4001**	Phase 1 safety data expected in 2020	CB1 inverse agonist	Oral small molecule
Goldfinch Bio the kidney company / Takeda	**GFB-024**	Preclinical (Phase 1 planned 2H 2020)	CB1 antagonist	Injectable mAb
janssen	**Nimacimab (JNJ-2463)**	Phase 1 completed	CB1 antagonist	Injectable mAb

CRB-4001 is an Attractive Candidate to Treat NASH

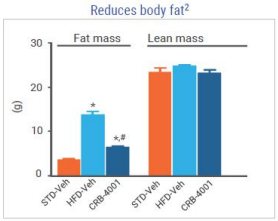
- Strong preclinical data around CRB-4001
- Preferentially binds CB1b, predominant isoform in liver in obesity
- Limited CB1 occupancy in mouse brain

CRB-4001 Blocks Metabolic Abnormalities and Reduces Biomarkers of Liver Damage Common in NASH

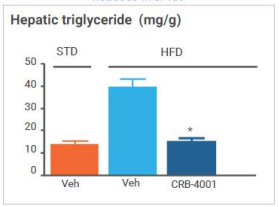
Stimulates insulin release[1]



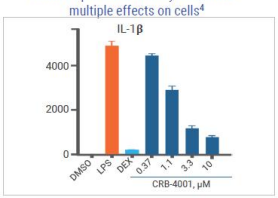
Reduces body fat[2]



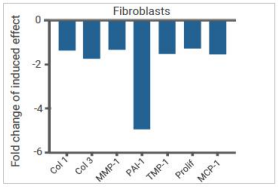
Reduces liver fat[3]



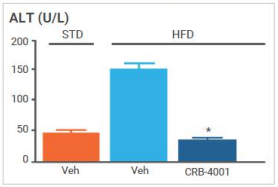
Reduces pro-inflammatory mediators + multiple effects on cells[4]



Has antifibrotic effects on fibroblasts



Reduces liver enzymes[3]



1: Gonzalez-Mariscal et al. Sci. Rep. 2016; 6: 33302. Insulin release from isolated islet cells perfused with 7.5 nM glucose alone (blue line) and in combination with 0.33 nM Ex4 (red line, half-max stimulation or with 0.1 nM CRB-4001 (green line) or 0.1 nM rimonabant (purple line). Treatment time point is indicated by arrow. Islet cells isolated from obese individual; 2: Tam et al. Cell Metabolism 2012; 16 167-179, N = 6/group. *p < 0.005 relative to STD, #p < 0.01 relative to high-fat diet (HFD) vehicle group; 3. Cell Metabolism 2012; 16 167-179; STD = standard diet, HFD = high fat diet. 6-7 DIO mice per group, Veh = vehicle. CRB-4001 at 3 mg/kg/day X 28 days. * = p < 0.01 vs HFD vehicle; 4: Data as concentration of cytokine, pg/mL

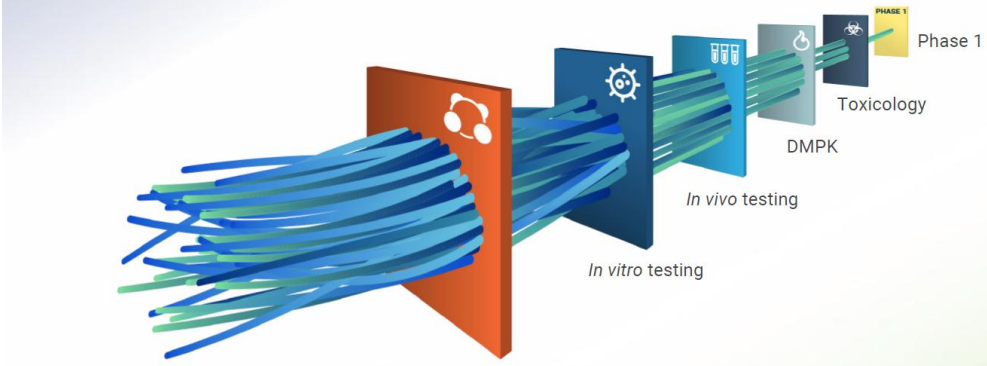
Next Steps

Phase 1 safety data expected in 2020

Key question: demonstrate differentiated brain CB1 binding to Rimonabant


Corbus Platform
Novel preclinical candidates that target the endocannabinoid system

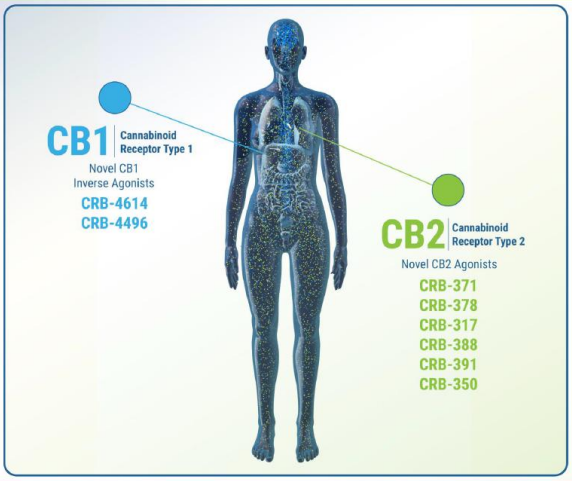
Corbus Platform of Preclinical Drug Development



Library of rationally-designed compounds targeting the endocannabinoid system (>700 and growing)

In silico molecular modeling "Docking" compounds into CB1 & CB2

First Group of Compounds Generated from Our Proprietary Platform in Preclinical Development



IP protection until
2039

Management Team with Proven Record of Execution

Yuval Cohen, PhD
Chief Executive Officer, Director
More than 13 years of executive leadership experience in inflammatory disease drug development

Barbara White, MD
Chief Medical Officer and Head of Research
Previous academician with more than 15 years of industry clinical development and medical affairs experience in inflammatory and autoimmune diseases

Sean Moran, CPA, MBA
Chief Financial Officer
More than 20 years of senior financial experience with emerging biotechnology, drug delivery and medical device companies

Robert Discordia, PhD
Chief Operating Officer
More than 25 years of biopharmaceutical industry experience in CMC development and business operations

Craig Millian, MBA
Chief Commercial Officer
25 years of experience leading commercial organizations for a range of pharmaceutical companies as well as a successful track record building pharmaceutical brands

Ross Lobell
VP, Regulatory Affairs
More than 35 years of regulatory affairs experience with an extensive biopharmaceutical background in leading preclinical, clinical and nonclinical regulatory strategies

Experienced and Engaged Board of Directors

Amb. Alan Holmer Ret.
Chairman of the Board
More than two decades of public service in Washington, D.C. including Special Envoy to China; Former CEO of PhRMA

Avery W. (Chip) Catlin
Director
More than 25 years of senior financial leadership experience in life science companies; Former CFO and Secretary of Celldex Therapeutics

Yuval Cohen, PhD
Chief Executive Officer, Director
More than 13 years of executive leadership experience in inflammatory disease drug development

Rachelle Jacques
Director
More than 25-year professional career, experience in U.S. and global biopharmaceutical commercial leadership, including multiple high-profile product launches in rare diseases; CEO of Enzyvant Therapeutics

David Hochman
Director
More than 20 years of healthcare, entrepreneurial and venture capital experience; Chairman & CEO, Orchestra BioMed; Chairman, Motus GI Holdings, Inc. (NASDAQ: MOTS)

John K. Jenkins, MD
Director
Distinguished 25-year career serving at the U.S. FDA, including 15 years of senior leadership in CDER and OND

Paris Panayiotopoulos
Director
More than 20 years of pharmaceutical experience; Former President and CEO of ARIAD Pharmaceuticals, Inc., which was acquired by Takeda Pharmaceuticals for $5.2 billion

Financial Profile: CRBP (NASDAQ)

- $168M equity raised to-date
- $45M non-dilutive funding from NIH and CF Foundation[1]

64.6M
Common shares outstanding
(78.4M fully diluted)

$54.8M
Cash balance as of 9/30/2019

$296M
Market Cap[2]

1: Includes development award from CFF announced in January 2018 which provides up to $25m in funding, 2: Based on November 22, 2019 closing price of $4.58 per share

Pioneering transformative medicines that target the endocannabinoid system

Corbus Pharmaceutical Holdings, Inc.
617.963.0100
info@corbuspharma.com

Consistent Reduction in Key Inflammatory Biomarkers (Sputum)