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): June 7, 2017

CORBUS PHARMACEUTICALS HOLDINGS, INC.

(Exact name of registrant as specified in its charter)

Delaware	**000-55327**	**46-4348039**
(State or other jurisdiction of incorporation)	*(Commission File Number)*	*(IRS Employer Identification No.)*

100 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 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

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]

Item 7.01. Regulation FD Disclosure.

On June 7, 2017, Corbus Pharmaceuticals Holdings, Inc. (the "Company") will be using the slides attached hereto as Exhibit 99.1 in connection with management presentations to describe its business.

The information in this Current Report on Form 8-K under Item 7.01, including the information contained in Exhibit 99.1, is being furnished to the Securities and Exchange Commission, and shall not be deemed to be "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934 or otherwise subject to the liabilities of that section, and shall not be deemed to be incorporated by reference into any filing under the Securities Act of 1933 or the Securities Exchange Act of 1934, except as shall be expressly set forth by a specific reference in such filing.

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: June 7, 2017

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

EXHIBIT INDEX

Exhibit No.	Description
99.1	Investor Presentation.


CORBUS
PHARMACEUTICALS
Developing Breakthrough Therapies for Rare Inflammatory and Fibrotic Diseases
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.

Leadership Team

Management

Yuval Cohen, PhD
Chief Executive Officer, Director

Co-founder and former President of Celsus Therapeutics (CLTX). Expertise in developing anti-inflammatory drugs including for CF

Sean Moran, CPA, MBA
Chief Financial Officer

Former CFO: InVivo (NVIV), Celsion (CLSN), Transport Pharma, Echo Therapeutics (ECTE) & Anika Therapeutics (ANIK)

Mark Tepper, PhD
President & Chief Scientific Officer

Former VP U.S. Research & Operations, EMD Serono; Sr. Investigator, Bristol-Myers Squibb

Barbara White, MD
Chief Medical Officer

Board-certified Rheumatologist and clinical immunologist. Previously SVP and Head, R&D Stiefel, a GSK company, VP and Head of Inflammation Clinical Development for UCB & MedImmune, and Director, Medical Affairs, Amgen

Board of Directors

Amb. Alan Holmer - Chairman of the Board
- Former CEO of PhRMA (1996-2005)
- Over two decades of public service in Washington, D.C. including Special Envoy to China (2007-2009)
- Former board member of Inspire Pharma
- Chairman of the Board of the Metropolitan Washington, D.C. Chapter of the Cystic Fibrosis Foundation

Avery W. (Chip) Caitlin
- CFO Celldex Therapeutics (CLDX) since 2000
- Raised over $600MM in financing
- Over 20 years experience in industry: Repligen (CFO) and Endogen (CFO)

David Hochman
- Managing Partner of Orchestra Medical Ventures
- Over 19 years of venture capital and investment banking experience
- Former Managing Director of Spencer Trask Ventures, Inc. securing over $600MM in equity capital

Renu Gupta, MD
- Over 25 years of R&D, regulatory and senior management experience in the biopharma industry
- Former EVP, and CMO of Insmed, a specialty CF company
- Former VP and Head of U.S. Clinical Research and Development, Novartis
- Senior Advisor to CEOs and Boards of biopharma

CORBUS PHARMACEUTICALS

Overview

Targeting Rare + Chronic + Serious Inflammatory / Fibrotic Diseases

Anabasum:

- Novel synthetic oral endocannabinoid-mimetic with unique MOA
- 4 clinical programs
- Positive Phase 2 data: systemic sclerosis and cystic fibrosis
- Multiple opportunities to expand into additional indications
- IP portfolio → 2033

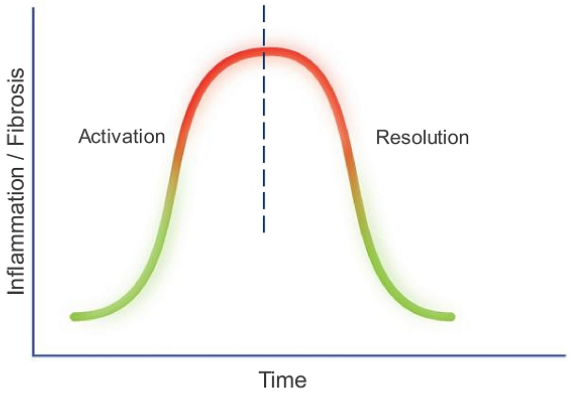
Anabasum Pipeline: Multiple Opportunities in Rare Autoimmune / Inflammatory / Fibrotic Diseases

	Indication	Patient Population	Phase of Development	Orphan Designation	Fast Track Status	Open-Label Extension	Nondilutive Funding	Next Catalyst
Autoimmune	Systemic Sclerosis (SSc)	90,000 (US+EU)	Launch Phase 3	✓	✓	✓		Commence Phase 3 study H2 2017
	Dermatomyositis (DM)	50,000 (US+EU)	Phase 2			✓	✓ NIH Funded[1]	Phase 2 data expected H2 2017
	Systemic Lupus Erythematosus (SLE)	500,000 (US+EU)	Phase 2				✓ NIH Funded[1]	Commence Phase 2 study H2 2017
Genetic / Inflammatory	Cystic Fibrosis (CF)	75,000 (worldwide)	Launch Phase 2b	✓	✓		✓ CF Foundation[2]	Commence Phase 2b study H2 2017

1) NIH grants fund Phase 2 trials of anabasum in dermatomyositis and systemic lupus erythematosus; Corbus retains all rights to the product and owns the IND data;
2) Awarded 2015; project completed

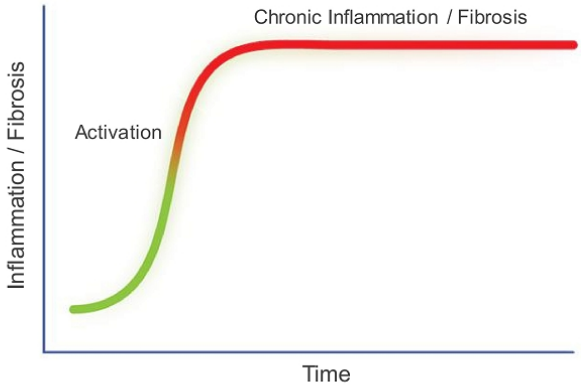
Normal Inflammatory Process vs. Chronic Inflammation

Normal Inflammation Process



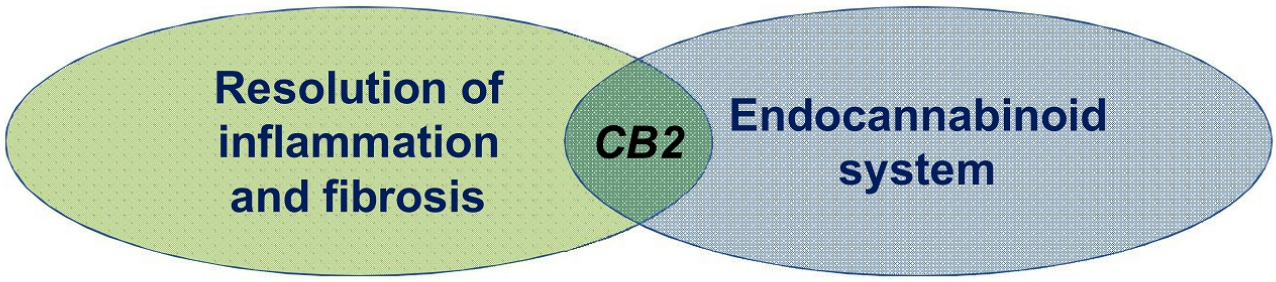
Immune System Returns to Homeostasis

Inflammatory / Fibrotic Disease



Immune System is Unable to Return to Homeostasis, Leading to Fibrosis

Endocannabinoids Play a Unique Role in Inflammation and Fibrosis



- Short-lived on-demand lipid mediators produced by multiple cell types
- Modulate innate immune responses[1] via cannabinoid receptor type 2 (CB2) on immune cells[2]
- CB2 mouse knockouts have exaggerated innate immune responses and fibrosis[3]
- CB2 human polymorphisms ⬆ inflammation[4] and ⬆ risk of autoimmunity[5]
- MOA of CB2 agonism: triggering of resolution of innate immune responses[6]

1) 1: Klein, 2005 2: Turcot, 2016 3: Akhmetshina, 2008 4: Rossi 2012, Coppola, 2015 5: Sipe 2005, Gouda 2013 6: Shinohara 2012

Unique Characteristics of Anabasum Make It an Attractive Candidate for Rare + Chronic Inflammatory / Fibrotic Diseases

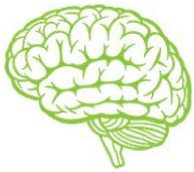
High

- CB2 Binding Affinity
  (Pro-resolution receptors in the immune system)

+

Low

- CB1 Binding Affinity
  (Analgesic receptors in the brain)
- Blood Brain Barrier Penetration



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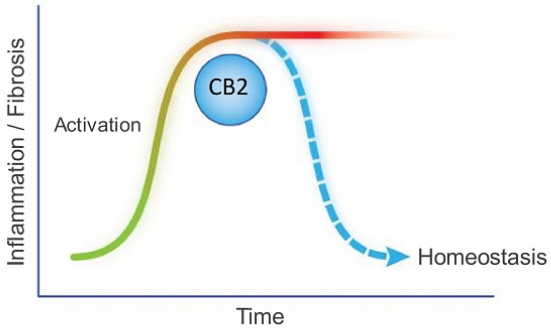
Targeting Inflammation without Immunosuppression and Limited CNS Activity

Anabasum Promotes Resolution of Inflammation and Fibrotic Responses

Resolution of Chronic Inflammation and Fibrosis



Anabasum: Triggers Resolution of Innate Immune Responses

Decreases

- ✓ Pro-inflammatory lipids
- ✓ Vasodilation / edema
- ✓ Chemokines
- ✓ Tissue infiltration with neutrophils and other inflammatory cells
- ✓ Pro-inflammatory cytokines
- ✓ Pro-fibrotic growth factors
- ✓ Myofibroblast accumulation
- ✓ Extracellular matrix production

Increases

- ✓ Pro-resolving lipid mediators
- ✓ Pro-resolving macrophages
- ✓ Clearance of bacteria
- ✓ Clearance of cellular debris
- ✓ Resolution of tissue infiltration with inflammatory cells

MOA Broadly Applicable to Multiple Inflammatory / Fibrotic Diseases

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Diffuse Cutaneous Systemic Sclerosis:

- Positive Phase 2 data
- Ongoing open-label extension
- Commencing Phase 3 study in H2 2017
- Potential approval in 2020

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Systemic Sclerosis

Chronic systemic autoimmune disease causing fibrosis of skin and internal organs

90,000
Patients in U.S. + EU

80%
Female patients

40-60 Years
Average age of patients

Lung Fibrosis
Common cause of death - 40%-60% mortality in 10 years

Key Takeaways

Life-threatening, rare disease

No SSc-specific drugs approved

Current therapy: Immunosuppressive agents (safety risk)

Need for proven safe and effective therapies

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Clinical Development of Anabasum in Systemic Sclerosis

- Positive data in Phase 2 study
- Well tolerated and not immunosuppressive
- Consistent clinical benefit in multiple efficacy outcomes
- Improvement of biomarkers in skin biopsies
- Ongoing open-label extension of Phase 2 study
- Phase 3 study to commence H2 2017

Design of Completed Phase 2 Study

Positive Results Reported in November 2016

- Double-blind, randomized, placebo-controlled
- 9 clinical sites in the U.S.
- 43 adults ages 18 to 70 with SSc
- 2:1 overall ratio of anabasum:placebo
- 16 week study, 12 weeks of active dosing
- Immunosuppressive medications allowed

Primary Endpoints:

- Safety and tolerability
- ACR CRISS

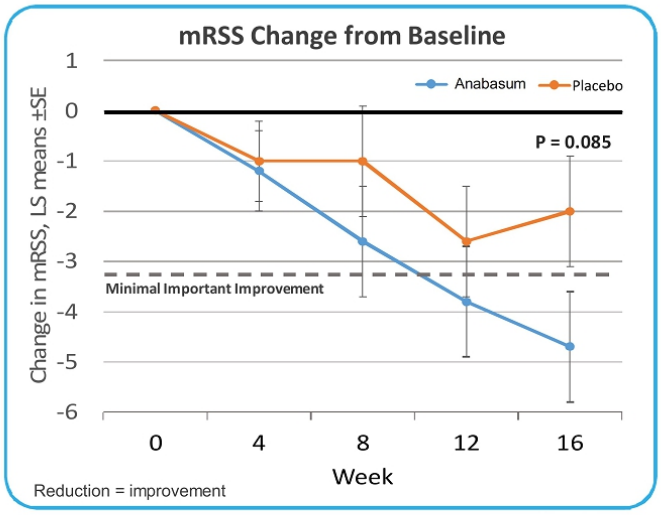
Secondary Endpoints:

- ACR-CRISS domains: mRSS; FVC % predicted; PtGA; MDGA; HAQ-DI
- Patient-reported outcomes

Safety and Tolerability Summary

- Anabasum was well tolerated
- No serious or severe anabasum-related TEAEs noted
- Most common adverse events were mild/moderate:
  - Dizziness (22% in anabasum-treated subjects vs. 13% in placebo-treated subjects)
  - Fatigue (19% in anabasum-treated subjects vs. 7% in placebo-treated subjects)

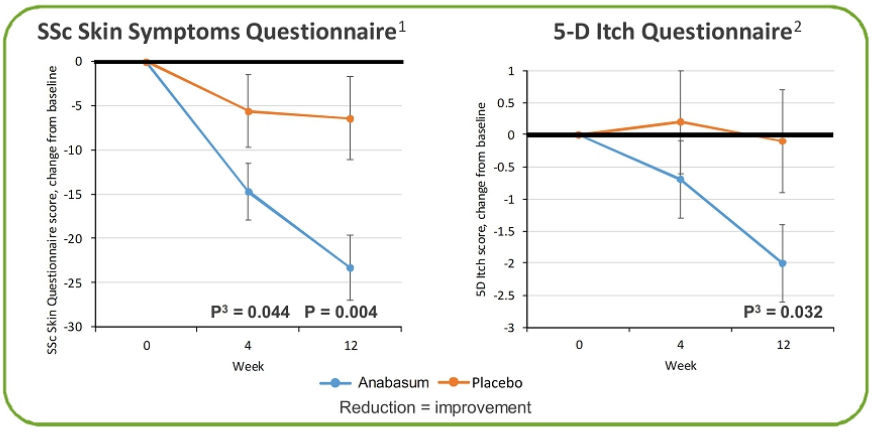
mRSS: Skin Thickening Improved



Primary Endpoint in Upcoming Phase 3 Study

- mRSS improved at week 16 from baseline -4.7 ± 1.1 (SE) for anabasum subjects vs. -2.0 ± 1.5 for placebo subjects
- Improvement from baseline of -4.7 points in anabasum subjects is clinically important

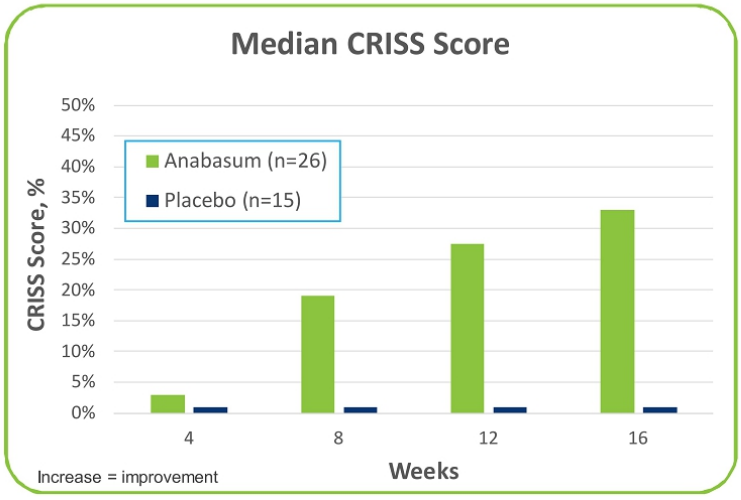
Improved Patient Reported Skin Symptoms



- Greater improvement in skin symptoms than placebo-treated subjects
- Improvements were seen as early as 4 weeks with anabasum treatment

[1] Ziemek J et al. Rheumatology 2016;55:911. [2] Elman S et al. Br J Dermatol 2010;162:587.
[3] Efficacy population, least squares means ± SE, analysis of covariance model, one-sided p-value.

Improvements in ACR-CRISS Scores



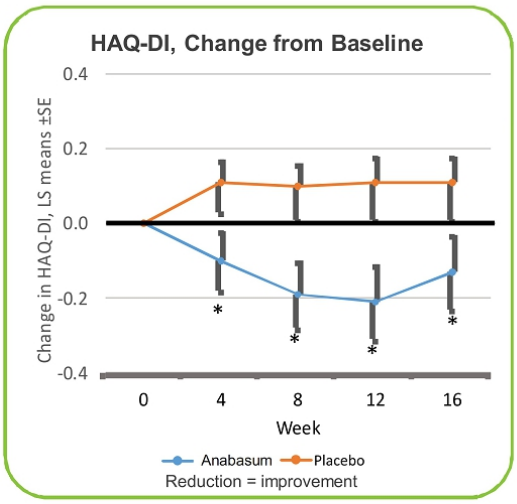
- Composite score of change from baseline in mRSS, HAQ-DI, FVC % predicted, and physician and patient global assessments
- mRSS represents largest weighted factor in ACR-CRISS composite
- ACR-CRISS scores show improvement in anabasum-treated subjects > placebo-treated subjects

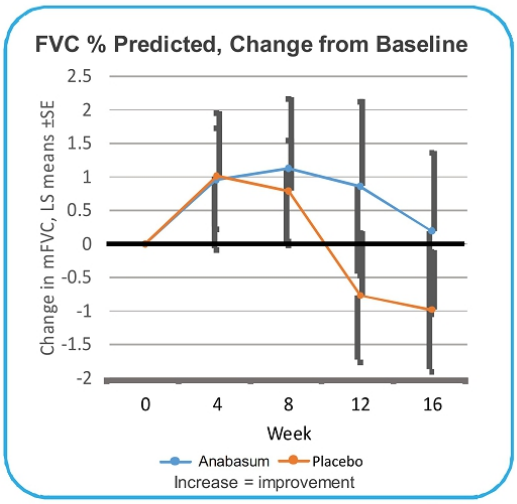
Group	CRISS Score, % Median (Interquartile Range or IQR)[1]			
	Week 4	Week 8	Week 12	Week 16
Anabasum, N = 26	**3.0** (0.6, 11.4)	**19.0** (0.3, 69.2)	**27.5** (1.9, 67.8)	**33.0** (0.8, 82.1)
Placebo, N = 15	**1.0** (0.3, 8.8)	**1.0** (0.1, 15.2)	**1.0** (0.1, 60.1)	**1.0** (0.1, 16.0)

[1] (25th percentile, 75th percentile).

Additional Efficacy Outcomes Favor Anabasum (Part 1)

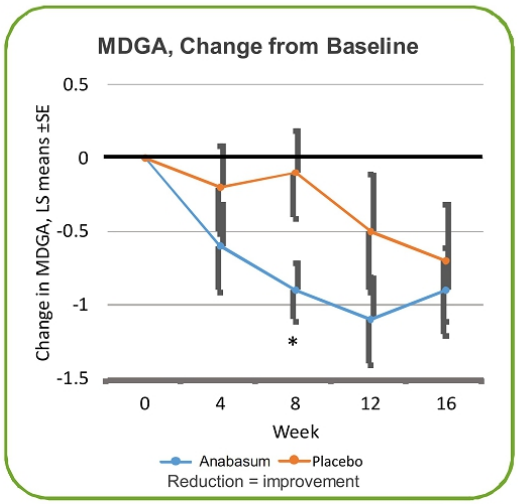
* P < 0.05

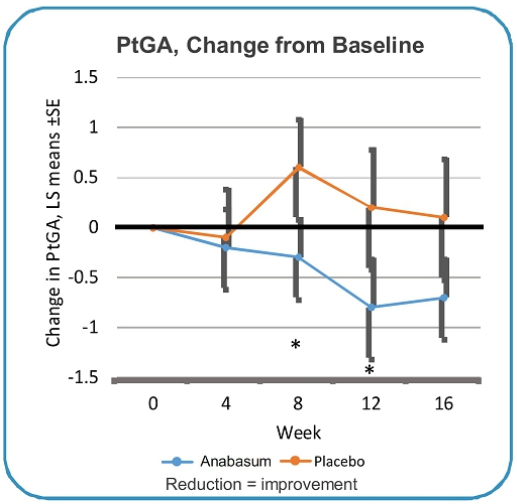




Additional Efficacy Outcomes Favor Anabasum (Part 2)

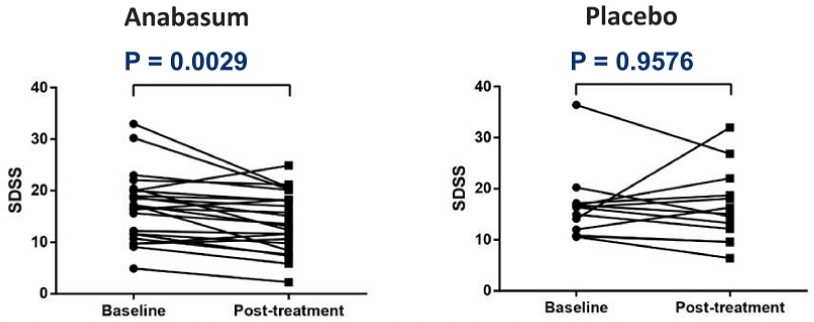
* P ≤ 0.05





"Molecular Skin Score" in Skin Biopsies from Phase 2 Show Improvement Compared to Placebo

- Mathematical calculation of skin thickening based on gene expression
  - Based on expression levels of specific genes from microarray data
  - Validated in five independent SSc patient cohorts
  - Highly correlated with mRSS (r = 0.8)
  - Analyzed by Dr. Michael Whitfield (Dartmouth)



Ongoing Open-Label Extension of Phase 2 Study

Interim Data Expected H2 2017

- Open-label extension to collect long-term safety and efficacy data
- 12-month duration, planning to extend to 24 months
- All subjects receive anabasum

Planned Design of Upcoming Phase 3 Study

Phase 3 Study Scheduled to Commence H2 2017

- Double-blind, randomized, placebo-controlled
- Patient number: n = 270 multinational
- 52 week study
- Dose: anabasum 20 mg BID; 5 mg BID, or placebo BID

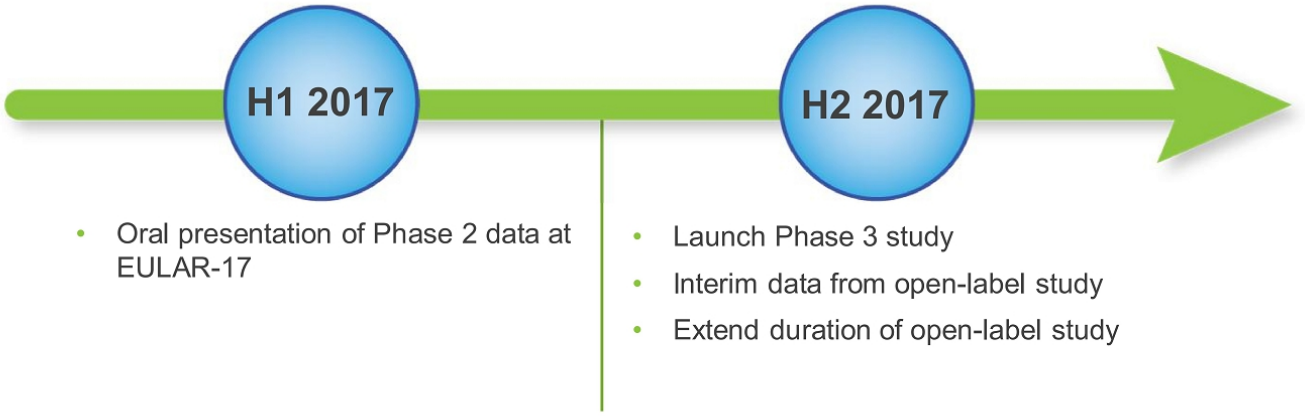
Primary Endpoint:

- Change from baseline in mRSS

Secondary Endpoints:

- Change from baseline in HAQ-DI
- Change from baseline in FVC % predicted
- ACR CRISS

Systemic Sclerosis Clinical Development Milestones



- Oral presentation of Phase 2 data at EULAR-17

- Launch Phase 3 study
- Interim data from open-label study
- Extend duration of open-label study

Cystic Fibrosis:

- Positive Phase 2 data
- Support from the Cystic Fibrosis Foundation
- Expected to commence Phase 2b study in H2 2017

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Cystic Fibrosis

CF is a life-threatening, genetic disease that primarily affects the lungs and digestive system. CF is characterized by chronic lung inflammation that leads to lung damage and fibrosis.

30,000
Patients in the U.S.

75,000
Patients worldwide

40 YEARS
Average life expectancy of CF patients

Key Takeaways

- Life-threatening, rare disease
- Inflammation and fibrosis play key role in CF morbidity and mortality
- Need for safe and effective drugs that target chronic inflammation and fibrosis is unmet and recognized
- Pharmacoeconomics are proven and favorable

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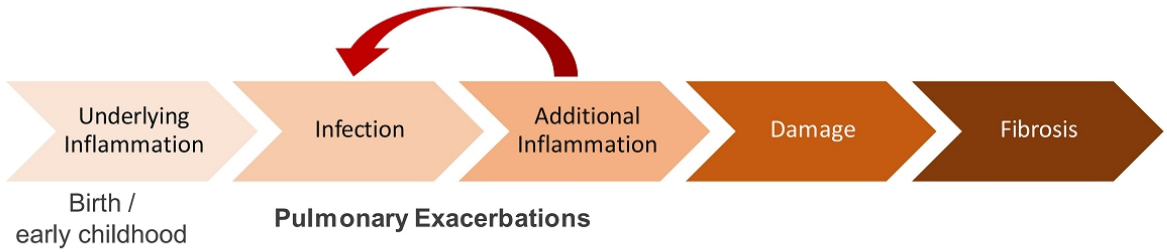
Inflammation: a Key Driver of CF Morbidity and Life-Span

- CFTR interacts with multiple actors in the inflammatory cascade[3]
- CF cell lines and animal models exhibit increased inflammation even in absence of any infection[1]
- CFTR-blockers increase inflammation *in vitro*[2]
- Evidence of *in utero* inflammatory abnormalities in animals and humans[4]
- Unresolved inflammation drives fibrosis

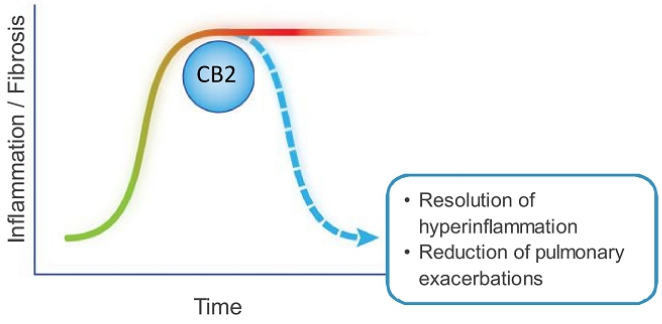


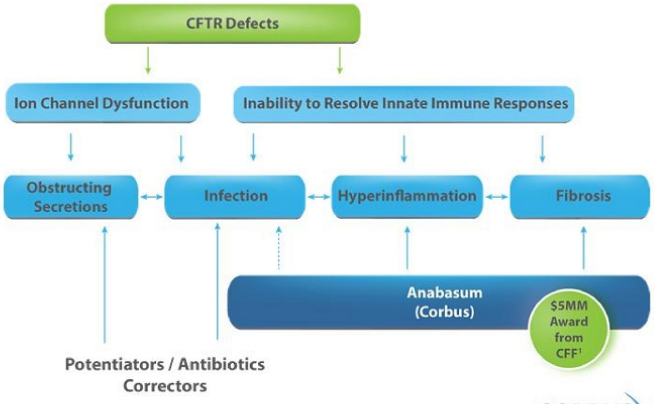
1: Chmiel 2015, Bruscia and Bonfield 2016; 2: Ollero 2009, Peretti 2010; 3: Rubin 2007; 4: Engelhard 2015, Bours 2006

Anabasum is Uniquely Positioned in Cystic Fibrosis

Potential to be First Approved Therapy Targeting Inflammation and Fibrosis in CF

Resolution of Chronic Inflammation / Fibrosis in CF





1) As of March 31, 2017, Corbus has received $4.5MM of the $5MM award

Clinical Development of Anabasum in Cystic Fibrosis

- **Targeting all patients: mutation/pathogen/medication agnostic**
- Positive data in Phase 2 study
- Well tolerated and not immunosuppressive
- Reduction in pulmonary exacerbations
- Reduction in inflammatory cells and mediators in sputum
- Expected to launch Phase 2b study H2 2017

Design of Completed Phase 2 Study

Data Announced March 2017

- Double-blind, randomized, placebo-controlled
- 21 clinical sites in the U.S. and Europe
- 85 adults ages 18 to 65 with CF
- 16 week study, 12 weeks of active dosing
- Eligibility criteria
  - All mutations allowed
  - FEV1 ≥ 40% predicted
  - Background medications including prophylactic antibiotics allowed
  - No intravenous antibiotics for 14 days prior to Day 1

Primary Objectives:

- Evaluate safety and tolerability
  - Pulmonary exacerbations are an event of special interest

Secondary Objectives:

- FEV1 % predicted, lung clearance index and CFQ-R
- Blood and sputum biomarkers
- Microbiome in sputum
- Metabolipidomic profile
- Pharmacokinetics

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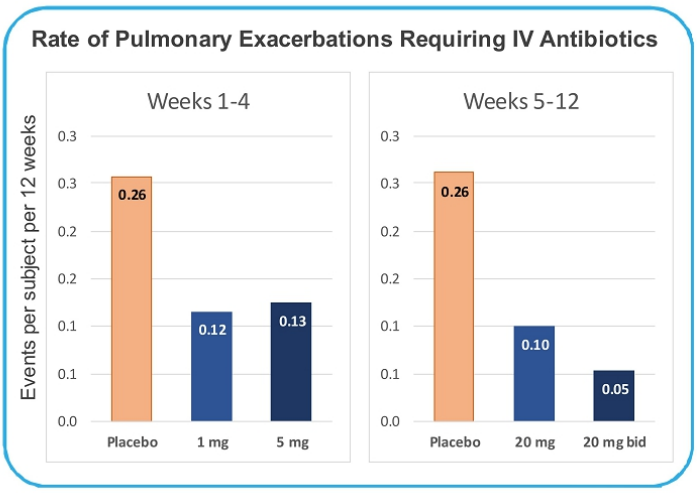
Safety and Tolerability Summary

- Anabasum was well tolerated
- No serious or severe anabasum-related TEAEs noted
- Most common anabasum-related mild adverse event:
  - Dry mouth (mild, 13% vs 0% in placebo)

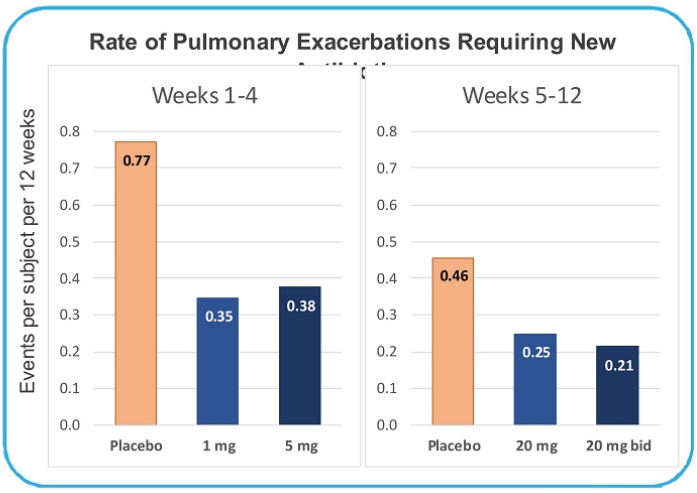
Pulmonary Exacerbation Requiring Treatment with IV Antibiotics



- Pulmonary exacerbations (PEx) captured as an event of special interest
- PEx are respiratory or systemic symptoms requiring new antibiotics
- Reduction in PEx seen in all treatment arms compared to placebo

Clear reduction in the rate of pulmonary exacerbations treated with IV antibiotics for anabasum

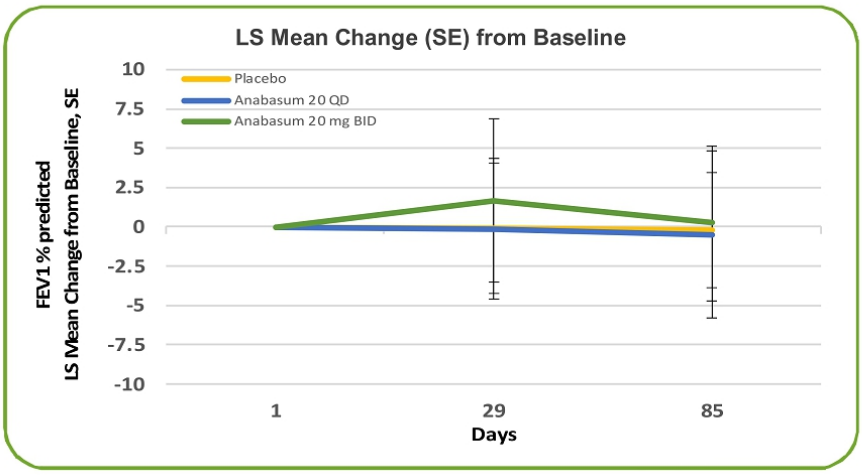
Pulmonary Exacerbations Treated with Any New Antibiotic



- A broader look at acute pulmonary exacerbations as defined by treatment with any new antibiotics for respiratory system symptoms
- Reduction from placebo rate seen in all anabasum cohorts

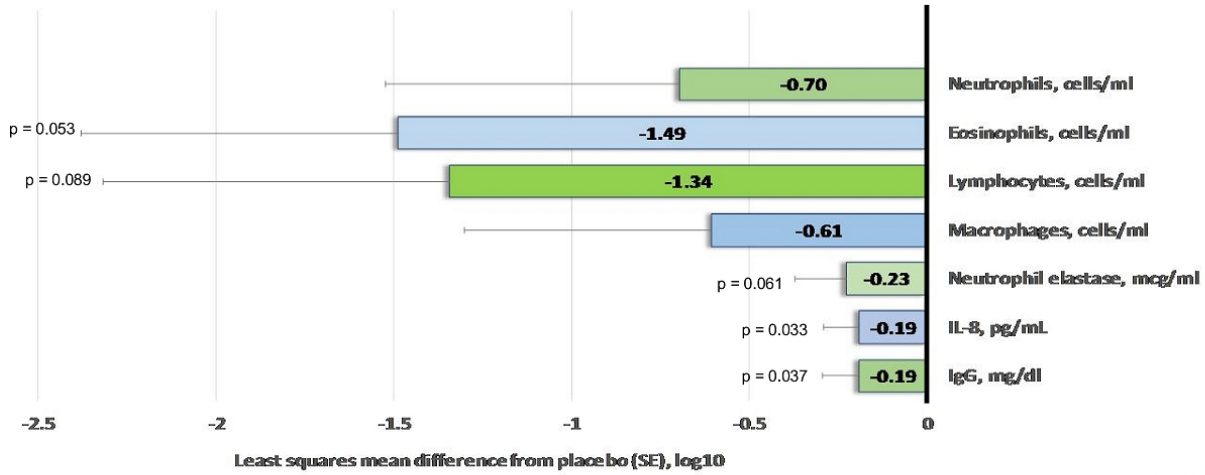
Clear reduction in the rate of pulmonary exacerbations treated with any new antibiotic for anabasum

FEV1 % Predicted Values Remained Stable Throughout Study



Consistent Reduction in Key Inflammatory Biomarkers (Sputum)

Reduction in anabasum 20 mg BID compared to placebo (Log^{10})



Cystic Fibrosis Clinical Development Milestones

- ✓ Positive topline results from Phase 2 study
- Oral presentation of Phase 2 data at ECFS-17

- Expected launch of Phase 2b study
- Phase 2 data to be presented at NACFC-17

Dermatomyositis & Systemic Lupus Erythematosus:

- Dermatomyositis
  - Ongoing Phase 2 study - topline results expected H2 2017
  - Ongoing open-label extension
  - NIH funded
- Systemic Lupus Erythematosus
  - Launching Phase 2 study H2 2017
  - NIH funded

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Dermatomyositis

Chronic systemic autoimmune disease characterized by inflammation of skin and muscles

50,000
Patients in the U.S. + EU

SKIN & MUSCLE
Involvement can cause significant morbidity and mortality from interstitial lung disease

NO FDA
Approved therapies for overall disease activity

Key Takeaways

- Treated with immunosuppressive therapies, but with significant toxicities
- Single center study underway at University of Pennsylvania
- NIH is funding the study
- Data readout expected H2 2017

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Dermatomyositis Phase 2 Clinical Study

Topline Results Expected H2 2017

- Double-blind placebo control randomized study
- 1 site - University of Pennsylvania Perlman School of Medicine
- 22 adults with refractory skin-predominant DM
- 16 week study, 12 weeks of active dosing
- Dose response: 20 mg QD, 20 mg BID or placebo

Primary Endpoints:

- Safety/tolerability
- Change in skin activity using CDASI

Secondary Endpoints:

- Quality of life
- Biomarkers of inflammation and disease activity in blood and skin

Dermatomyositis Open-Label Extension Underway

- Open-label extension to collect long-term safety and efficacy data
- 12-month open-label extension
- All subjects receive anabasum

Systemic Lupus Erythematosus

Chronic systemic autoimmune disease characterized by arthritis, skin rashes, kidney disease, and involvement of the nervous system and other organs

500,000 – 600,000

Patients in the U.S. + EU
10-12:1 Women to Men
Higher Incidence and More Severe in Blacks and Asians

NON-IMMUNOSUPRESSIVE TREATMENTS NEEDED

Key Takeaways

- Treated with immunosuppressive therapies
- Multi-center study planned (n=100)
- NIH is funding the study

CORBUS PHARMACEUTICALS

Systemic Lupus Erythematosus Phase 2 Clinical Study

Commence Patient Enrollment Expected H2 2017

- Double-blind, placebo controlled randomized study
- 10 sites in the U.S.
- 100 adults with SLE
- 16 week study, 12 weeks of active dosing
- Dose response: 20 mg BID, 20 QID 5 mg QID, or placebo

Primary Endpoints:

- Safety/tolerability
- Efficacy in inflammatory joint pain in subjects with active musculoskeletal disease

Secondary Endpoints:

- Efficacy in overall disease activity, musculoskeletal disease, and quality of life
- Biomarkers of inflammation
- Pharmacokinetics

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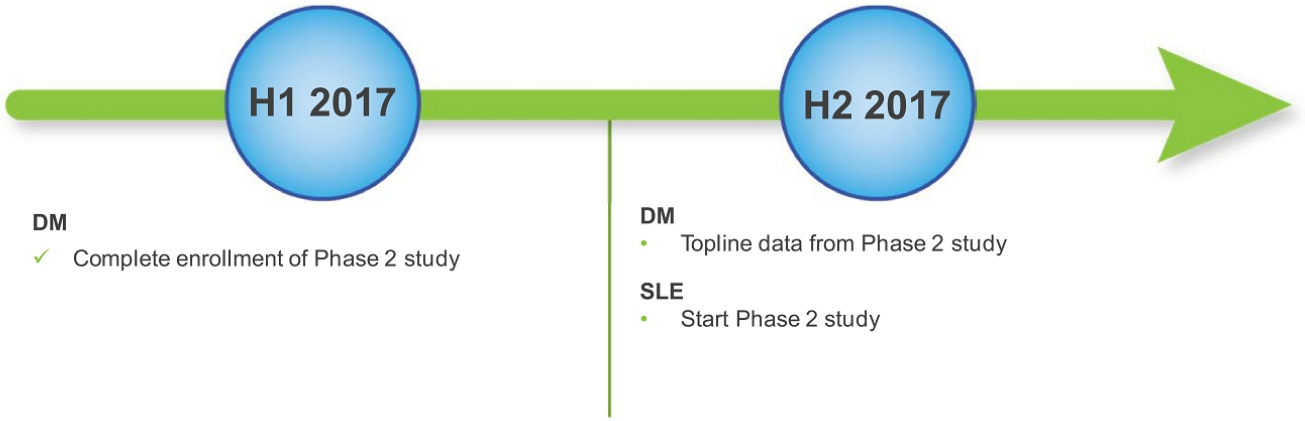
DM and SLE Clinical Development Milestones



DM

✓ Complete enrollment of Phase 2 study

DM

- Topline data from Phase 2 study

SLE

- Start Phase 2 study

Scientific Advisory and Principal Investigators

Scientific Advisors

Michael Knowles, MD, PhD	The University of North Carolina at Chapel Hill
Charles Serhan, PhD	Harvard Medical School

Principal Investigators

Robert Spiera, MD US PI – SSc	Hospital for Special Surgery
Christopher Denton, PhD, FRCP EU PI – SSc	Royal Free London NHS Foundation Trust
James Chmiel, MD US PI – CF	Case Western Reserve University Est. 1826 think beyond the possible
Stuart Elborn, MD, FRCP EU PI – CF	Royal Brompton & Harefield NHS Foundation Trust
Victoria Werth, MD US PI – DM	Penn University of Pennsylvania
Meggan Mackay, MD US PI – SLE	Hofstra Northwell School of Medicine at Hofstra University

Financial Profile: CRBP (NASDAQ)

Current Capital Funds Operations Through End of 2018

$353MM
Market cap*

50.2MM
Common shares outstanding
(57.8MM fully diluted)**

$78MM
Raised to-date
+
$20MM
non-dilutive funding from N.I.H. and CF Foundation

1.11MM
50d average daily volume*

$49MM
Cash balance**

* Based on June 5, 2017 closing price of $7.05 per share
** As of March 31, 2017

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