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): August 31, 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 August 31, 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: August 31, 2017

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

EXHIBIT INDEX

Exhibit No.	Description
99.1	Investor Presentation.

Exhibit 99.1

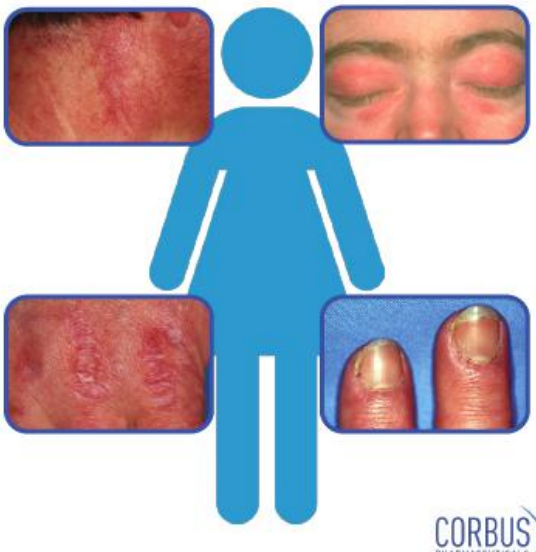

CORBUS
PHARMACEUTICALS
Developing Breakthrough Therapies for Rare Inflammatory and Fibrotic Diseases
NASDAQ:CRBP
www.corbuspharma.com

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.

Anabasum: Ongoing Phase 2 Study for Treatment of Dermatomyositis (DM)

- Anabasum is in a Phase 2 study in people with skin-predominant, refractory DM
- Primary outcome is change in baseline in CDASI (a standard measure of disease activity)
- Data expected in Q4 2017
- Open-label extension currently underway



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	✓	✓	✓		Plan to commence Phase 3 study Q4 2017
	Dermatomyositis (DM)	50,000 (US+EU)	Phase 2			✓	✓ NIH Funded[1]	Phase 2 data expected Q4 2017
	Systemic Lupus Erythematosus (SLE)	500,000 (US+EU)	Phase 2				✓ NIH Funded[1]	Plan to commence Phase 2 study Q4 2017
Genetic / Inflammatory	Cystic Fibrosis (CF)	75,000 (worldwide)	Launch Phase 2b	✓	✓		✓ CF Foundation[2]	Plan to commence Phase 2b study by EoY 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

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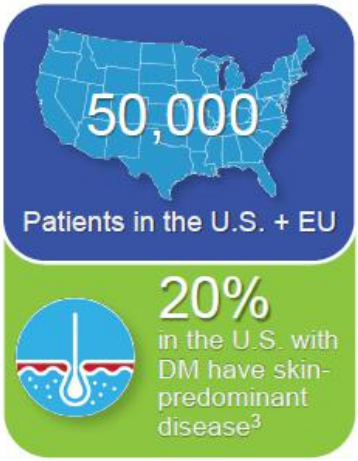
What is Dermatomyositis?

Rare autoimmune disorder characterized in part by abnormal innate immune responses and inflammatory changes in the skin and muscles



20% in the U.S. with DM have skin-predominant disease[3]

Age: 40-65[1]

5:2 Female to Male[1]

5 Year mortality rate as high as 25%[4]

May Also Affect:[2]


Joints


Heart


Lungs


Esophagus

Significant morbidity, negative impact on quality of life, increased cancer risk

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1: Ohta, et al. Modern Rheumatology 2013; 2: Robinson, Bashir, et al. Br J Dermatol. 2015; 3: Marvi, Chung, Florentino 2012; 4: X Yang, 2017

Current Lack of Effective Therapies

No FDA approved medication for improvement in signs and symptoms of skin-predominant DM

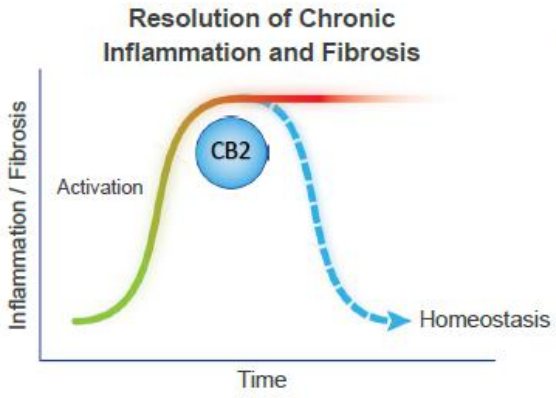
Current treatments associated with significant adverse events

Safer, more effective therapies are needed for patients with skin-predominant DM

Treatments include: antimalarials, immunosuppressive medications*, intravenous immunoglobulin

*e.g. Acthar Gel, methotrexate, mycophenolate

Anabasum Promotes Resolution of Inflammation and Fibrotic Responses



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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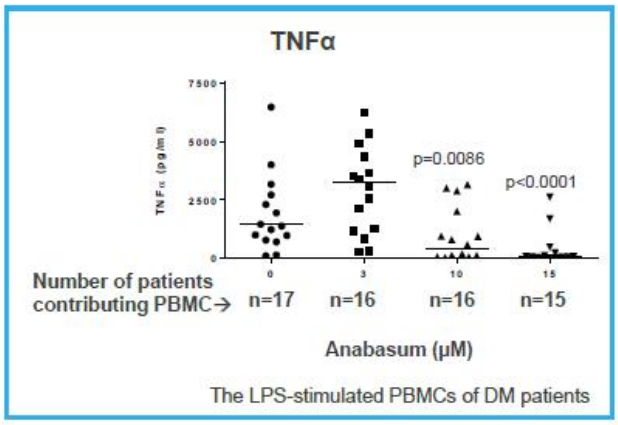
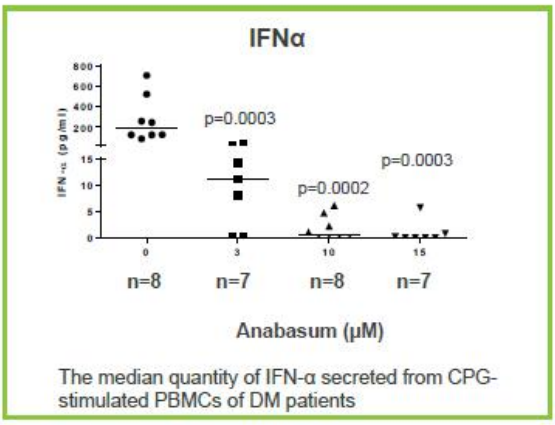
Anabasum Reduces TNF-α and IFN-α Production by PBMC from Subjects with DM



The LPS-stimulated PBMCs of DM patients



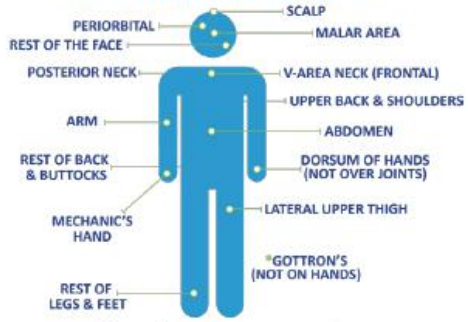
The median quantity of IFN-α secreted from CPG-stimulated PBMCs of DM patients

Robinson et al, J Invest Dermatol 135:S10 (abstr #56), 2015.

Cutaneous Dermatomyositis Disease Area and Severity Index (CDASI)

CDASI was developed to measure multiple inflammatory elements in the skin[1]

Measurement Location



Disease Severity

- Disease manifestations are assessed as present or absent, and severity is measured in multiple areas to calculate a total score
- 4-5 point change (decrease) in total score is considered clinical improvement

- Inclusion criteria for the Phase 2 anabasum trial selected patients with a CDASI score of 14 or greater
- Enrolled patients with **refractory, moderate to severe skin-predominant dermatomyositis**

1: Anyanwu et al. 2015

Ongoing Dermatomyositis Phase 2 Clinical Study

Topline Results Expected Q4 2017

NIH National Institutes of Health

Double-blind
randomized, placebo-controlled

16 week study – 12 week active dosing

Weeks 1-4: 20 mg QD or placebo

Weeks 5-12: 20 mg BID or placebo

1 Site - University of Pennsylvania Perlman School of Medicine

22 Adults

with refractory skin-predominant DM

Primary Endpoints:
- Safety/tolerability
- Change in skin activity using CDASI

Secondary Endpoints:
- Quality of life and disease activity outcomes
- Biomarkers of inflammation and disease activity in blood and skin
- Metabolipidomic profile

Summary

50,000 DM Patients in US and EU

Clear Unmet Medical Need

Data from Phase 2 Study Expected Q4 2017

CONTACT US

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