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 9, 2017

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.)*

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 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]

Item 7.01. Regulation FD Disclosure.

On November 9, 2017, Corbus Pharmaceuticals Holdings, Inc. (the "Company") used 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: November 9, 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

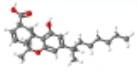
Forward-Looking Statements

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.

Overview

Focus on rare, chronic, serious inflammatory and fibrotic diseases

Anabasum | First-in-class oral synthetic endocannabinoid mimetic



Phase 3 SSc Study | Expected Start **Q4 2017**

Positive Phase 2 data in 3 indications

Multiple value-driving milestones expected in Q4 2017

Intellectual Property ⇨ 2034

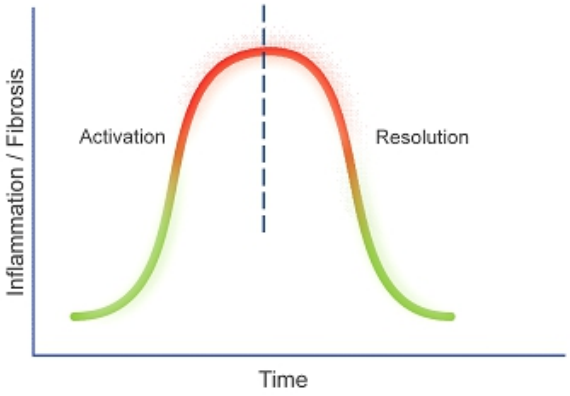
Anabasum Pipeline: Multiple Opportunities in Rare Autoimmune / Inflammatory / Fibrotic Diseases

	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)	70,000 (US)	Positive Phase 2			✓	✓ NIH Funded[1]	Positive Topline Phase 2 data reported Q4 2017
	Systemic Lupus Erythematosus (SLE)	500,000 (US+EU)	Launch 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

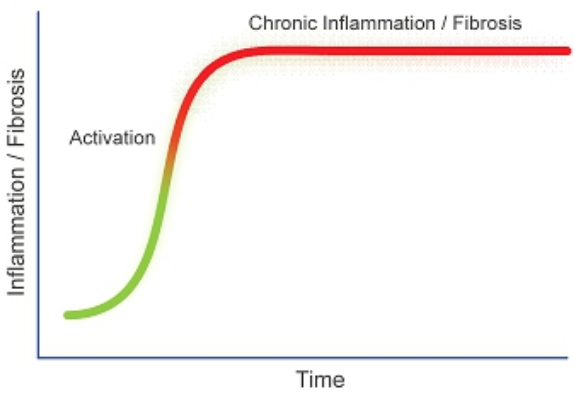
Normal Inflammatory Process vs. Chronic Inflammation

Normal Inflammation Process



Immune System Returns to Homeostasis

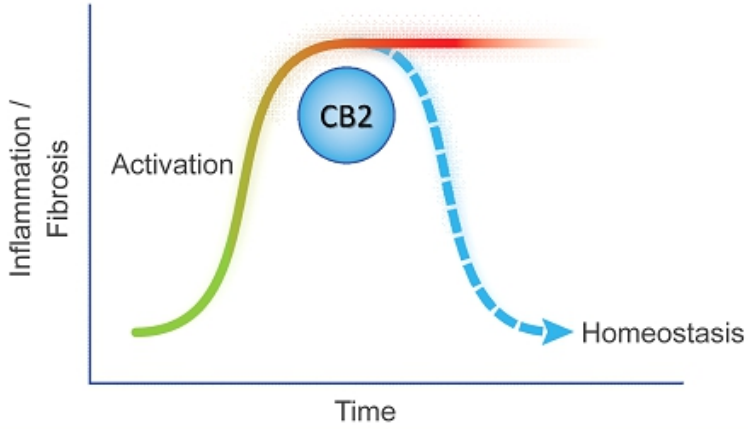
Inflammatory / Fibrotic Disease



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

Anabasum Promotes Resolution of Inflammation and Fibrotic Responses

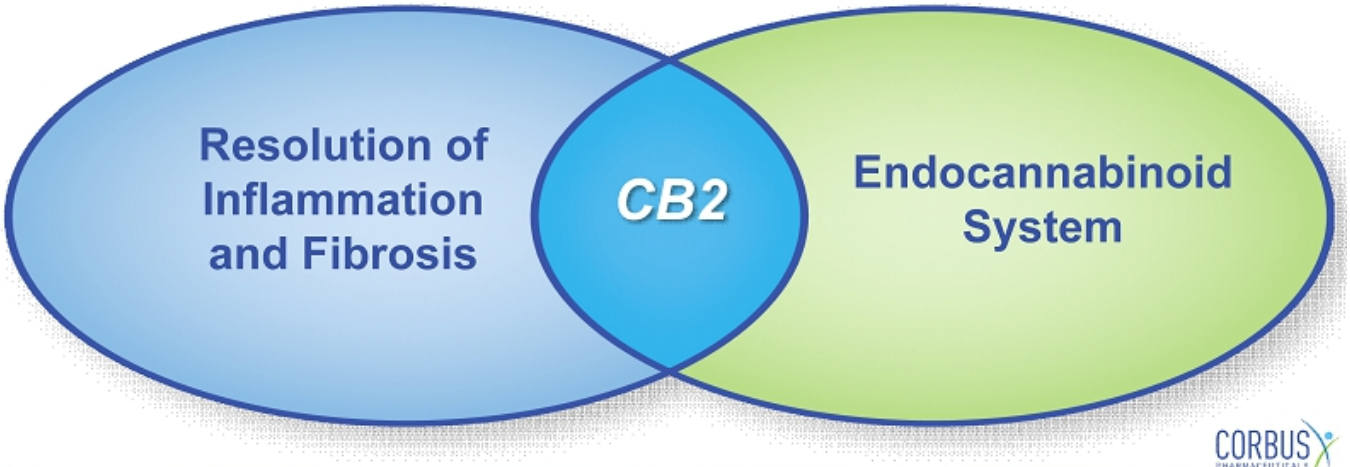
Resolution of Chronic Inflammation and Fibrosis



MOA Applicable to Multiple Inflammatory / Fibrotic Diseases

Endocannabinoids Play a Unique Role in Inflammation and Fibrosis

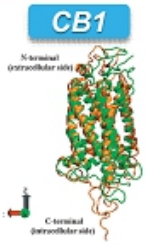
MOA of CB2 agonism: triggers resolution of inflammation[1]

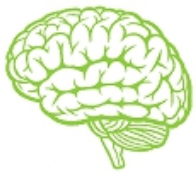


1: Shinohara 2012

The Endocannabinoid System Has a Dual Role

Central Nervous System

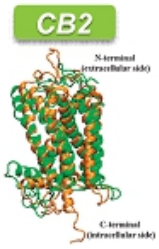




CB1 receptors are mostly found in the brain

- Pain
- Nausea
- Spasms
- Appetite

Immune System



CB2 receptors are mostly within the immune system

- Immune modulation

Attractive Candidate for Rare + Chronic Inflammatory / Fibrotic Diseases

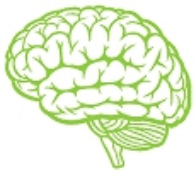
High

- 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

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Diffuse Cutaneous Systemic Sclerosis:

- Positive Phase 2 data
- Ongoing open-label extension
  - Significant and clinically meaningful results demonstrated at 28-weeks
- Phase 3 study planned for Q4 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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Design of Phase 2 Study

Positive Results of Double-blinded, Placebo-controlled Portion of Trial Reported in November 2016

43 Adults

2:1 overall ratio of anabasum:placebo

9 clinical sites across the U.S.

Double-blind

randomized, placebo-controlled

16 week study – 12 week active dosing

Primary Endpoints:

- Safety and tolerability
- ACR CRISS

Secondary Endpoints:

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

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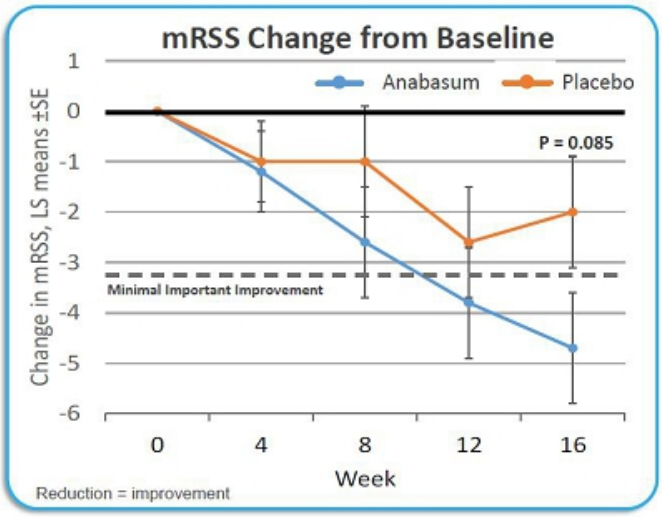
Safety and Tolerability Summary

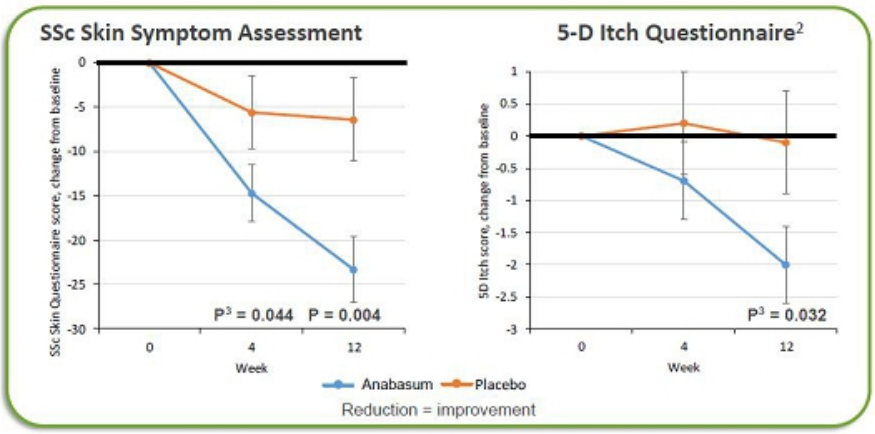
- **Anabasum was well tolerated**
- **No serious or severe anabasum-related TEAEs noted**
- **Most common adverse events were mild/moderate:**
  - Dizziness (22% in anabasum-treated subjects vs. 13% in placebo-treated subjects)
  - Fatigue (19% in anabasum-treated subjects vs. 7% in placebo-treated subjects)

mRSS: Skin Thickening Improved

Primary Endpoint in Planned Phase 3 Study



Improved Patient Reported Skin Symptoms

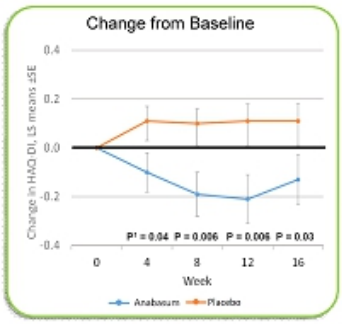


- Greater improvement in skin symptoms than placebo-treated subjects
- Improvements were seen as early as 4 weeks with anabasum treatment

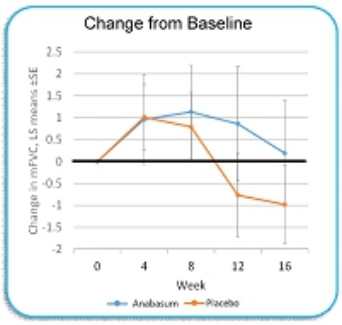
1: Ziemek J et al. Rheumatology 2016;55:911. [3] Elman S et al. Br J Dermatol 2010;162:587.
2: Efficacy population, least squares means ± SE, analysis of covariance model, one-sided p-value.

Additional Efficacy Outcomes Favor Anabasum

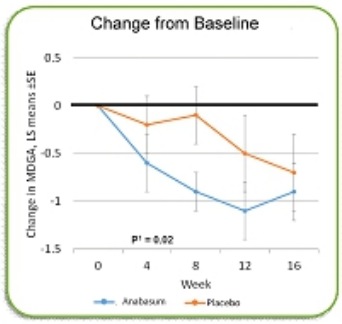
HAQ-DI



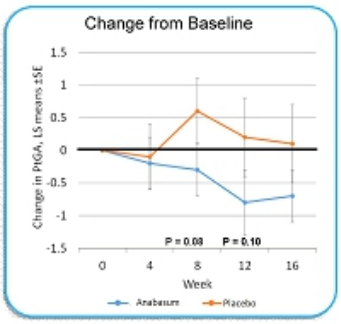
FVC% Predicted



MDGA

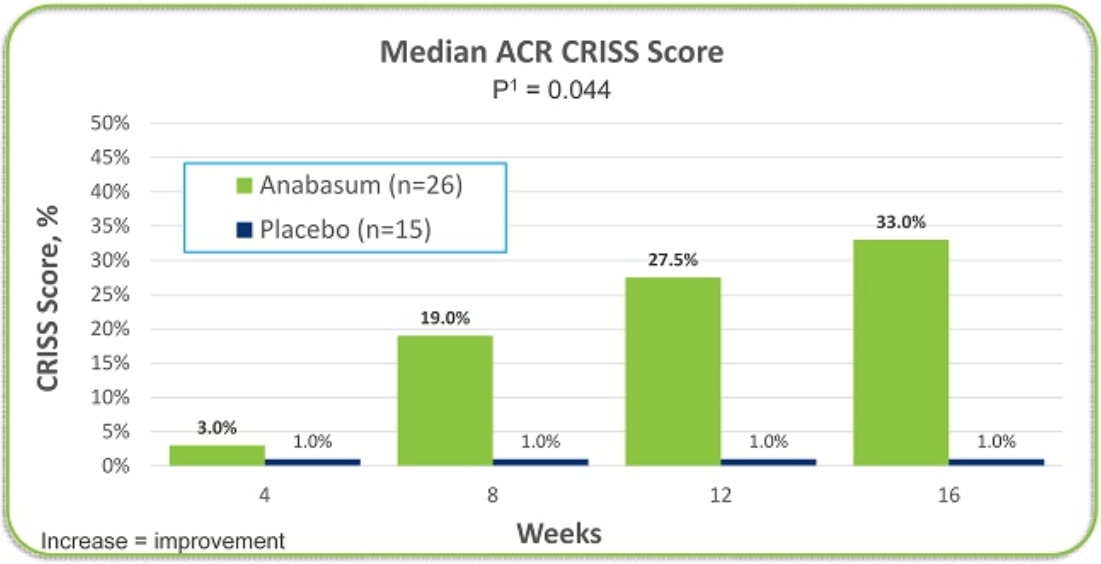


PtGA



1: P-values are based on LS mean difference, one-sided p-values shown if P ≤ 0.10 (pre-specified)

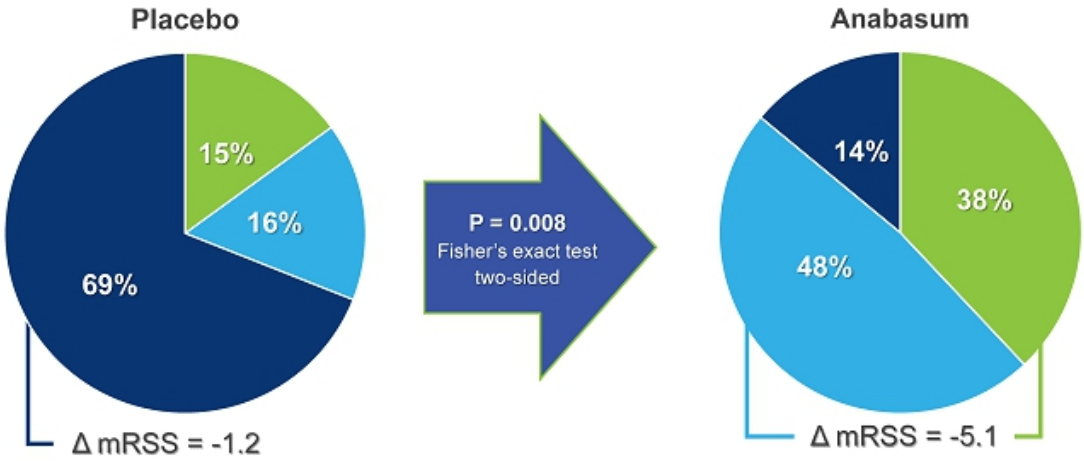
Improvements in ACR-CRISS Scores



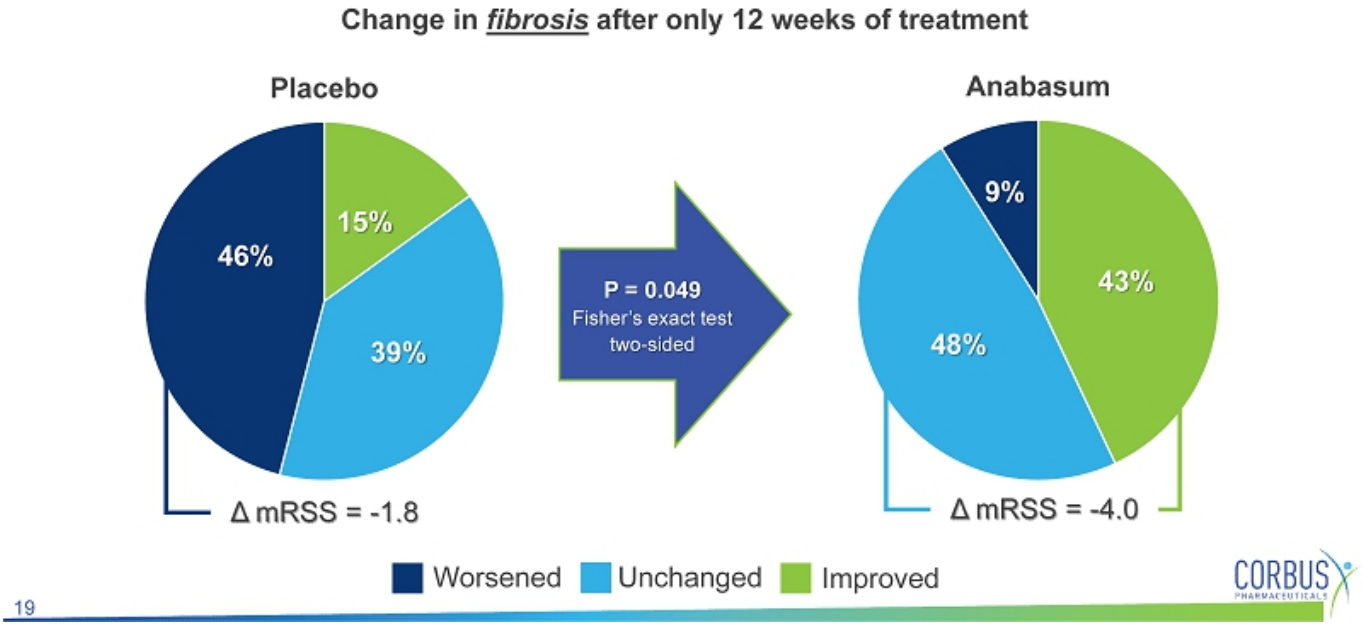
1: LOCF, 1 sided mixed model using rank transformed data; 2: 25th percentile, 75th percentile

On Target Effect: Anabasum Reduces *Inflammation* in Skin (Histology Analysis)

Change in *inflammation* after only 12 weeks of treatment

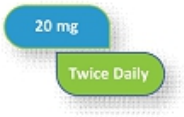


On Target Effect: Anabasum Reduces *Fibrosis* in Skin (Histology Analysis)



Ongoing Open-Label Extension - Significant Improvement in mRSS and Other Clinical Outcomes at 28-Weeks

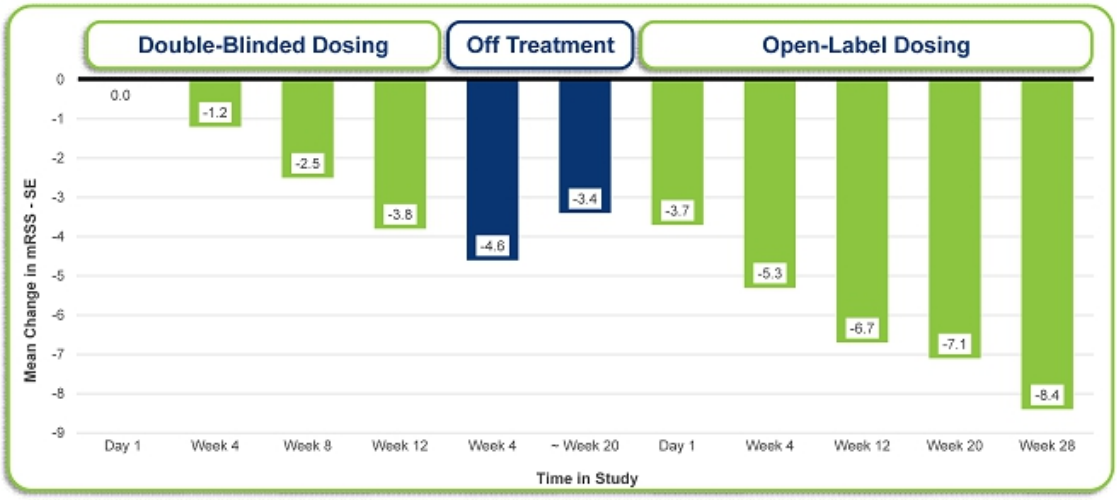
36 Adults



- Achieved reduction in mRSS of 8.4 points from start of study exceeding clinically important improvement
- 75% of subjects achieved degree of improvement in mRSS correlated with improved survival
- Clinical benefit supported by improvement in multiple secondary outcomes and a continued favorable safety profile
- No severe or serious adverse events (AEs) and no clinically significant laboratory abnormalities related to the drug
- Results were presented at the 2017 American College of Rheumatology ("ACR") Annual Meeting

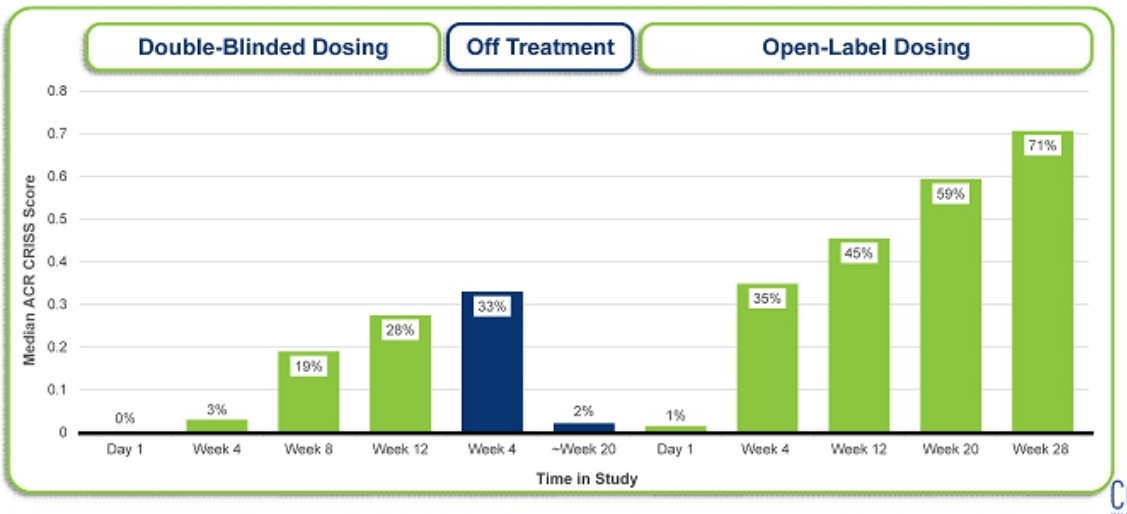
Demonstrated Significant Improvement in mRSS in Open-Label Extension – Primary Outcome for Upcoming Phase 3

Achieved reduction in mRSS of 8.4 points from start of study
($p < 0.0001$, 2-side paired t-test) exceeding clinically important improvement (-4.7 points)



Improvement in ACR CRISS in Open-Label Extension

ACR CRISS reached 71% (median) from start of study with 44% of subjects achieving a score > 70%

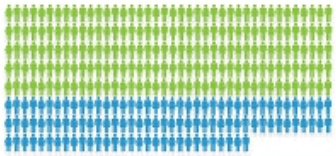


Planned Design of Upcoming Phase 3 Study

Phase 3 Study Scheduled to Commence Q4 2017

~ 350 Subjects

1:1:1 overall ratio of anabasum:placebo



Multinational

Double-blind

randomized, placebo-controlled

52 week study

Dosing: 20 mg BID *or* 5 mg BID *or* placebo

Primary Endpoint:

- Change from baseline in mRSS

Secondary Endpoints:

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

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Cystic Fibrosis:

- Positive Phase 2 data
- Support from the Cystic Fibrosis Foundation
- Expect to commence Phase 2b study in Q4 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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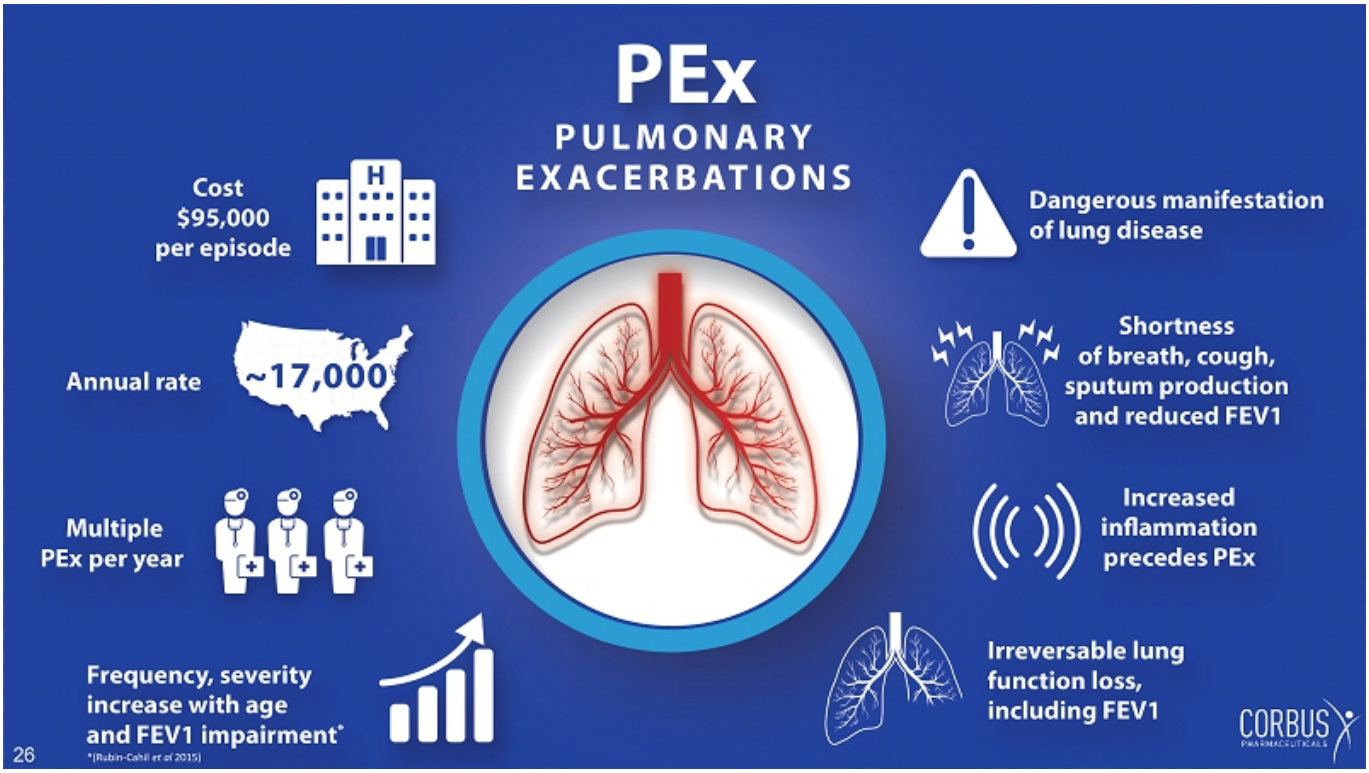
PEx
PULMONARY EXACERBATIONS
Cost $95,000 per episode
Annual rate
~17,000
Multiple PEx per year
Frequency, severity increase with age and FEV1 impairment*
*(Rubin-Cahill et al 2015)
Dangerous manifestation of lung disease
Shortness of breath, cough, sputum production and reduced FEV1
Increased inflammation precedes PEx
Irreversable lung function loss, including FEV1
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26

Design of Completed Phase 2 Study

Positive Data Announced March 2017

85 Adults

5:2 overall ratio of anabasum:placebo

21 clinical sites across the U.S. and Europe

Double-blind

randomized, placebo-controlled

16 week study – 12 week active dosing

Primary Objectives:

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

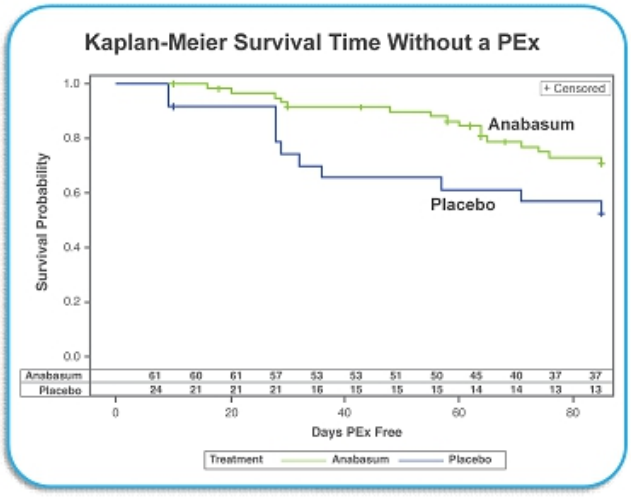
Secondary Objectives:

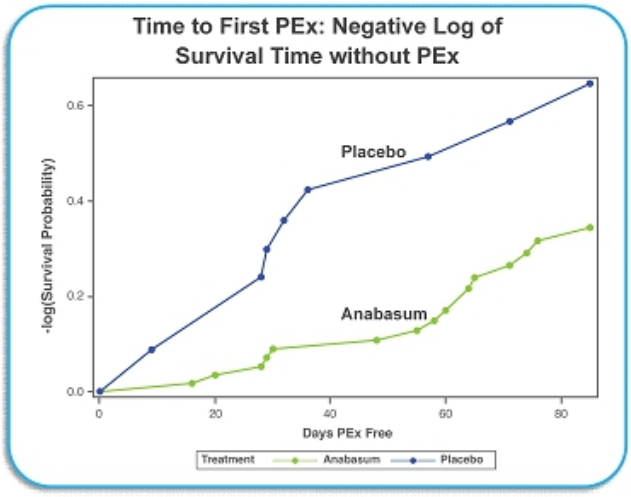
- FEV1 % predicted, lung clearance index and CFQ-R
- Blood and sputum biomarkers
- Microbiome in sputum
- Metabolipidomic profile
- Pharmacokinetics

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)
- **FEV-1 remained stable throughout the study across all cohorts**

Anabasum Increases Time to First New Pulmonary Exacerbations Treated with Oral or IV Antibiotics

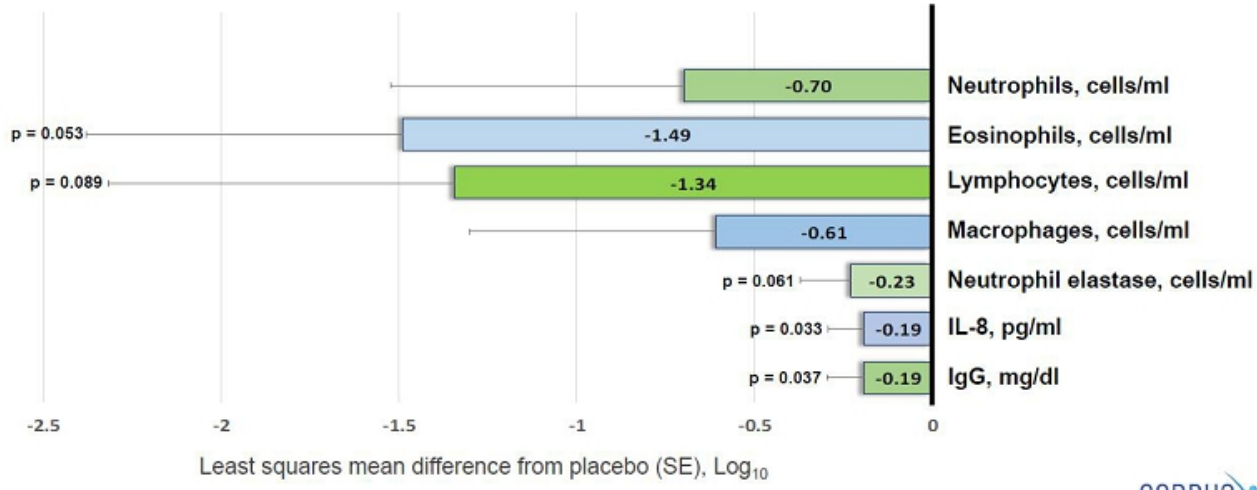




P = 0.047, Cox proportional hazard model, 2-sided, Hazard ratio = 0.452

Consistent Reduction in Key Inflammatory Biomarkers (Sputum)

Reduction with anabasum 20 mg BID compared to placebo (Log_{10})



Least squares mean difference from placebo (SE), Log_{10}

Dermatomyositis:

- Positive Phase 2 data
- Late-breaking data presented at ACR
- Ongoing open-label extension

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Dermatomyositis

Chronic systemic autoimmune disease characterized by inflammation of skin and muscles

70,000
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

Collaborating with NIH

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Dermatomyositis Phase 2 Clinical Study

Positive Data Announced November 2017

22 Adults

1:1 overall ratio of anabasum:placebo

1 Site - University of Pennsylvania Perelman School of Medicine

Double-blind

randomized, placebo-controlled

16 week study – 12 week active dosing

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

Safety and Tolerability Summary

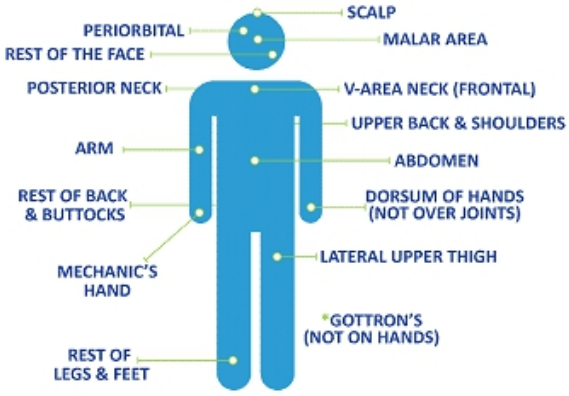
- Anabasum was well tolerated and demonstrated a favorable safety profile
- No evidence of immunosuppression
- No serious or severe side effects related to anabasum
- No subjects dropped out of the study

Cutaneous Dermatomyositis Disease Area and Severity Index (CDASI)

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

Disease Severity

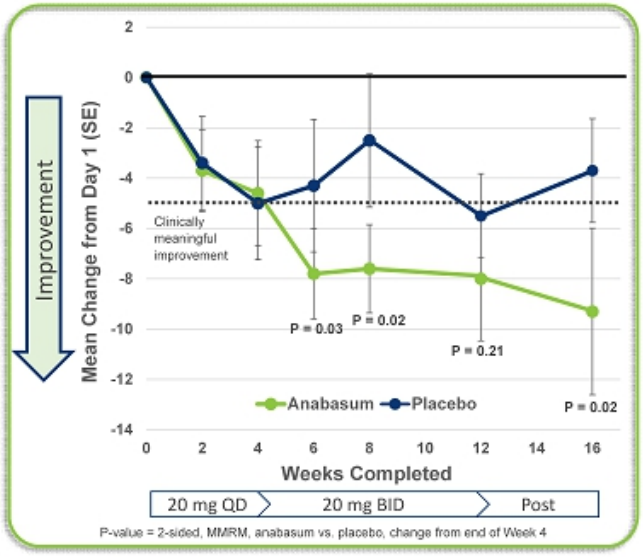
Measurement Location



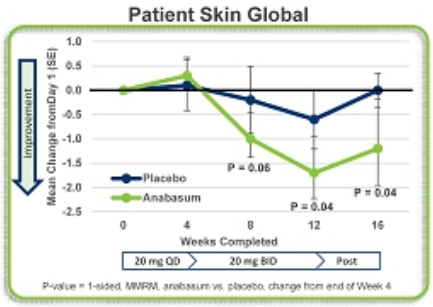
1: Anyanwu et al. 2015

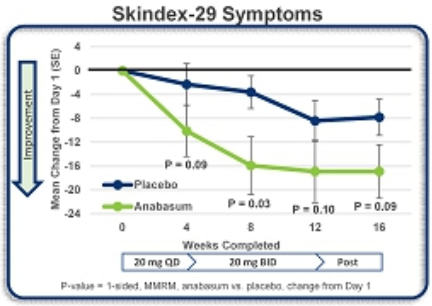
CDASI Score – Anabasum Demonstrated Clinically Meaningful Improvement

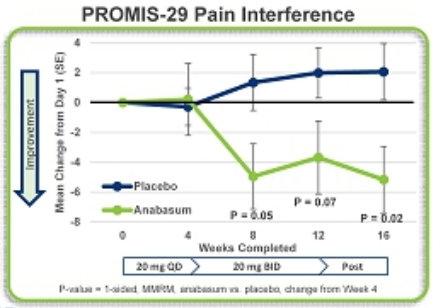
Anabasum improved CDASI by 9.3 vs. 3.7 for placebo; p = 0.04, 2-sided MMRM

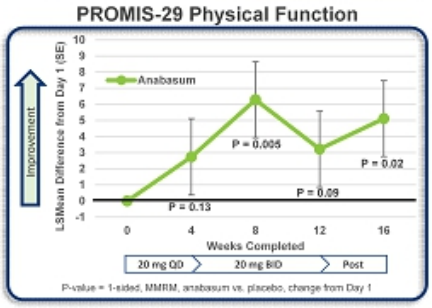


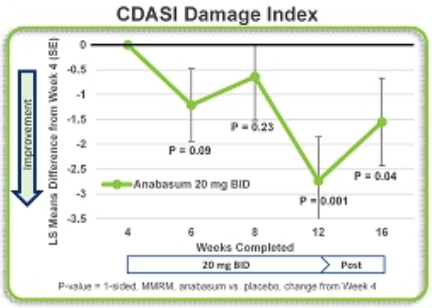
Additional Efficacy Outcomes Favor Anabasum











Strong Evidence of Clinical Benefit Merits Further Development in Dermatomyositis

- First potential treatment for skin-predominant dermatomyositis to show clinical benefit in a double-blind, randomized, placebo-controlled trial
- Will meet with regulatory authorities to review data and determine next steps in clinical development plan

Management Team

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

Mark Tepper, PhD
President & Chief Scientific Officer

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

Sean Moran, CPA, MBA
Chief Financial Officer

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

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 Immunology Therapeutic Area for UCB, VP and Senior Director of Clinical Development for MedImmune, and Director of Medical Affairs, Inflammation Therapeutic Area for Amgen

Board of Directors

Amb. Alan Holmer Ret.- 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) Catlin

- CFO Celldex Therapeutics (CLDX) since 2000
- 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.

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

Paris Panayiotopoulos

- Former President and Chief Executive Officer and a member of the Board of Directors of ARIAD Pharmaceuticals, Inc., which was acquired by Takeda Pharmaceuticals for $5.2 billion
- Former President of EMD Serono, Inc., President of the Serono Research and Development Institute and President of Merck Serono, Tokyo, Japan
- Has led multiple partnerships, including those with Pfizer Inc., Bristol-Myers Squibb Company, Eli Lilly and Company, Sumitomo Dainippon Pharma Co., Ltd., Mitsubishi Tanabe Pharma Corporation, Otsuka Pharmaceutical Co. Ltd. and Incyte Corporation

Scientific Advisory and Principal Investigators

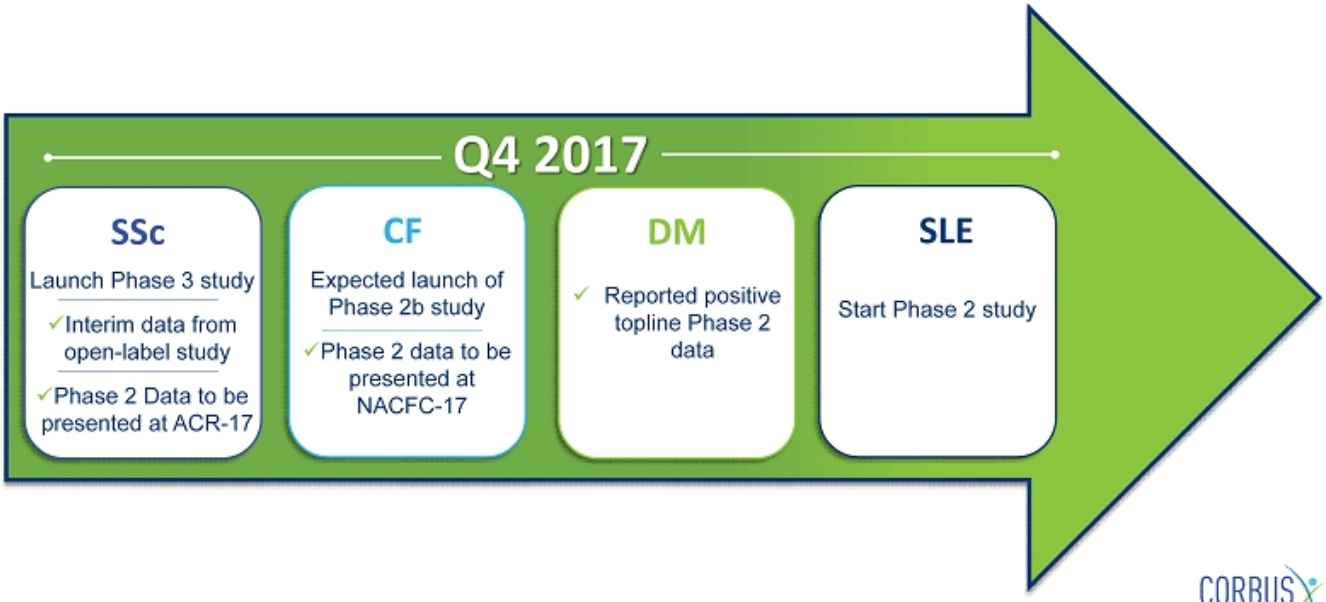
Scientific Advisors

Michael Knowles, MD	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
Stuart Elborn, MD, FRCP EU PI – CF	Royal Brompton & Harefield NHS Foundation Trust
Victoria Werth, MD US PI – DM	Penn
Meggan Mackay, MD US PI – SLE	Hofstra Northwell School of Medicine at Hofstra University

Expected Milestones in Q4 2017



Financial Profile: CRBP (NASDAQ)

$376MM
Market cap*

54.9MM
Common shares outstanding
(63.9MM fully diluted)**

$115MM
Raised to-date
+
$20MM
non-dilutive funding from N.I.H. and CF Foundation

740K
50 day average daily volume*

$64MM
Cash balance**

* Based on November 7, 2017 closing price of $6.85 per share
** As of November 7, 2017

Summary

- Focused on rare diseases with no current approved therapies
- First-in-class drug targeting inflammation + fibrosis
- Positive Phase 2 data in 3 indications
- Solid execution with multiple milestones expected in Q4 2017

CONTACT US

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Norwood, MA 02062