# FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

State (Mo	ement onth/Day/Year)	C	3. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]			
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE		P6	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  Director Officer (give Other (specify title below) below)  Chief Medical Officer			
					Filing(Che _X_ Form fi Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person
(Zip)	Tal	ble I - Non	n-Derivati	ive Securities	Beneficially	Owned
		eficially Ow		Ownership Form: Direct (Instr. 5)  Ownership (Instr. 5)		rect Beneficial
vho respond	I to the colle	ction of inf	formation	contained in t	his form are r	SEC 1473 (7-02)
e Securities B	eneficially Ov	vned ( <i>e.g.</i> , p	outs, calls,	warrants, optio	ns, convertible	securities)
		Securities I	Underlying	Conversion or Exercise Price of	Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Date Exercisable	Expiration Date	Title		r Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
<u>(1)</u>	09/23/2024	Common Stock	250,000	\$ 1	D	
i	me for each cla who respond u  e Securities B  2. Date Exe Expiration I (Month/Day/Y) Date Exercisable	Statement (Month/Day/Year)  11/24/2014  ER  2. A Bene (Inst  Tal  Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date Exercisable Date	Statement (Month/Day/Year)  11/24/2014  ER  2. Amount of So Beneficially Ow (Instr. 4)  Table I - Nor Common Securities beneficially Ow (Instr. 4)  Especially Ow (Instr. 4)  Especially Owned (e.g., 1)  2. Date Exercisable and Expiration Date (Month/Day/Year)  Expiration Date (Month/Day/Year)  Common Co	Statement (Month/Day/Year) 11/24/2014  4. Relationsh Person(s) to i (Check Director X_Officer (g title below) Chief I  2. Amount of Securities Beneficially Owned (Instr. 4)  2. Amount of Securities Beneficially Owned (Instr. 4)  are for each class of securities beneficially owned dir who respond to the collection of information orespond unless the form displays a current e Securities Beneficially Owned (e.g., puts, calls,  2. Date Exercisable and Expiration Date (Month/Day/Year)  3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Date Expiration Exercisable  Common Title  Amount o Number of Shares  (1)  100/23/2024  Common 250,000	Statement (Month/Day/Year) 11/24/2014  ER  Table I - Non-Derivative Securities    Corbus Pharmaceuticals I   A. Relationship of Reporting	Statement (Month/Day/Year)  11/24/2014  4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ——Director ——10% Owner —— Other (specify title below) ——Chief Medical Officer  Chief Medical Officer  4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ——Director ——10% Owner ——Other (specify title below) ——Chief Medical Officer  Chief Medical Officer  4. Nature of Indi Ownership Form: Direct (D) or Indirect (I) (Instr. 5)  Table I - Non-Derivative Securities Beneficially  2. Amount of Securities Beneficially Owned (Instr. 4)  2. Amount of Securities Beneficially Owned directly or indirectly.  who respond to the collection of information contained in this form are reported to respond unless the form displays a currently valid OMB control  e Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible Expiration Date (Month/Day/Year)  2. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date (Instr. 4)  Date Expiration Date Expiration Date (Instr. 4)  Date Expiration Date (Instr. 5)  Amount or Security (Instr. 5)  Derivative Security (Instr. 5)  Derivative Security (Instr. 5)  Derivative Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owner Name / Address		Relationships				
		10% Owner	Officer	Other		
White Barbara C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062			Chief Medical Officer			

## **Signatures**

/s/ Barbara White	11/24/2024
**Signature of Reporting Person	Date

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The option award was made in accordance with the terms of the issuer's 2014 Equity Compensation Plan. 25% of the option vests on (1) September 19, 2015, with the remaining 75% of the option vesting in equal monthly installments over a period of 36 months commencing on September 19, 2015.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Know all by these presents, that the undersigned hereby constitutes and appoints each of Yuval Cohen, Ph.D. and Sean Moran her true and lawful attorney-in-fact to:

- 1. execute for and on behalf of the undersigned Schedules 13D and 13G, Form ID, and Forms 3, 4 and 5 in accordance with Sections 13 and 16(a) of the Securities Exchange Act of 1934 (the "Exchange Act") and the rules thereunder;
- 2. do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete the execution of any such Schedules 13D or 13G, Form ID application for EDGAR codes, and Forms 3, 4 or 5, and the timely filing of such Forms with the United States Securities and Exchange Commission and any other authority; and
- 3. take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, including, without limitation, the execution and filing of a Form 4 with respect to a transaction which may be reported on a Form 5, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in his discretion.

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done in the exercise of any of the rights and powers herein granted, as fully and to all intents and purposes as he might or could do in person, with full power of substitution and resubstitution, hereby ratifying and confirming all that such attorney-in-fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming any of the undersigned's responsibilities to comply with Sections 13 and 16 of the Exchange Act.

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file any Schedules 13D and 13G and Forms 3, 4 and 5 in accordance with Sections 13 and 16(a) of the Exchange Act and the rules thereunder with respect to the undersigned's holdings of and transactions in securities issued by Corbus Pharmaceuticals Holdings, Inc., unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys—in—fact.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 24th day of November, 2014.

/s/ Barbara White By: Barbara White