FORM 4
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Check this box if no	
longer subject to	
Section 16. Form 4 or	
Form 5 obligations	
may continue. See	
Instruction 1(b).	

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

OWB APPRC	JVAL
OMB	3235
Number:	028
Estimated avera	age
burden hours p	er
response	0.

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

(Print or Type Respon	13(3)											
1. Name and Address Moran Sean F.							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below)					
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 11/26/2014						below) Chief Fina	ncial Officer		
(Street) NORWOOD, MA 02062			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (S	State) (Zip)		Table I - Non-Derivative Securities Acq						red, Disposed of, or H	Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Exec any	Deemed ution Date, if nth/Day/Year)	3. Transact Code (Instr. 8 Code	)	4. Securi Acquired Disposed (Instr. 3, Amount	d (A) d of (A) 4 and (A) or	D)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/26/2014			Р		1,000	A	\$ 3.05	4,000	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of information contained in this form are not

SEC 1474 (9-02)

required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Secur	rities			(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security				Acqu	ired			4)			Following	Direct (D)	
					(A) o							Reported	or Indirect	
					Dispo	osed						Transaction(s)	(I)	
					of (D	·						(Instr. 4)	(Instr. 4)	
					(Instr									
					4, and	15)								
										Amount				
							Date	Expiration		or				
							Exercisable	*	Title	Number				
							LACICISADIC	Date		of				
				Code V	(A)	(D)				Shares				

## **Reporting Owners**

Bonording Orunov Nome / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Moran Sean F. C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062			Chief Financial Officer					

## Signatures

/s/ Sean Moran	12/01/2014
Signature of Reporting Person	Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(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).

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.