FORM 4

longer subject to

Form 5 obligations

may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no Section 16. Form 4 or

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

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per 0.5 response...

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		* 2 Inquir N		Ti1	on Tu - 1	:	L	Dalationship	of Dans	orting Do	reon(e) to			
Name and Address Moran Sean F.	Symbol	rbus Pharmaceuticals Holdings, Inc.				1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				elow)			
(Last) (F C/O CORBUS PHARMACEUTIONC, 100 RIVER I	(Month/Day/	3. Date of Earliest Transaction (Month/Day/Year) 12/02/2014					below) Chief Financial Officer							
NORWOOD, MA		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	Table I -	Table I - Non-Derivative Securities Acqu									<u> </u>			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transact Code (Instr. 8)	4. Securi Acquired Disposed (Instr. 3,	d (A) d of (4 and (A) or	D)	5. Amount of Securities Beneficially Or Following Rep Transaction(s) (Instr. 3 and 4)	wned oorted	Form: Direct (ect (Instr.	irect icial rship		
Common Stock	12/02/2014		P		1,000	A	\$ 3.03	5,000		D				
		Derivative Securitic	-	red, l	quired to rrently v Disposed	res alid of, o	pond OMB r Bene	-	rm dis er.		`	9-02)		
1. Title of Derivative Security (Instr. 3) Price of Derivative Security	3. Transaction Date (Month/Day/Year)	g., puts, calls, wa 3A. Deemed Execution Date, r) (Month/Day/Yes	4. Transa Code	5. Insaction Num le of Deri Secu Acq (A) Disp of (I (Insi		6. Date and Exp		Exercisable irration Date (Day/Year)	7. Title Amou Under Securi (Instr. 4)	ant of rlying ities and			Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
			Code	· V	(A) (I	E	Date Exercisa	Expiration ble Date	Title N	Amount or Number of Shares				
Reporting (Owners													

Donastino Oranos Nomo / Addusos	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	12/02/2014
**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.