FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per 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	ises)											
Name and Address of Reporting Person * Hochman David P			2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director				
(Last) (COCORBUS) PHARMACEUTI INC, 100 RIVER	GS,	3. Date of Earliest Transaction (Month/Day/Year) 12/04/2014						<u>below)</u>				
NORWOOD, MA								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
(Instr. 3) Date Exec (Month/Day/Year) any		Exec	Deemed ution Date, if nth/Day/Year)	Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				Code	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	12/04/2014			Р		1,300	A	\$ 3.05	443,300	D		
Common Stock									4,300	I	By Solomon Asher Hochman Trust of 2005 (1)	
Common Stock									4,300	I	By Hannah Hochman Trust of 2007 (1)	
Common Stock									4,300	I	By Judah Herman Hochman Trust of 2009 (1)	
Common Stock									140,000	I	By NSH 2008 Family Trust	
Reminder: Report on directly or indirectly.		nch cla	ass of securitie	s benefic	ially	owned						
					inf red	ormatio	n cor res	ntaine pond	nd to the collection ed in this form are r unless the form dis control number.	not	SEC 1474 (9-02)	
	Table II - D	eriva	tive Securitie	s Acquir	ed,	Disposed	of, o	r Ben	eficially Owned			

$(\textit{e.g.}, \texttt{puts}, \texttt{calls}, \texttt{warrants}, \texttt{options}, \texttt{convertible} \ \texttt{securities})$

1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	6. Date Exercisab	ole 7.	. Title and	8. Price of	9. Number of	10.	11. Nature
	Conversion		Execution Date, if	Transaction		and Expiration Da			Derivative		Ownership	
Security	or Exercise	(Month/Day/Year)	any	Code	of	(Month/Day/Year	r) U	Inderlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative		S	ecurities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Securities		(I	nstr. 3 and		Owned	Security:	(Instr. 4)
	Security				Acquired		4))		Following	Direct (D)	
					(A) or					Reported	or Indirect	
					Disposed					Transaction(s)	(I)	
					of (D)					(Instr. 4)	(Instr. 4)	
					(Instr. 3,						i l	
					4, and 5)						i l	
								Amount				

				Date Exercisable	Expiration Date	Title	or Number of		
	Code	V (A)	(D)				Shares		

Reporting Owners

Donouting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Hochman David P							
C/O CORBUS PHARMACEUTICALS HOLDINGS, INC	x						
100 RIVER RIDGE DRIVE	71						
NORWOOD, MA 02062							

Signatures

/s/ David Hochman	12/04/2014
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).
- The reporting person disclaims beneficial ownership of such shares, except to the extent of its pecuniary interest therein. This report shall (1) not be deemed an admission that the reporting person is the beneficial owner of the securities reported herein for purposes of Section 16 of the Securities Act of 1934. as amended, or for any other purpose.

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.