# FORM 4

Instruction 1(b).

# 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

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

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or

(Doint on To	D		ection 50(n) of the	ic mves	stiffe	an Com	parry	Acto	1 1940						
1. Name ar Cohen Yu	nd Address	Symbol	Corbus Pharmaceuticals Holdings, Inc.					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner _X_ Officer (give title Other (specify below)				pelow)			
	RBUS ACEUTIO	rst) (Middle) CALS HOLDING RIDGE DRIVE	(Month/Day/	Year)	nsact	ion		b	elow) Chi	ief Exec	cutive Of	ficer			
(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 PersonForm filed by More than One Reporting Person						
(City)	(S	tate) (Zip)	Table I -	Non-Dei	ivati	ive Secu	rities	Acquir	ed, Disposed	of, or	Beneficia	ally Owner	i		
1.Title of S (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	)	4. Secur Acquire Dispose (Instr. 3	d (A) ed of ( , 4 and (A) or	or D) d 5)	5. Amount of Securities Beneficially C Following Re Transaction(s) (Instr. 3 and 4	wned ported	6. Owner Form: Direct ( or India (I) (Instr. 4	rect (Instr.	lirect icial ership		
Common	Stock	12/17/2014		P	·	400	A	\$ 3.66	1,900		D				
Reminder: directly or		separate line for ea	ch class of securitie	s benefic	Per info	rsons w ormatio quired to	n co o res	ntaine pond ι	d to the colle d in this form unless the fo control num	n are i orm di	not	(	1474 9-02)		
			erivative Securitie	_		_			-	d					
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date,	4. Transa Code	action	5. Numbo of Deriva Securit Acquir (A) or Dispos of (D) (Instr. 4, and	er der tive ties red sed 3, 5)	Date I nd Exp Month/	Exercisable iration Date Day/Year)	4)	ınt of rlying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
				Code	e V	(A) (		Exercisa	ble Date		of Shares				

### **Reporting Owners**

Donouting Owner Name / Adduses	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Cohen Yuval C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062	X		Chief Executive Officer			

# **Signatures**

/s/ Yuval Cohen	12/18/2014
**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.