FORM 4

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

OMB APPROVAL
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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).

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

1. Name ar Moran Se	nd Address ean F.	Symbol	Symbol Corbus Pharmaceuticals Holdings, Inc.					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% OwnerX Officer (give title Other (specify below)							
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE			(Month/Day	3. Date of Earliest Transaction (Month/Day/Year) 12/17/2014					below) Chief Financial 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)	(St	(Zip)	Table I -	Non-Dei	rivati	ive Secu	rities	Acqui	red, Disposed	of, or	Beneficia	lly Owne	d		
(Instr. 3) Date		Date (Month/Day/Year)				Disposed of (D)		(D)	5. Amount of Securities Beneficially Own Following Repor		rted Direct (D)		ficial ership		
				Code			(A) or (D)		Transaction(s) (Instr. 3 and 4))	or Indirect (I) (Instr. 4)		. 4)		
Common	Stock	12/17/2014		P		1,000	A	\$ 3.3	10,700		D				
Common	Stock	12/17/2014		P		600	A	\$ 3.5	11,300		D				
Common	Stock	12/17/2014		P		1,250	A	\$ 3.58	12,550		D				
		separate line for ea	ch class of securities	es benefic	cially	owned									
directly or	munecuy.				info	ormatio quired to	n co o res	ntaine pond	d to the colle d in this form unless the fo control numb	are i	not	(9-02)		
			erivative Securition	_		_				1					
Security (Instr. 3)	Conversion	3. Transaction	3A. Deemed Execution Date,	4. Trans Code	5. Number of		6. Date and Ex (Month tive lies ed led led led led led led led led led		Exercisable piration Date /Day/Year)	Amou Unde Secur (Instr 4)	Amount of Underlying Securities (Instr. 3 and	Derivative Security (Instr. 5)	Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
				Code	. V			Date Exercisa	Expiration Date	Title	Amount or Number of Shares				

Reporting Owners

Reporting Owner Name / Address		Relationships					
		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	12/18/2014	
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.