## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average burden hours per **SECURITIES** response...

OMB APPROVAL

3235-

0287

OMB

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

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 Ty	ype Respon	ses)														
1. Name at Moran Se	nd Address ean F.	Symbol	Corbus Pharmaceuticals Holdings, Inc.					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner _X 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) 12/18/2014					below)	hief Fina	ancial Off	icer				
NORWO	OOD, 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				1				
(City)	(S	State) (Zip)	Table I - 1	Non-Dei	ivat	ive Secu	rities	Acqui	red, Dispose	d of, or	Beneficia	lly Owne	ed			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D)	5. Amount of Securities Beneficially Following R	Owned	6. Owners Form: Direct (	7. Na hip of In Bene D) Own	direct			
				Code	V	Amount	(A) or (D)		Transaction( (Instr. 3 and		or Indir (I) (Instr. 4	(Inst	r. 4)			
Common	Stock	12/18/2014		P		18,800	A	\$ 3.36 (1)	31,350		D					
Reminder: directly or		a separate line for ea	ach class of securitie	s benefic	ially	owned										
					inf red	ormatio	n co o res	ntaine pond	nd to the co ed in this for unless the control nur	rm are i form di	not		C 1474 (9-02)			
			Perivative Securitie	-	- 1	•			•	ied						
1. Title of Derivative Security (Instr. 3)	Conversio	e (Month/Day/Yea	Execution Date, it		Code of		tive ries red sed sed 3,	and Exp	Exercisable piration Date //Day/Year)	Amor Unde Secur	unt of orlying rities : 3 and		Benefic Owned Follow Report Transa	Derivative Derivative Securities Beneficially Dwned Following Reported Transaction(s) Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Beneficia Ownersh (Instr. 4)
							I	Date	Expiration	าก	Amount or Number					

Exercisable Date

#### **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	12/22/2014
**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).
- All purchases were made between \$3.25-\$3.55 per share. The reporting person undertakes to provide to Corbus, any security holder, or the (1) staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price with the ranges set forth in this Form 4.

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.