FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPRO	VAL
OMB	3235-
Number:	0104
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response	0.5

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 and Address of Reporting	2. Dat	e of Event F	Requir	ing 3. Issuer Nam				
Person *	Staten			Corbus Pha	rmaceutica	ls Holo	dings, In	c. [CRBP]
Burstein Sumner		h/Day/Year	;)					
(Last) (First) (Midd	lle) 11/24	1/2014		4. Relationsh	ip of Reporti	ng	5. If Am	endment, Date Original
C/O CORBUS				Person(s) to I		8		onth/Day/Year)
PHARMACEUTICALS					all applicabl			
HOLDINGS, INC, 100 RIVE	R			Director Officer (gi	_X_10%	Owner r (specify		
RIDGE DRIVE				title below)	below)	(specify		
(Street)							6 Indivi	idual or Joint/Group
(Succe)								heck Applicable Line)
NORWOOD, MA 02062								filed by One Reporting Person
1,011,,000,1,111,0000							Form f	filed by More than One Reporting
(City) (State) (Zi	p)	Tal	ble I	 - Non-Derivati	ve Securit	es Ben	1	v Owned
1.Title of Security				t of Securities	3.	-		direct Beneficial
(Instr. 4)				lly Owned	Ownership	Owne		inect Denencial
(222.27.1)			str. 4)	,	Form: Direc			
					(D) or	ì		
					Indirect (I)			
					(Instr. 5)			
					(IIIsti. 5)			
Common Stock		3,8	25,54	6	D D			
Reminder: Report on a separate line	o respond t	ss of securit	ies ber		D lirectly or incontained	in this		е
Reminder: Report on a separate line Persons wh not required number. Table II - Derivative S	o respond to respond	ss of securit to the colled d unless the	ies ber ection ne for	neficially owned on of information m displays a cu	D lirectly or incontained urrently val	in this	3 contro	le securities)
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Reporting Owner Name / Address		Relationsh	ips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Burstein Sumner				
C/O CORBUS PHARMACEUTICALS HOLDINGS, INC		X		
100 RIVER RIDGE DRIVE		Λ		
NORWOOD, MA 02062				

Signatures

/s/ Sumner Burstein	07/16/2015
**Signature of Reporting	Date

Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.