FORM 4

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

OMB APPROVAL
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Estimated average burden
hours per response... 0.5

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

(Print or Type R	(csponses)													
1. Name and Address of Reporting Person * CATLIN AVERY W			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 10% Owner						
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE			ì	3. Date of Earliest Transaction (Month/Day/Year) 08/12/2015					Officer (give	title below)		(specify below)		
(Street) NORWOOD, MA 02062			4. If Amendment, Date Original Filed(Month/Day/Year)				_X_ Fc	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) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu					Acquired, I	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		D	Transaction Date Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	(Instr. 8	(A)	Securities Acquired or Disposed of Str. 3, 4 and 5)			Securities Beneficially ving Reported		Ownership Form: Be Direct (D) Ov	eneficial wnership
						Code	V An	(A) or (D)	Price			(r Indirect (In I) Instr. 4)	istr. 4)
Reminder: Repo	ort on a sepa	rate line for each c	lass of securities	beneficially	owned	directly o	Persons in this fo	who respond rm are not re a currently v	quired to I	respond	unless th		ed SEC 147	74 (9-02)
Reminder: Repo	ort on a sepa	rate line for each c	lass of securities	beneficially	owned	directly o	_						1 000 145	74 (0.00)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction	Table II -	Derivative S (e.g., puts, c 4. , if Transac Code	Securiticalls, was 5. tition of Dec	ies Acqui arrants, o Number erivative eccurities	Persons in this fo displays red, Dispose ptions, conv	rm are not re a currently v ed of, or Benefi ertible securit ercisable and Date	quired to ualid OMB of cicially Own ies) 7. Title and Amount of Underlying Securities	respond control r ed d f	unless th number.	9. Number of Derivative Securities Beneficially	f 10. Ownership Form of Derivative	11. Natur of Indirec Beneficia Ownersh
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Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
CATLIN AVERY W C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062	X				

Signatures

/s/ Avery Catlin	08/17/2015
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).
- (1) The option award was made in accordance with the terms of the issuer's 2014 Equity Compensation Plan. The option will vest in equal monthly installments over the course of 24 months.

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.