FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
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ours per response					

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

Name and Address of Reporting Person * HOLMER ALAN F			2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 08/17/2015						X_ Director						
(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))	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (Instr. 8)	(A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficia	lly Owned Following Transaction(s)		()	7. Nature of Indirect Beneficial Ownership		
						Code	V	Amour	(A) or (D)	Price	(I)		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		08/17/2015			P		1,000	A	\$ 1.9	11,000			D	
indirectly.				erivative Secu		s Acquire	conta the fo d, Dis	ained in orm dis sposed o	n this fo splays a of, or Ben	rm are curre reficial	e not req ntly valid	uired to re	nformation espond un ntrol numb	less	EC 1474 (9- 02)
1 77':1 6	2	2 m:		g., puts, calls							1	0 D : C	0.37 1	6 10	11.37
Security (Instr. 3)	2. 3. Transaction Conversion or Exercise Price of Derivative Security 3. Transaction (Month/Day/		Execution Da any	te, if Transaction Code Year) (Instr. 8)		of	and Expiration Date (Month/Day/Year) U S (I		Amo Und Secu	itle and ount of erlying urities tr. 3 and	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security: Direct (Dor Indirect)	ve Ownership (Instr. 4)	
				Code	V	(A) (D)	Date Exer	cisable	Expiratio Date	n Title	Amount or Number of Shares				
Repor	ting O	wners													

Booking Occupy Name (Addison	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HOLMER ALAN F C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062	X					

Signatures

/s/ Alan Holmer	08/18/2015
**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).

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.