FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
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nours per respon-	se 0.5						

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

(Fillit of T)	pe Response	es)																
1. Name and Address of Reporting Person * Moran Sean 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)						
C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 11/24/2015 4. If Amendment, Date Original Filed(Month/Day/Year)								Director 10% Owner X Officer (give title below) Other (specify below) Chief Financial Officer						
												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 Acq							s Acqu	ired, Disp	posed of, or	Beneficially	y Owned		
(Instr. 3) Dat		Date		2A. Deem Execution any (Month/D	Date, if	Date, if Code (Instr.						5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect	ip of Ber	Nature Indirect neficial vnership astr. 4)	
							C	Code V		Amount	(A) or (D)	Price						
Common	Stock		11/2	4/2015				P		1,500	A	\$ 1.78	68,250			D		
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transactic Date (Month/Day.		3A. Deemed Execution Da	te, if Cod	ealls, was	5. Nu of Deriv Secur Acqu (A) o Dispo of (D	equirects, optumber wative rities nired or osed	d, Distions, 6. Da	sposed of, or Bend convertible secur ate Exercisable Expiration Date nth/Day/Year)		7. T Am Und	illy Owne		rice of 9. Number vative Derivative Securities Beneficiall Owned Following Reported Transaction	of 10. Owners: Form of Derivati Security Direct (in or Indirect) or Indirect (in or Indirect)	of ative ity: t (D) lirect	11. Natur of Indired Beneficia Ownersh (Instr. 4)
					Co	de V	(Insti		Date Exer		Expiration Date	on Titl	Amount or e Number of Shares		(Instr. 4)	(Instr.	. 4)	
Repor	ting O	wners				•							1			•		
Reporting Owner Name / Address					Relationships													
Moran Sean F. C/O CORBUS PHARMACEUTICALS HOLDINGS, INC				Direc	etor 1	10% O	wner	Office	r f Finan	cial O		Other						

Signatures

NORWOOD, MA 02062

/s/ Sean Moran	11/24/2015
Signature of Reporting	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.