|--|

C	heck this box if no	
10	onger subject to	
S	ection 16. Form 4 or	
F	orm 5 obligations	1
n	nay continue. See	1
I	struction 1(b)	

(Duint on Tr

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

ations *c. See* (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

1. Name and Address of Reporting Person + HOLMER ALAN F			2. Issuer Name and Corbus Pharmace			•••		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) C/O CORBUS PHAR HOLDINGS, INC, 10		.S (	3. Date of Earliest Transaction (Month/Day/Year) 05/26/2016							her (specify belo	w)	
(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									
1. Title of Security (Instr. 3) (Month/Day/Ye			2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	ion V	4. Securit (A) or Di (Instr. 3, Amount	sposed of 4 and 5) (A) or	of (D)	Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	

Reminder: Report on a separate line for each class of securities beneficially owned directly or	r indirectly.
	Persons who

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er	6. Date Exer	cisable and	7. Title and	l	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration I	Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivativ	ve	(Month/Day	/Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Securitie	s			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquired	1			(Instr. 3 and	d 4)		Owned	Security:	(Instr. 4)
	Security					(A) or							Following	Direct (D)	
						Disposed	l of						Reported	or Indirect	
						(D)							Transaction(s)	(I)	
						(Instr. 3,	4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				
Stock										a					
Option(right	\$ 3	05/26/2016	<u>(1)</u>	А		50,000		<u>(1)</u>	05/26/2026	Common Stock	50,000	\$ 0	50,000	D	
to buy)	ψŰ	00,20,2010				20,000			00,20,2020	Stock	,000	ΨŪ	2 0,000	2	
to ouy)															

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
HOLMER ALAN F C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062	Х						

### Signatures

/s/ Alan Holmer	05/31/2016	
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 12 months beginning on the date of grant.

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.