FORM 4

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

OMB APPI	ROVAL
DMB Number:	3235-0287
Estimated averag	je burden
ours 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

pe Response	.5)															_		
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)						
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 08/17/2016							X Officer (give title below) Other (specify below) Chief Financial Officer						
(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								
)	(State)	(Zip)		7	Γabl	e I - N	on-I	Deriv	ative S	ecurities	Acqui	ired, Dispo	osed of, or l	Beneficially	Owned			
(Instr. 3) Date					, if	Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficial Reported	ially Owned Following d Transaction(s)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership			
						Cod	Code V		Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)		
Stock		08/17/2016				P			83,960	A	\$ 3.19	216,410			D			
Stock		08/18/2016				P			65,000	A	\$ 3.48	281,410			D			
Report on a	separate line fo	or each class of secu	ırities bei	neficial	ly ov	wned d	lirect	ly or										
							С	onta	ained ii	n this fo	rm ar	e not req	uired to re	spond un	less	EC 1474 (9- 02)		
Conversion or Exercise	Conversion or Exercise Price of Derivative	or Exercise Price of Derivative	Date	Year) Execution Da	Co	de	on o D S S A (A D O (1)	of Derivate Securit Acquire A) or Dispose of (D) Instr. 3	tive (ies ed ed 3,	and I	Expiration	on Date	Ame Und Seco	ount of lerlying urities		Derivative Securities Beneficially Owned Following Reported	Ownersl Form of Derivati Security Direct (I or Indirect)	Ownership: (Instr. 4) Co
								Date	cisable	Expiratio	n Title	Amount or e Number						
	d Address o an F. BUS PHA GS, INC, OD, MA 0 ecurity Stock Stock Report on a : 2. Conversion or Exercise Price of Derivative	d Address of Reporting Pean F. (First) BUS PHARMACEUT GS, INC, 100 RIVER (Street) OD, MA 02062 (State) ecurity Stock Stock Report on a separate line for the separate line	d Address of Reporting Person an F. (Middle) (Street) (Street) (Street) (Street) (Street) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) Stock (Month/Day/Year) (Month/Day/Year) Table II - Execution Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)	d Address of Reporting Person 2. Issu an F. 2. Issu (Corbust) BUS PHARMACEUTICALS GS, INC, 100 RIVER RIDGE DRIVE (Street) 2. Transaction Date (Month/Day/Year) Stock 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Execution Anny (Month/Day/Year) Table II - Derivative (e.g., puts 2. 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(Pisat) (Check all applicable) BUS PHARMACEUTICALS GS, INC, 100 RIVER RIDGE DRIVE 4. If Amendment, Date Original Filed(Month/Day/Year) (States) (States) (States) (Zip) Table 1 - Non-Derivative Securities Acquired (A) or Disposed of (Instr. 3) and a part of the form displays a currently valid OMB control number. Stock 08/17/2016 Stock 08/18/2016 P 65,000 A S 3,48 281,410 D 0Month/Day/Year) (Month/Day/Year) 3. Transaction (Check all applicable) Disposed of (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 3) Persons who respond to the collection of information contained in this form are not required to respond unloss the form displays a currently valid OMB control number. Table II - Derivative Securities Acquired, One Securities (Instr. 3) Amount of Securities (Instr. 4) (Instr. 4) (Instr. 3) Amount of Securities (Instr. 3) (Instr. 3) 5. Relationship of Reporting Person(5) to Issue (Check all applicable) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 3) (Instr. 4) (Instr. 3) (Instr. 3) (Instr. 4) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 4) (Instr. 4) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 4) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 3) (Instr. 4) (Instr. 4) (Instr. 3) (Instr. 4) (Instr. 4)		

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address		10% Owner	Officer	Other		
Moran Sean F.						
C/O CORBUS PHARMACEUTICALS HOLDINGS, INC			Chief Financial Officer			
100 RIVER RIDGE DRIVE			Chief Financial Officer			
NORWOOD, MA 02062						

Signatures

/s/ Sean Moran	08/18/2016
**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).

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 nu	mber.