FORM 4

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

OMB APPRO	VAL
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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

,	Response	S)														
I. Name and Address of Reporting Person - Cohen Yuval (Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE				Susuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP] Date of Earliest Transaction (Month/Day/Year) 08/17/2016							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director				
(Street) NORWOOD, MA 02062				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui						Acquir	lired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.	. 8)	(A) or Disposed (Instr. 3, 4 and 5)		of (D) Owned Follo		/		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
Common Sto	ock		08/17/2016				N		20,000	` /	-	31,490			D	
Security or l (Instr. 3) Prio	2. 3. Transaction Date (Month/Day/Y Price of Derivative Security		tion 3A. Deemed Execution Date, if		(e.g., puts, calls, 4. 5. f Transaction of Code D. r) (Instr. 8) Sc. (A		s, warrants, option 5. Number 6. Day 6. Day 6. Day		Expiration Date Month/Day/Year) U				Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form of Derivativ Security: Direct (I or Indire	Beneficia Ownershi (Instr. 4)
				Code	v	and 5)		Date Exercisable		iration e	Title	Amount or Number of Shares		(ilisti: 4)	(Instr. 4)	

Demonstra Common Name / Addition	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Cohen Yuval C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062	X		Chief Executive Officer				

Signatures

/s/ Yuval Cohen	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 number.