FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated avera	ge burden						
hours per respor	nse 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

(Print or Ty	pe Response	es)			1												
1. Name and Address of Reporting Person *											5. Relatio	nship of Rep			ier		
Moran Sean F.				Corbus Pharmaceuticals Holdings, Inc. [CRBP]							(Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS				3. Date of Earliest Transaction (Month/Day/Year)								X Officer (give title below) Other (specify below) Chief Financial Officer					
HOLDINGS, INC, 100 RIVER RIDGE DRIVE				08/26/2016								Cinc	1 I manerar	Officer			
HOLDH	105, 1110,	(Street)	· KID	OL DIGITE	1 If Amer	dment	t Dat	e Origi	nal F	iled(Mon	th/Day/Voor)		6 Individ	ual or Ioint/	Group Filin	(Chaola Annli	aabla Lina)
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)
1.Title of Security (Instr. 3)			2. Tr	ransaction	2A. Deeme									nt of Securit	6.	7. Nature	
				Date	Execution	Date,			(A) or Disposed of		of		lly Owned I			of Indirect	
			(IVIOI	nth/Day/Year)	any (Month/Da	ıv/Yea	(Instr. 8)		(D) (Instr. 3, 4		3 4 and 5)	4 and 5)		Reported Transaction(s) (Instr. 3 and 4)		Form: Direct (D)	Beneficial Ownership
				(Internal De	.y, 1 ca	"					<u>'</u>	(IIIou: 5 c			· /	(Instr. 4)	
								0.1.	* 7		(A) or	D				(I)	
								Code	V	Amour	nt (D)	Price				(Instr. 4)	
Common	Stock		08/2	26/2016				P		17,90	0 A	\$ 3.92	299,310	1		D	
Reminder: indirectly.	Report on a	separate line	for eac	ch class of secu	rities benef	icially	owne	ed dire	ctly o	r							
														ection of ir			SEC 1474 (9-
														uired to re			02)
									uie i	orm ai	spiays a	curre	inuy van	d OMB co	iuoi numi	Jer.	
				Table II - D	erivative S	ecuri	ties A	cquire	ed, Di	sposed	of, or Ben	eficia	lly Owned	i			
	1			(e	.g., puts, c	alls, w						rities)					
1. Title of		3. Transaction	on	3A. Deemed	4.		tion of Derivative Securities Acquired				itle and	8. Price of Derivative	9. Number of		11. Natu		
Security	Conversion or Exercise		/Year)	Execution Datany	Code					onth/Day/Year)		ear) Under Secur (Instr.	Inderlying ecurities nstr. 3 and	Security	Securities Beneficially Owned	Form o	ship of Indire
(Instr. 3)	Price of	(months 2 a)	, 1 001)	(Month/Day/					3		, 1 (11)			(Instr. 5)			ive Owners
	Derivative															Securit	
	Security						(A) or Disposed					4)			Following Reported	Direct or Indi	
							of (Transaction(s		·CCI
							(Ins	tr. 3,							(Instr. 4)	(Instr.	4)
							4, a	nd 5)			I						
													Amount				
									Date		Expiration	n Title	or e Number				
									Exe	rcisable	Date		of				
					Cod	le V	(A)	(D)					Shares				
Danas	tina O																
Kepor	ting O	whers															
	Renor	ting Owner l	Vame i	/ Address						Relatio	nships						
Reporting Owner Name / Address				Dire	rector 10% Owner Officer					O	ther						
Moran Se	ean F.																
C/O CORBUS PHARMACEUTICALS HOLDINGS, INC									Chie	ef Financ	ial O	fficer					
100 RIVER RIDGE DRIVE							Cinci i manciai C										
MORWO	ODMMA0	2062															

Signatures

/s/ Sean Moran	08/26/2016
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.