# FORM 4

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

OMB APPROVAL
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Estimated average burden
hours per response... 0.5

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 Type R	севропосо)		1											
Name and Address of Reporting Person * Hochman David P				2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 05/25/2017					Officer (give	title below)		(specify below)		
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ Fo	6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person				
NORWOOD, MA 02062 (City) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							d				
1.Title of Security (Instr. 3)		I	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	d Date, if	3. Trans Code (Instr. 8	action 4.	Securities Acqu ) or Disposed of str. 3, 4 and 5)	ired 5. Amount of S (D) Owned Follow Transaction(s)		Securities Be	eneficially 6	Ownership of orm:	Nature Indirect eneficial wnership
				(Month/Da	y/1 ear	Code	V An	(A) or (D)	Price	str. 3 and 4)		0	r Indirect (I) Instr. 4)	
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Reminder: Repo	ort on a sepa	rate line for each o	class of securities	belieficially (	ownea	directly C		who respond	to the col	lection o	of informa	tion contain	ed SEC 14	74 (9-02)
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#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Hochman David P C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062	X				

### **Signatures**

/s/ David Hochman	05/26/2017
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.