FORM 4

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

OMB APPROVAL
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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	(csponses)													
1. Name and Address of Reporting Person * CATLIN AVERY W				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)		r (specify below)	
(Street) NORWOOD, MA 02062				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				
(City)	, MA 0200	(State)	(Zip)		То	abla I - N	on Dorivot	ivo Socuritios					d	
1.Title of Security 2. To Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	d Date, if	3. Transa	ction 4. S	Securities Acquired or Disposed of Str. 3, 4 and 5)	ired 5. Am f (D) Owne Trans	Amount of Securities when Following Reparametrion(s) istr. 3 and 4)		eneficially (d	5. 7. Ownership of Borm: Bo	eneficial wnership	
						Code	V Am	(A) or nount (D)	Price			,	I) Instr. 4)	
Reminder: Repo	ort on a sepa	arate line for each	class of securities	beneficially o	owned di		Persons in this fo	who respond	quired to r	respond	unless the		ned SEC 14	74 (9-02)
Reminder: Repo	ort on a sepa	rate line for each	class of securities	beneficially o	owned di		Persons in this fo		quired to r	respond	unless the		ned SEC 14	74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date	Derivative So (e.g., puts, ca 4. Transacti Code	ecurities tills, war 5. N tion of Deri Sect Acq (A) Disp (D)	s Acquirerants, op Jumber ivative uurities juired or posed of	Persons in this fo displays ed, Dispose tions, conv	rm are not re a currently v ed of, or Benef ertible securit ercisable and Date	quired to r alid OMB o icially Own	respond control r	unless the number.	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownership Form of Derivative Security: Direct (D) or Indirect s) (I)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date (r) any	Derivative So (e.g., puts, ca 4. Transacti Code	ecurities tills, war 5. N tion of Deri Sect Acq (A) Disp (D)	s Acquirerants, op Jumber ivative urities quired or posed of ttr. 3, 4,	Persons in this fo displays ed, Dispose tions, conv 6. Date Ex Expiration	rm are not re a currently v ed of, or Benef ertible securit ercisable and Date	quired to r alid OMB of icially Ownoies) 7. Title and Amount of Underlying Securities	respond control r ed	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia Ownersh (Instr. 4)
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Reporting Owners

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

Signatures

/s/ Avery Catlin	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.