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	Responses)													
1. Name and Address of Reporting Person *- GUPTA RENU				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) 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) (State) (Zip)				Table I - Non-Derivative Securities Acqu					Acquired, I	lired, Disposed of, or Beneficially Owned				
(Instr. 3) Da		. Transaction vate Month/Day/Year)	2A. Deemed Execution I any (Month/Day	Date, if	(Instr. 8)	(A)	decurities Acquired or Disposed of str. 3, 4 and 5)	(D) Owne Trans	6. Amount of Securities B Dwned Following Reporte Fransaction(s) Instr. 3 and 4)		ed (Ownership o Form: B	eneficial wnership	
								ount (D)					nstr. 4)	
Reminder: Repo	ort on a sepa	rate line for each c	lass of securities	beneficially o	owned c	directly or	_	who respond	I to the col	llection	of informa	tion contain	ed SEC 147	74 (9-02)
Reminder: Repo	ort on a sepa	rate line for each c	Table II -	Derivative S	ecuritio	es Acquir	Persons in this for displays ed, Dispose	rm are not re a currently v d of, or Benefi	quired to r alid OMB o icially Own	respond control r	unless the		ed SEC 14	74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II -	Derivative S. (e.g., puts, ca	ecurition of Der Sec (A) Dis (D)	es Acquir rrants, op Number rivative curities quired) or sposed of) str. 3, 4,	Persons in this for displays ed, Dispose tions, conv	rm are not re a currently v d of, or Benefi ertible securit ercisable and Date	quired to r alid OMB o icially Own	respond control r	unless the number.		Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date	Derivative S. (e.g., puts, ca	ecurities, wand so the second of Der Second (A) Dis (D) (Instanton)	es Acquir rrants, op Number rivative curities quired) or sposed of) str. 3, 4,	Persons in this foodisplays ed, Dispose tions, conv 6. Date Excepiration (Month/Da	rm are not re a currently v d of, or Benefi ertible securit ercisable and Date y/Year)	quired to ralid OMB of cially Ownies) 7. Title and Amount of Underlying Securities	respond control r	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi

Reporting Owners

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

Signatures

/s/ Renu Gupta	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.