# FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
ours per respon	se 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. Name and Address of Reporting Person * Moran Sean F.				2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 08/11/2017						X Officer (give title below) Other (specify below)  Chief Financial Officer								
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 PersonForm filed by More than One Reporting Person									
(City	7)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1.Title of S (Instr. 3)	Title of Security 2. Transaction Date (Month/Day/Year)		Execution Date, if Co			Code (Instr. 8)		4. Securities Acquires (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Following			Nature Indirect eneficial wnership nstr. 4)	
Common	Stock		08/11/2017			Co	ode V		4,500	(D)	Price \$ 5.91	339.410				(Instr. 4)	)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	n 3A. Deemed Execution Da	e.g., puts, ca 4. Trans Code	5. Num of Derivat		quired, Dis s, options, o imber 6. Dar and E vative (Mon rities ired r		sposed of, or Bene convertible secur ate Exercisable Expiration Date nth/Day/Year)		neficia urities 7. T Am Un- Sec	ally Ow	1 8. De Se (Ir	d 8. Price of	9. Number Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form o	of of vative rity: ot (D)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
				Cod		of (D) (Instr. 4, and	3, 15)	ate xerci	e Expiration		on Tit	or Num of	lumber		Transactic (Instr. 4)	n(s) (I) (Insti	r. 4)	
Repor	ting O	wners		Cou	~   v	(11)	(D)					Share						
	Donor	ting Owner N	ama / Address					R	elation	ıships								
Reporting Owner Name / Address			Direc	tor 10	10% Owner Officer					Othe	r							
Moran Sean F. C/O CORBUS PHARMACEUTICALS HOLDINGS, IN 100 RIVER RIDGE DRIVE NORWOOD, MA 02062		NGS, INC			Chief Financial (			cial C	Officer									

## **Signatures**

/s/ Sean Moran	08/11/2017
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.