FORM 4

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

OMB APPROVAL						
OMB Number: 3235-0287						
Estimated average burden						
nours 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 Type Responses)		1						1				
Name and Address of Reporting Pe Hochman David P	erson *	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_ Director10% Owner							
(Last) (First) C/O CORBUS PHARMACEUT HOLDINGS, INC, 100 RIVER		3. Date of Earliest 11/10/2017	Transactio	on (Mo	onth/Day	/Year)			r (give title belo	w)	Other (specify	pelow)
NORWOOD, MA 02062		4. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/O X_ Form filed by One Report Form filed by More than O					rting Person		able Line)			
(City) (State)	(Zip)	Tah	la I – Non	Dori	vetive Se	curities /	A can	irad Dien	osed of or	Ranaficially	Owned	
1.Title of Security	2. Transaction	2A. Deemed	Table I - Non-Derivative Securities Acquired, I 2A. Deemed 3. Transaction 4. Securities Acquired 5. An									
(Instr. 3)	Execution Date, if any (Month/Day/Year) Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D)	Beneficial Ownership		
			Code	V	Amount	(A) or (D)	Price	or Indirect (I) (Instr. 4)			(Instr. 4)	
Common Stock	11/10/2017		P		10,000	A \$7	5 7.08	459,500			D	
Common Stock								4,300)		I	By Solomon Asher Hochman Trust of 2005
Common Stock								4,300			I	By Hannah Hochman Trust of 2007
Common Stock								4,300			I	By Judah Herman Hochman Trust of 2009
Common Stock								210,000 I			I	By NSH 2008 Family Trust
Reminder: Report on a separate line for indirectly.	or each class of secu	rities beneficially o	wned dire	etly o	r							
				cont	ained in	this for	m ar	e not req	ection of in uired to re d OMB cor	spond un	less	EC 1474 (9- 02)
	Table II - D	erivative Securitie	es Acquire	d, Di	sposed o	f, or Bene	eficia	lly Owned	ı			
1 774	(e	e.g., puts, calls, war	rrants, op	tions,	convert	ble secur	rities))		0.37	. C 10	11.37
1. Title of Derivative Conversion Security (Instr. 3) Price of Derivative Security 1. Title of Date Security (Month/Day/ Derivative Security	Year) Execution Da	te, if Transaction Code Year) (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	and l	d Expiration Date Month/Day/Year) Am Und Sec		ccurities (Instr. 5) Beneficia Owned Following Reported		Derivative Securities Beneficiall Owned Following Reported Transaction	Owners Form of Derivat Security Direct (or Indir	Ownership (Instr. 4) D) ect	
		Code V	(A) (D)	Date Exer	cisable l	Expiration Date	¹ Titl	Amount or e Number of Shares				

Reporting Owners

D (1 0 N /41)	Relationships			
Reporting Owner Name / Address				

Hochman David P	Director	10% Owner	Officer	Other	
C/O CORBUS PHARMACEUTICALS HOLDINGS, INC	v				
100 RIVER RIDGE DRIVE	Λ				
NORWOOD, MA 02062					

Signatures

/s/ David Hochman	11/13/2017
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).

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.