# 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)														
, ~			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) 11/10/2017							X Officer (give title below) Other (specify below)  Chief Financial Officer						
(Street) 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 Person  Form filed by More than One Reporting Person							
(City	7)	(State)	(Zip)	Table I - Non-Derivative Securities Acqui						ired, Disp	osed of, or	Beneficially	Owned			
1.Title of S (Instr. 3)	Title of Security 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year		f Code (Instr. 8)		ction	4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5)			d 5. Amount of Securities Beneficially Owned Fo Reported Transaction(s (Instr. 3 and 4)		ollowing (S) F	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
						Code		V	Amoun	nt (A) or Pri					(I) (Instr. 4)	
Common	Stock		11/10/2017				P		1,500	A	\$ 7.04	340,910	)		D	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respond to the collection of information SEC 147 contained in this form are not required to respond unless the form displays a currently valid OMB control number.								EC 1474 (9- 02)								
			Table II - I	Derivative S			cquire	d, Di	sposed o	of, or Bei	neficia	lly Owne				
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/	3A. Deemed Execution Da			5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Ame Und Seco	ritle and ount of derlying urities tr. 3 and	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security: Direct (Dor Indirect)	D) ct	
				Cod	e V	(A)	(D)	Date Exer	cisable	Expiratio Date	n Title	Amount or Number of Shares				
Repoi	cting O	wners														
	Repor	ting Owner N	ame / Address						Relatio							
Moran Sean F. C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062			Direc	etor	10% C	wner		f Financ	cial O		other					

## **Signatures**

/s/ Sean Moran	11/13/2017
**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.