# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(Print or Type Responses)

#### 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

Name and Address of Reporting Person* Hochman David P	2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]					_X_ Direct	tionship of Reporting Person(s) to Issuer (Check all applicable) irector Ticer (give title below)  Ticer (give title below)  Other (specify below)					
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE	3. Date of Earlies 11/13/2017	st Transactio	on (M	onth/Day/	Year)							
NORWOOD, MA 02062	4. If Amendment 11/14/2017	iled(Month/	Day/Year	)	_X_ Form fil	dividual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			cable Line)			
(City) (State) (Zip)	Т	able I - No	n-Dei	rivative S	ecuritie	es Acqu	nired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye	2A. Deemed Execution Date, is any (Month/Day/Year	f Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I)	Beneficial Ownership				
0. 0. 1		Code	V	Amount	(D)	Price				(Instr. 4)		
Common Stock							459,500			D	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			Ι	By Judah Herman Hochman Trust of 2009	
Common Stock 11/13/2017		P <sup>(1)</sup>		5,000	A	\$ 6.9	215,000			I	By NSH 2008 Family Trust	
Reminder: Report on a separate line for each class of se	curities beneficially of	owned direct	tly or	indirectly								
			con	tained in	this fo	orm ar	e not requ	ction of inf ired to res OMB cont	spond un	less	C 1474 (9-02)	
Table I	- Derivative Securi											
Security or Exercise (Month/Day/Year) any	d 4. Date, if Transaction Code (y/Year) (Instr. 8)	5.	6. D and (Mc	ate Exerc Expiration eth/Day/Y	isable n Date	7. 7 Am Und Sec			Owne Form Deriv. Secur Direct or Ind	ownersh (Instr. 4) (Instr. 4)		

					Date Exercisable	Expiration Date	Title	Amount or Number of		
	Code	V	(A)	(D)				Shares		

### **Reporting Owners**

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

#### **Signatures**

/s/ David Hochman	11/14/2017
**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 transaction code in Column 3 reported on the Form 4 filed on November 14, 2017 was incorrectly stated as "A" and is being corrected herein via this filing.

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.