FORM 4

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)

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

OMB APPROVAL									
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0.5

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

(1 mit of Type R	csponses)															
1. Name and Address of Reporting Person* Hochman David P			(2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]						_X_	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner					
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 500 RIVER RIDGE DRIVE (Street) NORWOOD, MA 02062			\mathbf{S}^{\prime}	3. Date of Earliest Transaction (Month/Day/Year) 05/20/2020							Officer (give title below) Other (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person					
			4	4. If Amendment, Date Original Filed(Month/Day/Year)												_X_ Fo
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu					Acquired,	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		1	2. Transaction Date (Month/Day/Year)	any	emed on Date, if Day/Year)	, if Coo (Ins	(Instr. 8)		on 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)				ecurities Beneficially ng Reported		Ownership Form:	7. Nature of Indirect Beneficial Ownership
				(IVIOIIII/Da	-,, -		Code	V	Amount	(A) or (D)	Price			or I	r Indirect	
								in this a curre	form a ently value	are not req alid OMB of f, or Benefic	uired to re control nu	spond u mber.		on contained orm displays		474 (9-02)
	1_		1	(e.g., puts,			_			ble securitie	T .		I			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, i	e, if Transaction Code (Instr. 8) A				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Form of Derivative Security: Direct (D) or Indirect (I)	(Instr. 4)	
				Code	v	(A)		Date Exercisa		epiration ate	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option(right to buy)	\$ 7.3	05/20/2020		A	4	40,500		(1)	05	5/20/2030	Commor Stock	40,500	\$ 0	40,500	D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Hochman David P C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 500 RIVER RIDGE DRIVE NORWOOD, MA 02062	X					

Signatures

/s/ David Hochman	05/22/2020
**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.	