# 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).

#### 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	s)													
1. Name and Address of Reporting Person* Cohen Yuval				Suser Name and Ticker or Trading Symbol     Corbus Pharmaceuticals Holdings, Inc. [CRBP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director X_ Officer (give title below) Other (specify below)  Chief Executive Officer					
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 500 RIVER RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 11/11/2020							Chie	f Executive	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) (State) (Zip)			Table I - Non-Derivative Securities Acqui					ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea	(Instr. 8)		ction	tion 4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	ally Owned I Transaction	of Securities ly Owned Following Fransaction(s) d 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
					C	ode	V	Amour	or	Price		(I)		or Indirect (I) (Instr. 4)	(111311.4)
Common	Stock		11/11/2020			P		4,240	A	\$ 1.209	75,330			D	
Reminder:	Report on a s	separate line fo		Derivative Securi	ties A	cquir	Personn cont the t	sons whatained if form dis	no respo in this fo splays a of, or Be	orm ar curre	e not requ ntly valid	OMB conf	ormation spond unle trol numbe	SS	1474 (9-02)
1 Title of	12	3. Transactio		e.g., puts, calls, v	arrar	ıts, op					Stla and	O Dries of	9. Number	of 10.	11 Notar
Security	Conversion or Exercise Price of Derivative Security	Date	Execution D (Year) any	4. Transaction Code (Instr. 8)	Number		and (Mo	6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Und Sec	itle and ount of lerlying urities tr. 3 and		Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Beneficia Ownersh (Instr. 4)
				Code V	(A)	(D)	Date	e rcisable	Expiration Date	on Titl	Amount or Number of Shares				

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Cohen Yuval C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 500 RIVER RIDGE DRIVE NORWOOD, MA 02062	X		Chief Executive Officer			

### **Signatures**

/s/ Yuval Cohen	11/12/2020
**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).

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.