FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 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

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* Millian Craig Stuart | | | | | 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) 500 RIVER RIDGE DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2023 | | | | | | | | X | Officer (g below) Ch | • | | Other (s below) Officer | specify | |
| (Street) NORWOOD (City) | MA (State | |)2062 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | ′ear) | | 6. Indiv | . Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | | Saction 2A. Deemed Execution Da if any (Month/Day/Y | | n Date, | , Transaction Dispose Code (Instr. | | | urities Acquired (A) or sed Of (D) (Instr. 3, 4 and | | | | rities Form ficially Owned or In wing Reported saction(s) | | lirect (I) . 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | V | Amount | Amount (A) or (D) | | Price | (Instr. 3 and | | | | (| |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | Code | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisabl | | cpiration ate | Title | i | Amount or Number of Shares | | (Instr. 4) | | | | |
| Stock Option (right to buy) | \$0.142 | 02/13/2023 | | A | | 934,645 | | (1) | 02 | 2/13/2033 | Commo Stock | | 934,645 | \$0.00 | 934,64 | 45 | D | | |

Explanation of Responses:

1. The annual option award was made in accordance with the terms of the issuer's 2014 Equity Compensation Plan. 25% of the option vests on February 13 2024, with the remaining 75% of the option vesting in equal monthly installments over a period of 36 months commencing on March 13, 2024.

Remarks:

/s/Craig Millian

02/15/2023

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ 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).