FORM	4
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1	Check this box if no
	longer subject to
	Section 16. Form 4 or
	Form 5 obligations
	may continue. See
	Instruction 1(b).

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

OMB APPRC	JVAL
OMB	3235
Number:	028
Estimated avera	age
burden hours p	er
response	0.

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 Type Respon	ises)											
1. Name and Address Cohen Yuval	of Reporting Perso	S	2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director10% Owner X_ Officer (give title Other (specify below)			
(Last) (F C/O CORBUS PHARMACEUTIC INC, 100 RIVER I		(.	3. Date of Ea Month/Day/ 2/03/2014	Year)	nsac	tion			below) Chief Exec	utive Officer	•	
(S NORWOOD, MA	Filed(Month/Day/Year) Applicable Line) _X_Form filed by One				_X_ Form filed by One Repo							
(City) (S	State) (Zip)		Table I -	Non-Der	ivat	ive Secur	ities A	Acqui	red, Disposed of, or I	Beneficially	Owned	
	2. Transaction Date (Month/Day/Year)	any	eemed tion Date, if h/Day/Year)	3. Transact Code (Instr. 8 Code)	4. Securi Acquired Disposed (Instr. 3, Amount	1 (A) d of (I 4 and (A) or))	Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	12/03/2014			Р		1,000	А	\$ 3.2	1,000	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 contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

		(e.g	., puts, calls, warra	ints, optio	ns, e	conver	tibl	le securities)						
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		e	6. Date Exe	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	umber	2	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	o	f	(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	D	erivati	ve			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	ecuritie	es			(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security				А	cquire	d			4)			0	Direct (D)	
					`	A) or							Reported	or Indirect	
						ispose	d						Transaction(s)	(I)	
						f (D)							(Instr. 4)	(Instr. 4)	
					`	nstr. 3	· .								
					4,	, and 5)								
											Amount				
							,	Date	Expiration		or				
								Exercisable		Title	Number				
								LACICISADIC	Date		of				
				Code V	/ (.	A) (E))				Shares				

Reporting Owners

Densiting Original Name / Address	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Cohen Yuval C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062	Х		Chief Executive Officer				

Signatures

/s/ Yuval Cohen	12/04/2014
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.