FORM 4

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

M OMB APPROVAL
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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 Typ	e Respons	ses)																
1. Name and Address of Reporting Person *- White Barbara				2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]					Issu x	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner _X Officer (give title Other (specify below)								
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 12/04/2014						belo	Chief Medical Officer							
(Street) NORWOOD, MA 02062				4. If Amendment, Date Original Filed(Month/Day/Year)						Appl _X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate) (Zip)		Table I - I	Non-Dei	rivati	ive Secu	rities	s Acq	quired	, Disposed	of, or l	Benefici	ally Own	ed			
•		2. Transaction Date (Month/Day/Year)	any		3. Transac Code (Instr. 8)	Disposed of (D) (Instr. 3, 4 and 5		(D) or (D) nd 5)	Se Be Fo Tra	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct	ship of In Ben Ow: rect (Ins	eficial nership			
Common S	Stock	12/04/2014			P	•	3,300	A	\$	_	,612		D					
directly or in		separate line for ea				Pe info red cui	rsons v ormatio quired t rrently	on co to re valid	onta spor d ON	ined in nd unl IB co	o the colle n this form ess the fo ntrol numb	n are i irm dis per.	not		C 1474 (9-02)			
				s, calls, war	-	- 1	•				•							
1. Title of Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security		ve (Month/Day/Year)		Deemed ution Date, i nth/Day/Yea	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and l	Expira	ercisable tion Date sy/Year)	Secur	ınt of rlying		of 9. Numbe Derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly 1 1 1 1 1 1 1 1 1	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
					Code	e V	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares					

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
White Barbara C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062			Chief Medical Officer					

Signatures

/s/ Barbara White	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.