# FORM 4

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

OMB APPROVAL								
DMB Number:	3235-0287							
Estimated average burden								
ours per respon	se 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 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

(Finit of Ty	pe Response	:8)																		
1. Name and Address of Reporting Person * Moran Sean F.					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 X Officer (give title below)  Chief Financial Officer							
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE (Street)  NORWOOD, MA 02062				11/17/20	Date of Earliest Transaction (Month/Day/Year)     11/17/2015      4. If Amendment, Date Original Filed(Month/Day/Year)															
				4. If Amen									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	7)	(State)	(Zip)		Tal	ble I -	Non-De	rivat	ive Se	ecuritie	s Acq	uired, Di	ispose	d of, or	Beneficially	y Own	ned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea		Date, if Co (In		Code		4. Securities Acquires (A) or Disposed of (I (Instr. 3, 4 and 5)		of (D	(D) Beneficial		nt of Securities ally Owned Following Transaction(s) and 4)		Ownership o Form: B Direct (D)		7. Nature of Indirect Beneficial Ownership Instr. 4)			
						Co	ode V	Ar	Amount (A) o		Price	,			(I) (Instr. 4)		·			
Common	Stock		11/17/2015			]	P	1,:	500	A	\$ 1.72	63,75	0			D				
Reminder: indirectly.	Report on a	separate line f	or each class of se	curities benef	icially (	owned	Pei	rson ntair	ed in	this fo	orm a	re not r	equir	ed to re	nformatior espond un ntrol numb	iless	SEC	C 1474 (9- 02)		
			Table II	Derivative S									ned							
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transactio Date (Month/Day/	Year) Execution I		saction	5. Number of Derivative		er 6. Date E. and Expire (Month/D s		e Exercisable xpiration Date h/Day/Year)		Title and mount of nderlying ecurities astr. 3 and	De Se (Ir		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly S S C o n(s) (1	Security: Direct (D) or Indirect	Beneficia Ownersh (Instr. 4)		
				Cod	le V	(A)	Da Ex	ite tercis		Expirati Date	ion Ti	Amor or tle Numl of Share	oer							
Repor	ting O	wners																		
	D	· · · · · · · · · · · · · · · · · · ·	/ A 3 3					Re	elation	ıships										
Reporting Owner Name / Address			Direc	10% Own	er (	Officer			Other	r										
Moran Sean F. C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062						Chief Financial O				Officer										

## **Signatures**

/s/ Sean Moran	11/17/2015
Signature of Reporting	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.