FORM 4	4
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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).					

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

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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 Respons													
1. Name and Address of Reporting Person – Hochman David P			2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O CORBUS PH. HOLDINGS, INC,	3. Date of Earliest 11/15/2017	Transaction	n (Mo	onth/Day	/Year)	XDirector Officer (give title below)	10% Owner Other (specify l	below)					
(Street) 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 Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tab	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)				4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		l of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership		
				Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)			
Common Stock									459,500	D			
Common Stock									4,300	I	By Solomon Asher Hochman Trust of 2005		
Common Stock									4,300	I	By Hannah Hochman Trust of 2007		
Common Stock									4,300	I	By Judah Herman Hochman Trust of 2009		
Common Stock		11/15/2017		Р		5,000	А	\$ 6.55	220,000	I	By NSH 2008 Family Trust		
Reminder: Report on a indirectly.	a separate line fo	or each class of secu	rities beneficially o	wned direc	tly or								
Persons wh contained in							this fo	orm ar	ond to the collection of information SEC 1474 (9- orm are not required to respond unless 02) a currently valid OMB control number.				

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

(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Nu	mber	6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	Deriv	ative	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Secur	rities			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Acqu	ired			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(A) o	r			4)			Following	Direct (D)	
					Dispo	osed						Reported	or Indirect	
					of (D)						Transaction(s)	(I)	
					(Instr	: 3,						(Instr. 4)	(Instr. 4)	
					4, and	d 5)								
										Amount				
							D	F		or				
							Date	Expiration Date	Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

Describer Ocean News (Address		Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		

Hochman David P			
C/O CORBUS PHARMACEUTICALS HOLDINGS, INC	Х		
100 RIVER RIDGE DRIVE			
NORWOOD, MA 02062			

Signatures

/s/ David Hochman	11/16/2017
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.