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

(Print or Type Responses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Ations e. See (b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person – CATLIN AVERY W		2. Issuer Name and Corbus Pharmace			· ·		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director				
(Last) (First) C/O CORBUS PHARMACEUTICAL HOLDINGS, INC, 500 RIVER RIDG	S	3. Date of Earliest Transaction (Month/Day/Year) 05/24/2018							her (specify belo	w)	
(Street) NORWOOD, MA 02062	4	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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securi (A) or D (Instr. 3, Amount	isposed of 4 and 5) (A) or	of (D)	Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	

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 SEC 1474 (9-02) in this form are not required to respond unless the form displays 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. Numb	er	6. Date Exer	cisable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration <b>D</b>	Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code		Derivativ	/e	(Month/Day	/Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Securitie	s			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquired	1			(Instr. 3 and	14)		Owned	Security:	(Instr. 4)
	Security					(A) or							0	Direct (D)	
						Disposed	lof						1	or Indirect	
						(D)							Transaction(s)	< / .	
						(Instr. 3,	4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
				<u> </u>	•••	( ) )					of				
				Code	V	(A)	(D)				Shares				
Stock										a					
Option(right	\$ 5.93	05/24/2018		А		34,000		<u>(1)</u>	05/24/2028	Common	34,000	\$ 0	34,000	D	
to buy) $(1)$	4 2100					2 .,000				Stock		÷ů	2 1,000		
to ouy)															

# **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CATLIN AVERY W C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 500 RIVER RIDGE DRIVE NORWOOD, MA 02062	Х						

### Signatures

/s/ Avery Catlin	05/29/2018	
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).
- (1) The option award was made in accordance with the terms of the issuer's 2014 Equity Compensation Plan. The option will vest in equal monthly installments over the course of 12 months beginning on the date of grant.

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.