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

1. Name and Address of Reporting Person * CATLIN AVERY W				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_ Director				
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 500 RIVER RIDGE DRIVE (Street) NORWOOD, MA 02062			\mathbf{S}	Date of Earliest Transaction (Month/Day/Year) 05/18/2022 4. If Amendment, Date Original Filed(Month/Day/Year)						Officer (give title below) Other (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
			4						_X_ For					
(City)		(State)	(Zip)			Table l	- Non-Deri	ative Securities	Acquired, D	Disposed o	f, or Benefi	cially Owned		
(Instr. 3) Dat		2. Transaction Date Month/Day/Year	2A. Deemed Execution Date any (Month/Day/Y		Code (Instr.	(A	Securities Acquir o) or Disposed of astr. 3, 4 and 5)	(D) Owned Transa			C F D	wnership orm: Be irect (D) Ov Indirect (Ir	eneficial wnership	
						Cod	e V A	mount (D)	Price			(In	nstr. 4)	
Reminder: Repo	rt on a separ						in this f	who respond	uired to re	spond u				74 (9-02)
Reminder: Repo	rt on a separ		Table II -	- Derivative	e Securit		in this for a currer		uired to re control nur	spond u nber.				74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	3A. Deemed Execution Date,	- Derivative (e.g., puts, 4. if Transac Code	e Securiticalls, w. 5. Nation of I Second or I of (Arrants, Number Derivative curities quired (A Disposed D) str. 3, 4,	in this for a currer sired, Disposoptions, cor 6. Date Expiration (Month/D	orm are not rectly valid OMB of the or Benefic vertible securities the control of the order of t	uired to re control nur	spond unber. d Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Nat of Indir Benefic
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Date, any	- Derivative (e.g., puts, 4. if Transac Code	e Securiticalls, w. for I of ((Instance)	Arrants, Number Derivative curities quired (A Disposed D) str. 3, 4,	in this for a current street, Disposortions, core 6. Date Expiration (Month/D) Date Exercisab	erm are not rectly valid OMB and the ceed of, or Benefic vertible securities and a Date and any Year)	cially Owned es) 7. Title and of Underlyi Securities	spond unber. d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nat of Indi Benefic Owner

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	X				

Signatures

/s/ Avery Catlin	05/19/2022
**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).
- 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.	