FORM 4

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

OMB APPROVAL

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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 R	сэронэсэ													
1. Name and Address of Reporting Person *- HOLMER ALAN 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)X_ Director 10% Owner				
	(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 500 RIVER RIDGE DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 05/18/2022					Officer (give t	itle below)	Other	(specify below)		
NORWOOD	(Street) 4. If Amendment, Date Or ORWOOD, MA 02062			e Origir	nal Filed(Month/Day/Year)			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 Beneficia			icially Owned	ially Owned						
1.Title of Securi (Instr. 3)				2A. Deemed Execution Date any (Month/Day/Y		3. Trans Code (Instr. 8	(A) or Disposed of				ecurities Beneficially ng Reported		Ownership	Beneficial Ownership
						Code	. V A1	(A) or (D)	Price			(Instr. 4)	msu. 4)
Reminder: Repo	ort on a separ	ate line for each cla	Table II -	Derivative	Securiti	es Acqu	Persons in this for a curren	who respond orm are not rec tly valid OMB ed of, or Benefi	quired to re control nur	spond ui nber.				474 (9-02)
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	Table II - 3A. Deemed Execution Date, any	Derivative (e.g., puts, 4. Transaci Code	Securiticalls, was	es Acqu rrants, c umber erivative	Persons in this for a curren ired, Disposoptions, con 6. Date Expiration (Month/D.	orm are not rectly valid OMB ed of, or Beneficertible securition ercisable and Date	cially Owned es) 7. Title and of Underlyi Securities	spond unber. d Amount	8. Price of Derivative Security	9. Number of Derivative Securities	10. Ownershi Form of	11. Nat p of Indir Benefic
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1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, any	Derivative (e.g., puts, 4. Transaci Code	Securiticalls, wa 5. Notion of D Securition of D	es Acqu rrants, umber erivative rities aired (A isposed)) r. 3, 4,	Persons in this for a current ired, Dispose potions, con 6. Date Ex Expiration (Month/D) Date Exercisable	orm are not rectly valid OMB ed of, or Benefic vertible securiti ercisable and Date ay/Year) Expiration	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	To 10. Ownershi Form of Derivativ Security: Direct (D or Indirect	11. Nat p of India Benefic Owner (Instr. 4

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
HOLMER ALAN F C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 500 RIVER RIDGE DRIVE NORWOOD, MA 02062	X				

Signatures

/s/ Alan Holmer	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).
- (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 re-	equired to respond unless the form displays a currently valid OMB number.