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 Re	esponses)														
1. Name and Address of Reporting Person – Jacques Rachelle Suzanne				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_ Director10% Owner				
(Last) (First) (Middle) 500 RIVER RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 05/18/2022						-	Officer (give t	itle below)	Other (specify below)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person				
NORWOOD, MA 02062 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						Acquired	uired, Disposed of, or Beneficially Owned					
(Instr. 3)		2. Transaction Date (Month/Day/Year		Date, if	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D) Ow Trai	Amount of Se ned Followin nsaction(s)		O Fe	wnership of	eneficial	
				(Month/Day	y/Year)	Code	V	Amount	(A) or (D)	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)		
Reminder: Repo	ort on a separ	ate line for each cia		,		•	Person in this a curre	form a ently va	re not red llid OMB	uired to control n	respond ui number.		n contained orm displays		174 (9-02)
Reminder: Repo	ort on a separ	ate fine for each cia	iss of securities be	nericially own	nea ane										
1. Title of	2.	3. Transaction	Table II -	- Derivative S	Securiti alls, wa	es Acqu rrants,	Person in this a curred, Disportions, co	form and the second of the sec	re not rec llid OMB or Benefic de securiti	uired to control n cially Own es) 7. Title a	respond unumber. ned	8. Price of	9. Number of	10.	11. Natu
1. Title of		3. Transaction	Table II - 3A. Deemed Execution Date,	- Derivative S (e.g., puts, c: 4. if Transaction Code	Securiti alls, wa 5. N on of D Secu Acq or D of (I	es Acquerrants, umber erivativarities uired (A isposed D) r. 3, 4,	Person in this a curred, Dispoptions, co	form and the second of the sec	re not recollid OMB or Benefic ole securiti	uired to control n cially Ownes)	respond unumber. ned and Amount clying es	nless the f	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, any	- Derivative S (e.g., puts, c: 4. 4. Transactic Code ar) (Instr. 8)	Securiti alls, wa 5. N of D Secu Acq or D of (I (Inst	es Acqu rrants, umber erivativ urities uired (A isposed)) r. 3, 4, 5)	Person in this a curred, Disportions, co 6. Date Expirati (Month/	form an entity variety	or Beneficies securities and arrivation	cially Ownes) 7. Title a of Under Securitie	respond unumber. ned and Amount clying es	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. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

B 41 0 V 1	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Jacques Rachelle Suzanne 500 RIVER RIDGE DRIVE NORWOOD, MA 02062	X					

Signatures

/s/ Rachelle Jacques	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.