FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
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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).

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 Ty	pe Response	s)																	
Name and Address of Reporting Person* Moran Sean F.				Cor	2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Chief Financial Officer						
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 500 RIVER RIDGE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 08/10/2022									Chie	i Financiai	Jincer			
(Street) NORWOOD, MA 02062				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person							
(City		(State)	(Zip)			T	able I	- No	n-De	rivative	Securiti	ies A	cquir	ed, Disp	osed of, or I	Beneficially	Owned		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Execu any	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		etion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Form:	of In Bene	7. Nature of Indirect Beneficial Ownership		
				Ì			Со	de	V	Amount	(A) or (D)	Pr	rice	or (I)		or Indirect (I) (Instr. 4)			
Common	Stock		08/10/2022				F)		20,000	A	\$ 0.2	599	9 199,272			D		
Reminder:	Report on a s	eparate line t	for each class of secu Table II -	Deriv	ative Sec	curit	ties Ac	equir	Person the	sons wi Itained i form di	no resp in this f splays of, or B	form a cu	are urrent	not requ tly valid	ction of inf uired to res OMB conf	spond unle	ess	C 1474	4 (9-02)
1 Title of	2	3. Transaction			4.	is, w	5.	ıs, op						le and	8. Price of	9. Number	of 10.		1. Natur
1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security		version Date Executio xercise (Month/Day/Year) any e of vative		ate, if	rte, if Transaction Code Year) (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		1	Amou Under Secur	unt of rlying		Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of Etive (C) (D) rect	hip of Indire Beneficia Ownersh (Instr. 4)	
					Code	V	(A)	(D)	Dat Exe	te ercisable	Expirat Date	ion ,		Amount or Number of Shares					

Reporting Owners

	Relationships							
Reporting Owner Name / Address		10% Owner	Officer	Other				
Moran Sean F. C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 500 RIVER RIDGE DRIVE NORWOOD, MA 02062			Chief Financial Officer					

Signatures

/s/ Sean Moran	08/10/2022
**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).

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.