## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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)		•											1
1. Name and Address of Reporting Person* Cohen Yuval				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 _X_ Officer (give title below) Other (specify below)  Chief Executive 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								Cnie	i Executive	Officer	
NORWOOD, MA 02062				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 Acqu					Acqui	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		(Instr. 8)		(A) or Disposed of (E) (Instr. 3, 4 and 5)		f(D)			Following (S) F	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial		
				(Month/Day/Year)	Code	e V	V Amou	(A or (D	·	Price	(mstr. 3 a	ma 4)		\ /	Ownership (Instr. 4)
Common	Stock		08/10/2022		P		3,800	A	\$	.264	98,230			D	
Reminder:	Report on a s	separate line f		Derivative Securit	ies Acqı	Pe co the	ersons wontained e form d	ho res in this isplay	forr s a c	m are currer	not requ itly valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
				(e.g., puts, calls, w						1		0.71.0		2 1.0	44.37
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactic Date (Month/Day/	Year) Execution Da	tte, if Transaction Code Year) (Instr. 8)	5. Number of Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5	and Expiration Date (Month/Day/Year)  A U S (I 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Amo Unde Secu	tle and ount of erlying rities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Securit Direct or India	Beneficia Ownersh (y: (D) ect		
				Code V	(A) (I		ate xercisable	Expir Date	ation	Title	Amount or Number of Shares				

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Cohen Yuval C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 500 RIVER RIDGE DRIVE NORWOOD, MA 02062	X		Chief Executive Officer				

#### **Signatures**

/s/ Yuval Cohen	08/11/2022
**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.