FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| 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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Anicetti Vincent R | | | | | 2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [CHRS] | | | | | | | | neck all ap Dire | plicable) | ng Pers | erson(s) to Issuer 10% Owner Other (specify | | |
|--|-----------|--------------------------------------|------------------|-----------------------|--|---|-----|-----------------------------------|-------------------|--|--------------------|--|--|---|-----------------------------------|---|--|---------------------------------------|
| | US BIOSCI | rst) ENCES, INC. IN DRIVE, SUI | (Middle) TE 600 | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2019 | | | | | | | | ^ belo | below) Chief Operating C | | | poony |
| (Street) REDWO | OOD CA | A ! | 94065 | | 4.1 | 4. If Amendment, Date of Original Filed (Month/E | | | | | | | 6. l Lin | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Si | | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | action | ction 2A. D Execu | | A. Deemed kecution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | 5. Am Secur Bene | ount of ities icially d Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Trans | action(s) 3 and 4) | | | Instr. 4) |
| Common Stock, \$0.0001 par value 07/15/2 | | | 5/2019 | 2019 | | M | | 2,500 | A | \$2.50 | 05 2 | 21,810 ⁽¹⁾ | | D | | | | |
| Common Stock, \$0.0001 par value 07/15/2 | | | 5/2019 | 2019 | | S ⁽²⁾ | | 2,500 | D | \$19. | 2 1 | 19,310(1) | | D | | | | |
| | | Т | able II - | | | | | | | | | or Bendele | | / Owne | t | | | |
| Derivative Conversion Da | | Date Ex (Month/Day/Year) if a | Execution if any | execution Date, f any | | 4. Transaction Code (Instr. 8) | | n of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to | \$2.5005 | 07/15/2019 | | | M | | | 2,500 | (3) | (| 06/30/2024 | Common Stock | 2,500 | \$0.00 | 47,48 | 8 | D | |

Explanation of Responses:

- 1. Includes 2,015 shares acquired on May 15, 2019, pursuant to Issuer's employee stock purchase plan.
- $2. \ The \ sales \ reported \ in \ this \ Form \ 4 \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ Reporting \ Person.$
- 3. All of the shares underlying this option are vested and exercisable as of the date hereof.

Remarks:

Buy)

/s/ Jean Frederic Viret, as Attorney in Fact for Vincent R. 07/17/2019 **Anicetti**

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.