FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	UIVID APPROVAL									
l	OMB Number:	3235-0287								
Estimated average burden										
l	hours per response:	0.5								

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

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* <u>Lanfear Dennis M</u>				2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [CHRS]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (circ title 10% Owner)					ner		
(Last) (First) (Middle) COHERUS BIOSCIENCES, INC. 333 TWIN DOLPHIN DRIVE, SUITE 600					3. Date of Earliest Transaction (Month/Day/Year) 02/01/2018								X Officer (give title Other (specify below) See Remarks					
(Street) REDWO	OD C.	A	94065	4	4. If Amendment, Date of 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)	(S	tate)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct III	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	<i>,</i>	Amount	(A) (D)	Pr Pr	ce	Transactio				
Common Stock, \$0.0001 par value														92,6	619		D	
Common Stock, \$0.0001 par value														1,337	,566			By Γrust ⁽¹⁾
Common Stock, \$0.0001 par value														86,965				By LLC ⁽²⁾
			Table II - I (Derivativ (e.g., put										Owned				
Derivative Security Conversion Date Security Or Exercise (Month/Day/Year) Execution if any		3A. Deemed Execution Da if any (Month/Day/Y	Code (Instr.		Derivative E		5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable		piration te	Title	Amou or Numb of Sh	er		Transaction(s) (Instr. 4)			
Stock Option (Right to	\$10.05	02/01/2018		A		400,000		(3)	02/	/01/2028	Common Stock	400,	000	\$0.00	400,00	00	D	

Explanation of Responses:

- 1. These shares are held by the Lanfear Revocable Trust, dated January 27, 2004, as restated, of which Reporting Person is a trustee.
- $2. \ These \ shares \ are \ held \ by \ Lanfear \ Capital \ Advisors, \ LLC \ of \ which \ Reporting \ Person \ is \ President.$
- 3. The underlying shares subject to the option vest and become exercisable as to 1/48th of the total number of shares subject to the option in successive, equal monthly installments measured from February 1, 2018, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.

Remarks:

President and Chief Executive Officer

/s/ Jean Frederic Viret, as Attorney-in-Fact for Dennis M. 02/05/2018 Lanfear

** 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.