FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGE	S IN BENEFIC	CIAL OWNER	RSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average bu	ırden								
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)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Wahlstrom Mats						2. Issuer Name <b>and</b> Ticker or Trading Symbol Coherus BioSciences, Inc. [ CHRS ]									of Reporting Perso cable) or		10% Owner	
	HERUS BIO	irst) DSCIENCES, IN IN DRIVE, SUI'				3. Date of Earliest Transaction (Month/Day/Year) 02/01/2018								Officer (give title Other (specify below) below)				
(Street) REDWOOD CA 94065				_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								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)															
		Tab	le I - No	n-Deriv	vativ	e Se	ecurities	s Ac	quired,	Dis	posed o	f, or Be	neficia	ly Owned	l			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 in the control of th				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and				(111511.4)
Common Stock, \$0.0001 par value													178,	178,528		I See Footnote <sup>(1)</sup>		
Common Stock, \$0.0001 par value													219,	219,914			See Footnote <sup>(2)</sup>	
		-	Table II -								osed of, convertil			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transacti Code (Ins					6. Date Exercisa Expiration Date (Month/Day/Yea		of Securities		ties ig e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$10.05	02/01/2018			A		20,000		(3)		02/01/2028	Common Stock	20,000	\$0.00	20,0	000	D	

## **Explanation of Responses:**

- 1. The shares are held by KMG Capital Partners, LLC. Mr. Wahlstrom disclaims beneficial ownership of the shares held by KMG Capital Partners, LLC except to the extent of his pecuniary interest therein.
- 2. The shares are held by Leonard Capital, LLC. Mr. Wahlstrom disclaims beneficial ownership of the shares held by Leonard Capital, LLC except to the extent of his pecuniary interest therein.
- 3. The underlying shares subject to the option vest and become exercisable as to 1/12th 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:

/s/ Jean Frederic Viret, as Attorney in Fact for Mats **Wahlstrom** 

02/05/2018

\*\* 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.