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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

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

OMB APPROVAL									
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1. Name and Addre	ess of Reporting Per	rson*	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director Officer (give title Other (specify below) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting		
Wahlstrom Mats			Coherus BioSciences, Inc. [CHRS]	I.	11)	10% Owner
	(First) (Middle) ERUS BIOSCIENCES, INC. VOOD SHORES PARKWAY, SUITE 200		3. Date of Earliest Transaction (Month/Day/Year) 12/23/2014			
(Street) REDWOOD CITY (City)	CA (State)	94065 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)	Form filed by One Re	porting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date,			4. Securities A Disposed Of (5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, \$0.0001 par value	12/23/2014		J ⁽¹⁾		221,538	D	\$0.00	0	Ι	See Footnote ⁽²⁾
Common Stock, \$0.0001 par value	12/23/2014		J ⁽¹⁾		114,639	A	\$0.00	709,482	Ι	See Footnote ⁽³⁾
Common Stock, \$0.0001 par value								53,583	Ι	See Footnote ⁽⁴⁾

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Nur of Deriv Secur Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	Expiration Date (Month/Day/Year) d					9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Shares are being distributed to affiliated funds pursuant to restructuring transaction. The distribution is for tax planning purposes and the stockholder received no consideration as part of such transfer. Each transferee in the distribution has signed a lockup agreement with the underwriters of the Issuer's Initial Public Offering.

2. The shares are held by Caduceus Medical Holdings, LLC. Mr. Wahlstrom disclaims beneficial ownership of the shares held by Caduceus Medical Holdings, LLC except to the extent of his pecuniary interest therein.

3. 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. 4. 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.

Remarks:

/s/ Matthew R. Hooper, as

<u>Attorney in Fact for Mats</u> <u>Wahlstrom</u> <u>12/24/2014</u>

** 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.