FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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

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Name and Address of Reporting Person* <u>Viret Jean-Frederic</u>						2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [ CHRS ]								(Ch	eck all appl Direct	)r		10% Ov	10% Owner	
	US BIOSCI	irst) ENCES, INC. IN DRIVE, SUI'	(Middle) TE 600			3. Date of Earliest Transaction (Month/Day/Year) 01/25/2021									X Officer (give title below) Other (specify below)  Chief Financial Officer					
(Street) REDWC	OOD C.	A	94065		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	S. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																	
		Tab	le I - Noi	n-Deriv	vativ	e Se	curit	ies Ac	quire	d, Dis	posed	of, o	or Ber	neficial	y Owne	j				
Date				saction /Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		Dispos	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							e V	Amour	t	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common Stock 01/					5/202	/2021		М		40,0	40,000 A		\$10.0	5 107,439(2)			D			
Common Stock 01/2				01/2	5/202	2021		<b>S</b> <sup>(1</sup>		40,0	40,000 D		\$20.	67,439(2)			D			
Common Stock 01/25			5/202	5/2021		S <sup>(1</sup>		6,1	6,144 D		\$19	61,295(2)			D					
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 D if any (Month/Day/	d 4. Date, Transact Code (Ins		ction	5. Number of		6. Date	Date Exercisal xpiration Date Month/Day/Year)		7. of Ur De	Title and Securiti	Amount es J Security d 4)	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ow For Illy Dir or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	ı Tit	tle	or Number of Shares						
Stock Option (Right to	\$10.05	01/25/2021			M			40,000	(3)		02/01/202		ommon Stock	40,000	\$0.00	61,56	9	D		

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to one or more Rule 10b5-1 trading plans adopted by Reporting Person.
- 2. Includes 52,083 restricted stock units.
- 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.

/s/ Jean-Frederic Viret

01/27/2021

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.