FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

. 20549 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).

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* Newcomer Lee Nisley | | | | | | 2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [CHRS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Image: Director 10% Owner 10% Owne | | | | |
|--|--|--|--|---------------------|--|--|--|--------------------------|--|---------------|--|---|---|--|-------------------|---|--|--|
| (Last) | (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024 | | | | | | | | Officer below) | | | Other (sp below) | pecify | |
| COHERUS BIOSCIENCES, INC. 333 TWIN DOLPHIN DRIVE, SUITE 600 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | | |
| (Street) REDWOOD CITY CA 9406 | | 94065 | F | Rule 10b5-1(c) Trai | | | | ansaction Indication | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | Check this box to indicate that a transaction was made pursuant to a the affirmative defense conditions of Rule 10b5-1(c). See Instruction | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date (Month/I | | | | | . | Execution if any | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction D Code (Instr. | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | Beneficia Owned Fo | s Form Illy (D) o ollowing (I) (In | | : Direct I r Indirect I str. 4) (| 7. Nature of ndirect Beneficial Ownership | |
| | | | | | | | | Code | / A | Amount | (A) or (D) | Price | | saction(s) r. 3 and 4) | | (1 | nstr. 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/Yea | Code | Transaction Code (Instr. | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio | i C F Ily C | 10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | | oiration e | Title | Amount or Number of Shares | | (Instr. 4) | 511(0) | | | |
| Stock Option (Right to Buy) | \$1.76 | 06/03/2024 | | A | | 112,000 | | (1) | 06/0 | 03/2034 | Common Stock | 112,000 | \$0 | 112,00 | 0 | D | | |

Explanation of Responses:

1. The underlying shares subject to the option vest and become exercisable as to 100% of the total number of shares subject to the option on the one year anniversary of June 3, 2024, subject to Reporting Person's continued service relationship with the Issuer on such vesting date.

/s/ Bryan McMichael, as Attorney-in-Fact for Lee Nisley 06/05/2024

Newcomer

** 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.