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	
bligations may continue. See	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Derivative Conversion Date Execu Security or Exercise (Month/Day/Year) if any		if any	tion Date, Coin/Day/Year)		ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exerc tion Da h/Day/ <sup>\(\)</sup>		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)  Amo or Num of Title Sha		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersi Form: Direct (I or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
	otock, work		able I								posed of converti					5,104	•	Trust <sup>(4)</sup>
Common Stock, \$0.0001 par value 10/01/201  Common Stock, \$0.0001 par value					015				3(-)		900	П	Φ19.50	30%		0,164	I	By
Common Stock, \$0.0001 par value 10/01/201								S <sup>(1)</sup>		3,350 900	D D	\$18.83 \$19.50		l I	5,599 4,699	D D		
Common Stock, \$0.0001 par value 10/01/20								M	Щ	4,250	A	\$0.41			218,949			
				(Month/Day/Year		Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		Amount	(A) or (D) Price		Ben Owi Rep Trai		ially Following	(D) or Indirect	Beneficial Ownership (Instr. 4)	
1. Title of	Security (Ins		le I - N	2. Transacti		2A. D	eemed	d	3.		4. Securities	Acquired	(A) or		5. Amou	ınt of	6. Ownership Form: Direct	7. Nature of Indirect
(City)	(S	•	(Zip)															
(Street) REDWOOD CITY CA 94065				_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Indiv ine) X	·				
201 REDWOOD SHORES PARKWAY, SUITE 200																		
(Last)	•	(First) (Middle) CIENCES, INC.				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2015								below) below)  Chief Scientific Officer				
1. Name and Address of Reporting Person*  Herman Alan C.						2. Issuer Name <b>and</b> Ticker or Trading Symbol Coherus BioSciences, Inc. [ CHRS ]									all application of the contraction of the contracti	cable) or (give title	Othe	Owner r (specify

## **Explanation of Responses:**

- 1. The sale reported in the Form 4 was effected pursuant to a Rule 10b5 1 trading plan adopted by the Reporting Person.
- 2. The transaction was executed in multiple trades in prices ranging from \$18.37 to \$19.35, inclusive. The price reported in Column 4 above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the Issuer, or a stockholder of the Issuer, information regarding the number of shares and prices at which the transaction was effected.
- 3. The transaction was executed in multiple trades in prices ranging from \$19.37 to \$20.00, inclusive. The price reported in Column 4 above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the Issuer, or a stockholder of the Issuer, information regarding the number of shares and prices at which the transaction was effected.
- 4. These shares are held by the Herman Trust, dated March 16, 2001, of which Reporting Person is a co trustee.
- 5. The shares underlying this option are vested and exercisable as of the date hereof.

## Remarks:

/s/ Jean Frederic Viret, as Attorney-in-Fact for Alan C. 10/05/2015 Herman, Ph.D.

\*\* 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.