FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL									
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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* <u>Troendle August J.</u>						2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [CHRS]									k all applic Directo	,		10%	Owner	
(Last) (First) (Middle) C/O COHERUS BIOSCIENCES, INC. 201 REDWOOD SHORES PARKWAY, SUITE 200					04/	3. Date of Earliest Transaction (Month/Day/Year) 04/01/2015									below)			below	,	
(Street) REDWO CITY (City)	<u> </u>		94065 (Zip)		- 4. I -	f Ame	ndment, [Oate o	of Original	Filed	i (Month/Da	ay/Year)		. Indi ⁱ ine) X		led by Or led by Mo	ne Repo	Check A	son	
(=:5)				n-Deriv	vativ	e Se	curities	s Ac	auired.	Dis	nosed o	f. or Be	nefici	allv	Owned					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			action	2 ar) if	A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)		ed (A) or	r 5. Amount of		Form: (D) or I		Direct Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	- 1	Transaction(s) (Instr. 3 and 4)				(111541. 4)	
Common	Common Stock, \$0.0001 par value														21,8	70]	D		
Common	Stock, \$0.0	0001 par value												1 2 142 492 1 1 1					See Footnote ⁽¹⁾	
Common Stock, \$0.0001 par value														358,428		I		See Footnote ⁽²⁾		
		-	Table II -								osed of, converti				wned					
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,	4. Transa Code (1 8)				6. Date E: Expiratio (Month/D	n Dat	е	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S	d. Price of Derivative Security Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporte Transac (Instr. 4)	ve es ally ig d tion(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amour or Number of Shares	nber						
Stock Option (Right to Buy)	\$29	04/01/2015			A		20,000		(3)		03/31/2025	Common Stock	20,00	0	\$0.00	20,0	00	D		

Explanation of Responses:

- 1. The shares are held by MX II Associates LLC ("MX II Associates"). Reporting Person is the Managing Member of MX II Associates. Voting and dispositive decisions with respect to shares held by MX II Associates are made by Reporting Person, however, Reporting Person disclaims beneficial ownership of the shares held by MX II Associates, except to the extent of any pecuniary interest therein
- 2. The shares are held by Medpace Investors, LLC ("Medpace Investors"). Reporting Person is the Manager of Medpace Investors. Voting and dispositive decisions with respect to shares held by Medpace Investors are made by Reporting Person, however, Reporting Person disclaims beneficial ownership of the shares held by Medpace Investors, except to the extent of any pecuniary interest therein.
- 3. The underlying shares subject to the option vest and become exercisable in full on the earlier of (i) one year from the 2015 Annual Meeting scheduled for May 21, 2015, or (ii) the date of the 2016 Annual Meeting, subject to Reporting Person's continued service relationship with the Issuer on such vesting date.

Remarks:

/s/ Matthew R. Hooper, as 04/03/2015 Attorney-in-Fact for August J. **Troendle**

** 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.