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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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*     LAWLIS V BRYAN				2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [ CHRS ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
	ist) (First) (Middle) O COHERUS BIOSCIENCES, INC. 1 REDWOOD SHORES PARKWAY, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2015								Officer (give title Other (specify below) below)					
(Street) REDWOOD CA 94065				4. If Amendment, Date of Original Filed (Month/Day/Year) 04/03/2015								Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(S		(Zip)																
		Tak	ole I - Non-			_			quired, E	Disp	1			y Owned	l				
Date			action 2A. Deemed Execution Date, if any (Month/Day/Year)		if any		Code (Instr.						es ally following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
					Code	v	Amount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)					
		•	Table II - D						uired, Di					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	d 4. Date, Transact		5. Number of		6. Date Exercis Expiration Date (Month/Day/Yea		ible and	7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
				Co	ode V	,	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$29	04/01/2015		1	A		20,000		(1)	0	3/31/2025	Common Stock	20,000	\$0.00	20,000	0	D		
Stock Option (Right to Buy)	\$29	04/01/2015		1	A		6,250		(1)	0	3/31/2025	Common Stock	6,250	\$0.00	6,250	)	D		
Stock Option (Right to Buy)	\$29	04/01/2015		1	A		25,000		(2)	0	3/31/2025	Common Stock	25,000	\$0.00	25,000	0	D		

## **Explanation of Responses:**

- 1. 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 April 1, 2015, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.
- 2. Option granted to Reporting Person pursuant to his position as Chairman of the Scientific Advisory Board. 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 April 1, 2015, subject to Reporting Person's continued service relationship with the Issuer on each such vesting

## Remarks:

/s/ Matthew R. Hooper, as Attorney in Fact for V. Bryan

05/27/2015

<u>Lawlis</u>

\*\* Signature of Reporting Person

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.