FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	$\Gamma$	20E40	
vasiliigion,	D.C.	20349	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0										
Estimated average burden										
hours per response	e: 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

1. Name and Address of Reporting Person*  STOLPER MARK					2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [ CHRS ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/07/2023								Officer below)	(give title		Other (s <sub>l</sub> below)	pecify
COHERUS BIOSCIENCES, INC. 333 TWIN DOLPHIN DRIVE, SUITE 600				4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person						
(Street)	OOD CA	A	94065			Form filed by More than One Reporti Person											ting	
(City)	(Si	tate)	(Zip)		 	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a							ant to a con		on or written	plan th	nat is intende	d to
(City) (State) (Zip) Satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			action	2A. Deemed Execution Date,		3. 4. Securitie Transaction Disposed C Code (Instr. 5)		rities Acquired (A) or d Of (D) (Instr. 3, 4 an		5. Amou Securitie Benefici Owned I	nt of (es ally (	Form: (D) or	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount (A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)		(	Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Conversion or Exercise Price of Derivative Security  (Instr. 3)  2. Conversion Date (Month/Day/Year)  3. Transaction Date Execution Date, if any (Month/Day/Year)  2. Conversion Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  4. Transaction Date (Month/Day/Year)  6. Security			Transact Code (In	ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	(A)	(D)	Date Exercisable		oiration e	Title	Amount or Number of Shares							
Stock Option (Right to Buy)	\$5.38	06/07/2023			A		38,250		(1)	06/	07/2033	Common Stock	38,250	\$0	38,250		D	

## **Explanation of Responses:**

1. The underlying shares subject to the option vest and become exercisable as to 1/12th of the total number of shares subject to the option in successive, equal monthly installments measured from June 7, 2023, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.

/s/ McDavid Stilwell, as Attorney-in-Fact for Mark **Stolper** 

\*\* Signature of Reporting Person Date

06/09/2023

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.