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(h)	

## 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

1. Name and Address of Reporting Person*  HEALY JAMES					2. Issuer Name <b>and</b> Ticker or Trading Symbol Coherus BioSciences, Inc. [ CHRS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
(Last) (First) (Middle) C/O COHERUS BIOSCIENCES, INC. 333 TWIN DOLPHIN DRIVE, SUITE 600						3. Date of Earliest Transaction (Month/Day/Year) 05/17/2017								Officer (give title Other (specify below)					
(Street) REDWO	OD C.	A	94065		_   4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								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	tate)	(Zip)																
		Tab	le I - No	n-Deri	vativ	e Se	curities	Ac	quired, I	Dis	posed o	f, or Be	neficia	ly Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution D		xecution Date,		3. 4. Securiti Transaction Code (Instr. 5) 5				5. Amount Securities Beneficial Owned Fo	Form: y (D) or		Direct ndirect tr. 4)	. Nature of ndirect seneficial ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar				(Instr. 4)	
Common Stock, \$0.0001 par value													92	92		D			
Common Stock, \$0.0001 par value												2,893,221		I		See Footnote <sup>(1)</sup>			
	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. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				6. Date Exc Expiration (Month/Dat	Date	•	d 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporte Transac (Instr. 4)	/e es ally ng d tion(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to	\$23.8	05/17/2017			A		20,000		(2)	(	05/17/2027	Common Stock	20,000	\$0.00	20,0	00	0 D		

## **Explanation of Responses:**

- 1. The Reporting Person is one of the managing members of the general partner of Sofinnova Venture Partners VII, L.P. that directly holds the reported securities, and as such, may be deemed to share voting and investment power with respect to such securities. The Reporting Person disclaims beneficial ownership of the reported securities, except to the extent of his proportionate pecuniary interest in Sofinnova Ventures Partners VII, L.P.
- 2. 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 May 17, 2017, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.

## Remarks:

/s/ Jean-Frederic Viret, as Attorney-in-Fact for James I.

\*\* Signature of Reporting Person

05/19/2017

Healy, M.D., Ph.D.

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.