## 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number:	3235-0287								
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1. Name and Address of Reporting Person <sup>*</sup> Wahlstrom Mats			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Coherus BioSciences, Inc.</u> [ CHRS ]		tionship of Reporting P all applicable) Director	10% Owner	
	(First) (Middle) DHERUS BIOSCIENCES, INC. EDWOOD SHORES PARKWAY, SUITE 20		3. Date of Earliest Transaction (Month/Day/Year) 08/14/2015		Officer (give title below)	Other (specify below)	
(Street) REDWOOD CITY (City)	CA (State)	94065 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Fil Form filed by One Re Form filed by More th Person	eporting Person	

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)		
Common Stock, \$0.0001 par value	08/14/2015		S		116,554	D	\$34.2363(1)	592,928	Ι	See Footnote <sup>(2)</sup>		
Common Stock, \$0.0001 par value								53,583	Ι	See Footnote <sup>(3)</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. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	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(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

**Explanation of Responses:** 

The transaction was executed in multiple trades in prices ranging from \$33.68 to \$34.50, 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.
The shares are held by KMG Capital Partners, LLC. Mr. Wahlstrom disclaims beneficial ownership of the shares held by KMG Capital Partners, LLC except to the extent of his pecuniary interest therein.

3. The shares are held by Leonard Capital, LLC. Mr. Wahlstrom disclaims beneficial ownership of the shares held by Leonard Capital, LLC except to the extent of his pecuniary interest therein.

Remarks:

<u>/s/ Jean Frederic Viret, as</u> <u>Attorney-in-Fact for Mats</u> <u>Wahlstrom</u>

<u>08/18/2015</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $\ast$  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.