FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-02									
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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* Anicetti Vincent R (Last) (First) (Middle) COHERUS BIOSCIENCES, INC. 333 TWIN DOLPHIN DRIVE, SUITE 600 (Street) REDWOOD CITY CA 94065 (City) (State) (Zip)							2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [CHRS] 3. Date of Earliest Transaction (Month/Day/Year) 10/19/2020 4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Operating Officer 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - N	lon-Deri	vative	e Sec	uriti	es Ad	quire	ed, D	isposed o	of, or B	enefic	ially	Owned	t				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						Execution Da		Date,	3. Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			5)	Beneficially Owned Follow		Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								• •		v	Amount	(A) or (D)	Price						(Instr. 4)	
Common Stock 10/19/202						20			M		2,500	Α	\$2.50	005	51,	51,056 ⁽¹⁾		D		
Common Stock 10/19/202					020	20		M		717	Α	\$12	12.7		51,773 ⁽¹⁾		D			
Common Stock 10/19/202					.020	s ⁽²⁾ 3,217 D \$17.891)11 ⁽³⁾	1 ⁽³⁾ 48,556 ⁽¹⁾			D								
		Т	able I								posed of, , converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed iion Date, n/Day/Year)	4. Transa Code (8)				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numb of Share	er						
Stock Option (Right to Buy)	\$2.5005	10/19/2020			M			2,500	(4	1)	06/30/2024	Commor Stock	2,50	0	\$0.00	9,988		D		
Stock Option (Right to	\$12.7	10/19/2020			M			717	(4	4)	08/06/2027	Commor Stock	717		\$0.00	26,783	;	D		

Explanation of Responses:

- 1. Includes 31,250 restricted stock units.
- 2. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by Reporting Person.
- 3. The transaction was executed in multiple trades in prices ranging from \$17.53 to \$18.12, 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.
- 4. All of the shares underlying this option are vested and exercisable as of the date hereof.

/s/ Jean-Frederic Viret, as Attorney-in-Fact for Vincent R. 10/21/2020 Anicetti

** 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.