FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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1. Name and Address of Reporting Person* Stilwell McDavid						2. Issuer Name <b>and</b> Ticker or Trading Symbol Coherus BioSciences, Inc. [ CHRS ]									elationship o eck all applio Directo	cable)	g Pers	son(s) to Iss 10% Ov Other (s	wner
(Last) (First) (Middle) COHERUS BIOSCIENCES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 01/04/2022								-	below)			below)	elow)
333 TWI	N DOLPH	IN DRIVE, SUI	TE 600																
(Street) REDWOOD CA 94065				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	dividual or Joint/Group Filing (Check Applicable )  Compared to the proof of the pr					
(City)	(S	tate)	(Zip)																
		Tab	le I - No	n-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed c	f, or B	ene	ficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date		Date,	, Transaction Disposed Code (Instr. 5)		ties Acqui I Of (D) (Ir	red (/	A) or s, 4 and		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	Amount (A) or (D)		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 01/04/2					4/202	2			A		40,000	(1) <i>A</i>		\$0.00	\$0.00 73,138(2)(3)			D	
	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/Day	Date,	4. Transa Code ( 8)				6. Date Exercisable an Expiration Date (Month/Day/Year)			d 7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or No	umber					
Stock Option (Right to Buy)	\$15.94	01/04/2022			A		80,000		(4)		01/04/2032	Common Stock	1 80	0,000	\$0.00	80,000	)	D	

## **Explanation of Responses:**

- 1. Constitute restricted stock units ("RSUs") for which the Reporting Person is entitled to receive one (1) share of Common Stock for each RSU upon vesting. 1/3 of the RSUs vest annually on January 4 of each year, with the first 1/3 vesting on January 4, 2023 and with the RSUs being fully vested on January 4, 2025, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.
- 2. Includes 60,000 RSUs.
- $3.\ Includes\ 1,527\ shares\ acquired\ on\ November\ 15,\ 2021,\ pursuant\ to\ Issuer's\ employee\ stock\ purchase\ plan.$
- 4. 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 January 4, 2022, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.

/s/ McDavid Stilwell

01/06/2022

\*\* Signature of Reporting Person

Date

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.