FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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

| Name and Address of Reporting Person* Wahlstrom Mats | | | | 2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [CHRS] | | | | | | (Ch | eck all applic | 10% Owner | | Owner | |
|--|---|--|---|---|-------------------|----------|-----------------|--|--------------------|--|--|--|--|--|-------------------------------------|
| (Last) (First) (Middle) COHERUS BIOSCIENCES, INC. 333 TWIN DOLPHIN DRIVE, SUITE 600 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/07/2022 | | | | | | Officer (give title Other (spec below) below) | | | | | |
| (Street) REDWO | | | 94065 | | If Amer /10/20 | | Date (| of Original File | ed (Month/Da | ay/Year) | Line |) X Form f | led by One led by More | Filing (Check Reporting Peethan One R | rson |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | |
| | | Tab | le I - Non-De | rivativ | e Sec | curities | s Ac | quired, Di | sposed o | f, or Be | neficiall | y Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | 9 | Execution Date, | | Code (Instr. 5) | | | 5. Amour Securitie Beneficia Owned F Reported | es Forr ially (D) o Following (I) (I | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | | | | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | (113111 4) |
| 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 (| | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indii (I) (Inst | Beneficial Ownership ect (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$14.67 ⁽¹⁾ | 01/07/2022 | | A | | 27,000 | | (2) | 01/07/2032 | Common Stock | 27,000 | \$0.00 | 27,000 | D | |

Explanation of Responses:

- 1. The Form 4/A is being filed solely to correct a typographical error in the exercise price. Except as noted in this footnote, all other information as disclosed in the Reporting Person's original Form 4 was
- 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 January 1, 2022, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.

/s/ McDavid Stilwell, as

Attorney-in-Fact for Mats 02/11/2022

Wahlstrom

** 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.