FORM 4

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Section obligat	n 16. Form 4 or ions may conti		OTATE	Filed <sub> </sub>							es Exchan			34		ll l	ated av	erage burde sponse:	n 0.5
1. Name and Address of Reporting Person* <u>Szela Mary T</u>						2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [ CHRS ]									elationship o eck all applio X Directo	cable) r	ng Pers	10% O\	vner
(Last) (First) (Middle) C/O COHERUS BIOSCIENCES, INC. 201 REDWOOD SHORES PARKWAY, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2015										Officer below)	(give title		Other (s	specify
(Street)  REDWOOD CITY  CA 94065  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	5. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)			ole I - Non-I	Derivat	ive S	Securi	ies A	cauire	ed. Di	isn	osed o	f. or	Ben	eficiall	v Owned				
1. Title of Security (Instr. 3)  2. Transa Date				. Transac	action 2A. Deemed		emed ion Date	ar) 3. Tra	ansactio	on tr.	4. Securit Disposed 5)	ties Acquired (A) or I Of (D) (Instr. 3, 4 an		(A) or . 3, 4 and	5. Amour Securitie Beneficia Owned F Reported Transact	nt of s ally ollowing	Form	: Direct Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Table II - De (e.					quired		ро	sed of,	or B	Benef		(Instr. 3 a	and 4)			
1. Title of Derivative Security (Instr. 3)	le of 2. 3. Transaction ative Conversion Date Execution D Execution D if any		3A. Deemed Execution Dat if any (Month/Day/Ye	Cod	Transaction Code (Instr.		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			of Se Unde Deriv	ecuritie erlying vative S r. 3 and	Security	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)	Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

\$29

1. The underlying shares subject to the option vest and become exercisable in full on the earlier of (i) one year from the 2015 Annual Meeting scheduled for May 21, 2015, or (ii) the date of the 2016 Annual Meeting, subject to Reporting Person's continued service relationship with the Issuer on such vesting date.

Date

Exercisable

(1)

(D)

## Remarks:

Stock Option

(Right to Buy)

/s/ Matthew R. Hooper, as

Attorney-in-Fact for Mary T.

Number

Shares

20,000

\$0.00

20,000

04/03/2015

D

Szela

Expiration Date

03/31/2025

Title

Commo

\*\* 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).

04/01/2015

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

ν

Code

Α

(A)

20,000

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.