FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See

Instruction 1(b)

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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*     Anicetti Vincent R							2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [ CHRS ]									Relationship of Reportin (Check all applicable)     Director     Officer (give title			uer vner specify		
(Last) (First) (Middle) COHERUS BIOSCIENCES, INC. 333 TWIN DOLPHIN DRIVE, SUITE 600							3. Date of Earliest Transaction (Month/Day/Year) 07/17/2020									Chief Operating Officer					
(Street) REDWOOD CITY CA 94065 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									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 - I	Non-Deri	vativ	e Sec	curit	ties A	cquire	ed, D	isposed o	of, or B	enefic	ially	Owned						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y						Exec if any	,	ed Date, sy/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Benefic Owned		es ally Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)		
Common Stock 07/17/202						20			M		2,500	A	\$2.5	005	51,	,056(1)		D			
Common Stock 07/17/202					2020	)20			M		12,500	Α	\$12	2.7 63,		556(1)		D			
Common Stock 07/17/202					2020	20			<b>S</b> <sup>(2)</sup>		15,000	D	\$18.24	.8.2458 <sup>(3)</sup>		48,556(1)		D			
		-	Table						•	,	sposed of,			•	wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	<del>, , , ,</del>	4. Transa Code ( 8)	action	5. Number		6. Date Exer Expiration D (Month/Day/		rcisable and Date	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		unt 8.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form Direct or Ind (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amou or Numb of Share	er							
Stock Option (Right to Buy)	\$2.5005	07/17/2020						2,500	(	4)	06/30/2024	Commo Stock	n 2,50	00	\$0.00	17,488	3	D			
Stock Option (Right to	\$12.7	07/17/2020			M			12,500		4)	08/06/2027	Commo Stock	<sup>n</sup> 12,5	00	\$0.00	32,500		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 \$18.11 to \$18.49, 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. 07/21/2020 **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.