FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

1. Name and Address of Reporting Person*  McMichael Bryan J					2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [ CHRS ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify				
(Last)	,	rst) ENCES, INC	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/27/2023								Officer (give title below)  See Remai		specify
333 TWIN DOLPHIN DRIVE, SUITE 600				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) REDWO CITY	EDWOOD CA 94065				ulo 1	10h <i>E</i> :	1(0)	Transa	ation Ind		X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(Si	tate)	(Zip)	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inc.						nt to a contr ee Instructio	a contract, instruction or written plan that is intended to struction 10.					
		Tab	le I - Non	-Deriv	vativ	e Se	curities	s Acc	quired, D	isposed o	of, or Be	neficiall	y Owned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and			s Fally (I	orm: Direct D) or Indirect ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 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 D if any (Month/Day)	ate,	4. Transactio Code (Inst 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$6	03/27/2023			A		25,000		(1)	03/27/2033	Common Stock	25,000	\$0	25,000	D	

## **Explanation of Responses:**

1. 1. 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 March 27, 2023, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.

Title: Executive Vice President, Accounting, Corporate Controller and Principal Accounting Officer

/s/ McDavid Stilwell, as Attorney-in-Fact for Bryan J. **McMichael** 

\*\* Signature of Reporting Person

03/29/2023

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.