FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0								
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*     Vexler Vladimir			2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [ CHRS ]								ck all applic Directo	able) r (give title	g Pers	10% Ow Other (s	/ner				
(Last)	`	First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)							1	,	hief Scien	ntific	,			
COHERUS BIOSCIENCES, INC.			01/	01/04/2023															
333 TWIN DOLPHIN DRIVE, SUITE 600																			
(Street) REDWO	OOD CA	A	94065			4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,		Code	Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)		a) or 4 and	5. Amour Securitie Beneficia Owned F Reported	es Form ally (D) of Following (I) (II		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(moti. 4)		
Common Stock 01/04/				/2023		F		5,437	5,437 <sup>(1)</sup> D \$		\$9.87	7 98,527 <sup>(2)</sup>			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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			ate, T	ransaction Code (Instr. i)		of E		Expiratio	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		urity	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)
				c	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	mber ares					
Stock Option (Right to Buy)	\$9.87	01/04/2023			A		80,000		(3)		01/04/2033	Common Stock	80	,000	\$0.00	80,000	)	D	

## **Explanation of Responses:**

- 1. Represents shares automatically withheld to pay related tax liability in connection with the vesting of restricted stock units in accordance with Rule 16b-3.
- 2. Includes 1 share acquired on November 15, 2022, pursuant to Coherus BioSciences, Inc. Employee Stock Purchase Plan.
- 3. 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, 2023, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.

/s/ McDavid Stilwell, as

01/06/2023 Attorney-in-Fact for Vladimir

Vexler

\*\* 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.