FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person* ANALY LC N. D. D. Y. A. N. B. D.						2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [CHRS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
LAWLIS V BRYAN						Concrete Dioocicinees, me. [Ginto]									Directo	r		10% Ow	ner
(1 4)											Officer below)	er (give title		Other (s below)	pecify				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 11/06/2014									DCIOW)			bciow)	
C/O COHERUS BIOSCIENCES, INC.																			
201 REDWOOD SHORES PARKWAY, SUITE 200														C. Ledicidus Les Taiat/Ossus Eilies (Obsult A. L. L.					
(Chroat)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) REDWO	OD													X	Form fi	led by One I	Repor	ting Persor	ı
CITY	C.	A	94065												Form fi Person	led by More	than	One Repor	ting
(City)	(S	tate)	(Zip)	,															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac					ction					3. 4. Securities Acquired (A)									. Nature
Date (Month/Da					ay/Ye	ay/Year) Execution Date if any (Month/Day/Ye			Code (Instr.						Securitie Beneficia Owned F	ally (D) o ollowing (I) (In		r Indirect Enstr. 4)	of Indirect Beneficial Ownership
								Code	v	Amount	unt (A) or (D)		се	Reported Transact (Instr. 3 a	ction(s)			Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
			uts,	its, calls, warrants, options, convertible securities							urities	s) —							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	ate, Tr	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				C	ode	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amou or Numb of Share	per					
Stock Option (Right to Buy)	\$13.5	11/06/2014			A		14,997		(1)		11/05/2024	Common Stock	14,9	97	\$0.00	14,997		D	

Explanation of Responses:

1. The underlying shares vest pursuant to the following schedule: One Forty Eighth (1/48th) of the shares subject to the option vest and become exercisable in successive, equal monthly installments measured from May 29, 2014, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.

Remarks:

/s/ Matthew R. Hooper, as Attorney in Fact for V. Bryan

Lawlis, Ph.D.

** Signature of Reporting Person Date

11/10/2014

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.