### 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

1. Name and Address of Reporting Person* FINCK BARBARA K						2. Issuer Name and Ticker or Trading Symbol Coherus BioSciences, Inc. [ CHRS ]									all appli Directo	onship of Reportin Il applicable) Director Officer (give title		son(s) to Iss 10% Ov Other (s	/ner
(Last) (First) (Middle) COHERUS BIOSCIENCES, INC. 333 TWIN DOLPHIN DRIVE, SUITE 600						3. Date of Earliest Transaction (Month/Day/Year) 08/13/2018									Chief Medical Officer				
CITY	REDWOOD CA 94065				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(3)		(Zip) <b></b> <b>le I - N</b>	lon-Deri	vative	Sec	uriti	ies A	cauire	d. D	isposed o	of, or B	eneficia	llv	Owner				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yell)			ion	n 2A. Deeme Execution 'ear) if any		eemed Ition Date,		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amo Securit Benefic Owned		unt of es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock, \$0.0001 par value 08/13/201				018	18			M		1,760	A	\$1.42	2	38	,803		D		
Common Stock, \$0.0001 par value 08/13/201			018	18			S <sup>(1)</sup>		1,760	D	\$19.022	9.0227(2)		37,043		D			
		Т	able I								posed of , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)		ransaction ode (Instr.		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)			nd of s ng e Security and 4)	8. Price o Derivativ Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (right to	\$1.42	08/13/2018			M			1,760	(3	6)	11/21/2023	Common Stock	1,760		\$0.00	84,701	.	D	

### **Explanation of Responses:**

- 1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by Reporting Person.
- 2. The transaction was executed in multiple trades in prices ranging from \$18.80 to \$19.25, 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.
- 3. The shares underlying this option are fully vested and exercisable as of the date hereof.

# Remarks:

/s/ Jean Frederic Viret, as

Attorney-in-Fact for Barbara 08/15/2018

K. Finck, M.D.

\*\* Signature of Reporting Person

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.