| SEC For | m 4 | | | | | | | | | | | | | | | | | | |
|---|---|--|---|--------------------------------------|--|-----------------|--------|--|-------|------------------------|--|--|---|--|---|--|--|--|--|
| FORM 4 UNITED STA | | | | ATE | TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | OMB APPROVAL | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | -iled pur | I pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | |
| 1. Name and Address of Reporting Person [*] Wahlstrom Mats | | | | 2. | Issuer | Name a r | nd Tic | Investment (ker or Tradin ences, Inc | g Sym | nbol | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
| (Last) (First) (Middle) COHERUS BIOSCIENCES, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2021 | | | | | | | | Officer (give title Other (specify below) below) | | | | | | |
| 333 TWIN DOLPHIN DRIVE, SUITE 600 (Street) REDWOOD CITY CA 94065 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D) | | | | Insactio | ction 2A. Deemed Execution Date, | | | 3. 4. See Transaction Dispo Code (Instr. 5) | | I. Securit Disposed | ties Acquire I Of (D) (Ins | d (A) or | 5. Amou Securitie Beneficia Owned F | s Form lly (D) o | | Direct Direct E Indirect E str. 4) C | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code V | / A | Amount | ount (A) or (D) F | | Reported Transaction(s) (Instr. 3 and 4) | | | | | | |
| | | - | Fable II - Deriv (e.g. | | | | | uired, Dis , options | | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Inst 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | e and | 7. Title and Amour 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) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | iration e | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (Right to Buy) | \$17.58 | 01/11/2021 | | A | | 20,000 | | (1) | 01/1 | 1/2031 | Common Stock | 20,000 | \$0.00 | 20,000 | 0 | D | | | |

Explanation of Responses:

1. The underlying shares subject to the option vest and become exercisable as to 1/12th of the total number of shares subject to the option in successive, equal monthly installments measured from January 1, 2021, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.

| <u>/s/ Jean-Frederic Viret, as</u> | |
|------------------------------------|------------|
| Attorney-in-Fact for Mats | 01/13/2021 |
| <u>Wahlstrom</u> | |
| ** 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.