FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-0287
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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 OF SECURITIES

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

(Print or Type I	Response	s)																			
1. Name and Address of Reporting Person *- ROSENWALD LINDSAY A MD						2. Issuer Name and Ticker or Trading Symbol CB Pharma Acquisition Corp. [CNLM]								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director X_ 10% Owner						
(Last) (First) (Middle) C/O CB PHARMA ACQUISITION CORP., 24 NEW ENGLAND EXECUTIVE PARK, SUITE 105					01/0	3. Date of Earliest Transaction (Month/Day/Year) 01/05/2015										er (give title belo		Oth	er (speci	fy below	v)
BURLINGTON, MA 01803				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								_	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person X_Form filed by More than One Reporting Person							
(City) (State) (Zip)						Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, i any (Month/Day/Yea		, if	Code (Instr. 8)		tion 4. Securiti (A) or Dis (Instr. 3, 4)		posed of (D) and 5)				Owned Following ransaction(s)		6. Ownership Form: Direct (D)		Benefi Owner	ct icial rship	
								Code	e	V	Amount	(A) or (D)	Pric	ce			(I) (Instr.	ir. 4) (Instr. 4)		4)	
Ordinary Sha	ares		01/05/	2015				J			100,000	D	\$ 0 (1)	1,	1,285,000 I]	By Coronado Biosciences, Inc. (2)			
Reminder: Rep indirectly.	port on a s	separate line	e for eac	h class of se	curities	beneficia	ally	owned	dire	ctly	or										
						contained in this form a								n are	o the collection of information SEC 1474 (9- are not required to respond unless rently valid OMB control number.						
				Table II -							Disposed o				ly Owned	l					
(Instr. 3) Prid Der	nversion	3. Transact Date (Month/Da		3A. Deeme Execution I any (Month/Da	d Date, if	4. Transac Code	tion	5. Nu of	mber rative rities ired r osed)	and Expiration Date (Month/Day/Year) S		7. Ti Amo Unde Secu	title and bunt of erlying urities rr. 3 and	(Instr. 4		tive Own ties Form cially Deriving Secu ving or In ction(s)		of vative rity:	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	V	(A)	(D)		ate xercisable	Expira Date	tion	Title	or Number of Shares						

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ROSENWALD LINDSAY A MD C/O CB PHARMA ACQUISITION CORP. 24 NEW ENGLAND EXECUTIVE PARK, SUITE 105 BURLINGTON, MA 01803	X	X	Co-Chairman and CEO				
CORONADO BIOSCIENCES INC 24 NEW ENGLAND EXECUTIVE PARK BURLINGTON, MA 01803		X					

Signatures

/s/ Lindsay A. Rosenwald	01/05/2015
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) 100,000 shares were compulsorily repurchased by the Issuer, for an aggregate purchase price of \$0.01, in connection with the partial exercise by the underwriters of the over-allotment option, as described in the Issuer's registration statement on Form S-1.
- Mr. Rosenwald is the Chairman, President and Chief Executive Officer of Coronado Biosciences, Inc., and as such, controls the voting and disposition of such shares. Mr. (2) Rosenwald disclaims beneficial ownership of these securities, except to the extent of his pecuniary interest therein, and this report shall not be deemed an admission that Mr. Rosenwald is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.