FORM 4

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
nours 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).

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 Ty	pe Response	es)																				
(Print or Type Responses) 1. Name and Address of Reporting Person * HORGAN KEVIN						2. Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) C/O CORONADO BIOSCIENCES, INC., 24 NEW					CORONADO BIOSCIENCES INC [CNDO] 3. Date of Earliest Transaction (Month/Day/Year) 04/21/2014										Director 10% Owner 10% Owner Officer (give title below) X Other (specify below) Former Chief Medical Officer							
ENGLAND EXECUTIVE PARK (Street)						4. If Amendment, Date Original Filed(Month/Day/Year)										6. Individual or Joint/Group Filing(Check Applicable Line)						
BURLINGTON, MA US 01803															_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City		(State)	(Zip)			Table	I - N	Non-De	rivati	ve Se	curiti	ired,	Disposed	l of, or Ben	eficially Ow	ned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 8)			4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)			ired 5. Amou f (D) Benefici		f Securities Owned Follonsaction(s) 4)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership						
							Code		Amoi		(A) or (D)	Price	or Indirec (I)					(Instr. 4)				
Common	Stock		04/21/20	014		+-	M	V	19,000	+	` /	\$ 1.71	19,000				D					
Common Stock			04/21/20	014				S		19,00	00 E)	\$ 1.8096 (1)	0	0			D				
Reminder:	Report on a	separate line for ea	ch class o	f securitie	s benefici	ally ow	ned dire	ectly	or indi	irectly.												
									cont	tained	l in t	his fo	rm are	not r	equired	of inform to respoi ontrol nun	nd unless t		1474 (9-0			
			Т	able II -	Derivativ	e Secur	ities A	cqui	_		-		-			ontroi nun	ibei.					
1. Title of	2	3. Transaction	3A. Dee		(e.g., puts		warrar Numbe		ptions. 6. Date				7. Tit	o and		9 Drigg of	9. Number	of 10.	11. N			
Derivative Security	Conversion		Execution Date,		if Transaction of Code De Acur) (Instr. 8) Se Acur (A Di (Instr. 8) (Instr. 8) (Instr. 8)		erivativ curities equired) or sposed	Expirative (Month of the curities quired of the corresponded of the corresponded of the correspondence of the			tion Date h/Day/Year)		Amou Under Secur	Amount of Underlying Securities (Instr. 3 and		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Owners Form o Derivat Securit Direct (or India	hip of Indi Benefic Owner (Instr.			
					Code	Code V (A)			Date Exercis	Exp sable Dat		ation	Title		Amount or Number of Shares							
Options to purchase Common Stock	Ψ 1./1	04/21/2014			М		19,0	000	<u>(2</u>	D 1	1/05	5/202	3 Com Sto	mon ck	19,000	\$ 0	47,566	D				
Renor	ting ()	wners	-		<u> </u>								- ļ					— 				
теры		whers					Doloti	onah	· · ·													
Reporting Owner Name / Address Director						vner O		oships Other														
HORGAN KEVIN C/O CORONADO BIOSCIENCES, INC. 24 NEW ENGLAND EXECUTIVE PARK BURLINGTON, MA US 01803									Former Chief Medical Officer													
Signat	tures																					
/s/ Robyr	Hunter, A	04/22	/2014																			
***S	Signature of Repo	orting Person		Dat	e																	
Evelo		of Respo																				

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).

effected.

(2) The vesting of one-third of the shares subject to this option was accelerated upon Dr. Horgan's separation of service from the Issuer.

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.