

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPRO         | VAL   |
|-------------------|-------|
| OMB               | 3235- |
| Number:           | 0104  |
| Estimated average | ge    |
| burden hours per  | ٢     |
| 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

| (Print or Type Responses)                                                                         |                         |                                             |                                       |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                          |  |  |
|---------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|---------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--|
| 1. Name and Address of Reporting Person * ELLIOTT INTERNATIONA L.P.                               | Staten<br>(Mont         |                                             | -                                     |                                                                   | 3. Issuer Name and Ticker or Trading Symbol CORONADO BIOSCIENCES INC [CNDO]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                          |  |  |
| (Last) (First) (Middl<br>C/O MAPLES & CALDER, P.<br>BOX 309, UGLAND HOUSE,<br>SOUTH CHURCH STREET | D HOUSE,                |                                             | 4. Relationshi Person(s) to Is (Check | ssuer<br>all applicable)                                          | Filed(M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5. If Amendment, Date Original Filed(Month/Day/Year) |                                                                                                                          |  |  |
| GEORGE TOWN, E9 00000                                                                             |                         |                                             |                                       | title below)                                                      | below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6. Indi<br>Filing(<br>_X_ For                        | vidual or Joint/Group<br>Check Applicable Line)<br>m filed by One Reporting Person<br>n filed by More than One Reporting |  |  |
| (City) (State) (Zip)                                                                              | )                       | Tal                                         | ble I -                               | e I - Non-Derivative Securities Beneficially Owned                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                          |  |  |
| 1.Title of Security (Instr. 4)                                                                    |                         | Ben                                         |                                       | lly Owned                                                         | 3.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ownership                                            | ndirect Beneficial                                                                                                       |  |  |
| Common Stock 1,654,898                                                                            |                         |                                             | 98                                    | D (1)                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                          |  |  |
|                                                                                                   | respond t<br>to respond | o the colle<br>I unless th                  | ectior<br>ne for                      | n of information<br>m displays a cu                               | contained in conta | n this form a<br>OMB contr                           | ol                                                                                                                       |  |  |
| 1. Title of Derivative Security 2. Day and 1                                                      |                         | ate Exercisable Expiration Date h/Day/Year) |                                       | cle and Amount of<br>rities Underlying<br>vative Security<br>: 4) | 4.<br>Conversion<br>or Exercise<br>Price of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5.<br>Ownership                                      | 6. Nature of Indirect Beneficial Ownership (Instr. 5)                                                                    |  |  |
|                                                                                                   | Date<br>Exercisable     | Expiration<br>Date                          | `                                     | Amount or Numb<br>of Shares                                       | Derivative<br>Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Security: Direct (D) or Indirect (I) (Instr. 5)      |                                                                                                                          |  |  |
| Domontino O                                                                                       |                         |                                             |                                       |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                          |  |  |

### **Reporting Owners**

| Reporting Owner Name / Address                                                                                                 |          | Relationships |         |       |  |  |
|--------------------------------------------------------------------------------------------------------------------------------|----------|---------------|---------|-------|--|--|
| Reporting Owner Name / Address                                                                                                 | Director | 10% Owner     | Officer | Other |  |  |
| ELLIOTT INTERNATIONAL, L.P.<br>C/O MAPLES & CALDER, P.O. BOX 309<br>UGLAND HOUSE, SOUTH CHURCH STREET<br>GEORGE TOWN, E9 00000 |          | X             |         |       |  |  |

## **Signatures**

| **Signature of Reporting Person | Date |
|---------------------------------|------|
|                                 |      |

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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). Elliott International Capital Advisors Inc., a Delaware corporation ("EICA"), is the investment manager of Elliott International, L.P.
- (1) ("Elliott International"). EICA may be deemed to have beneficial ownership of the securities owned by Elliott International. EICA disclaims any pecuniary interest in any of the securities with respect to which beneficial ownership is described in this Form 3.

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.

#### (Print or Type Responses)

#### Joint Filer Information

Title of Security: Common Stock

Issuer & Ticker Symbol: CORONADO BIOSCIENCES, INC. [CNDO]

Designated Filer: Elliott International, L.P.

Other Joint Filers: Elliott International Capital Advisors Inc. ("EICA")

Addresses: The address of EICA is c/o Elliott Management Corporation 40 West 57th Street, 30th Floor, New York, New

York 10019.

Signatures:

Dated: June 26, 2012 ELLIOTT INTERNATIONAL CAPITAL ADVISORS INC.

By: /s/ Elliott Greenberg

Elliot Greenberg, Vice President