

FORM 3**UNITED STATES SECURITIES AND EXCHANGE
COMMISSION****Washington, D.C. 20549****OMB APPROVAL**OMB 3235-
Number: 0104
Estimated average
burden hours per
response... 0.5**INITIAL STATEMENT OF 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 Responses)

1. Name and Address of Reporting Person * Cormorant Asset Management, LLC	2. Date of Event Requiring Statement (Month/Day/Year) 08/15/2014	3. Issuer Name and Ticker or Trading Symbol Collectar Biosciences, Inc. [CLRB]	
(Last) (First) (Middle) 100 HIGH STREET, SUITE 1105,		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ☐ Director ☒ 10% Owner ☐ Officer (give title below) ☐ Other (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street) BOSTON, MA 02110			6. Individual or Joint/Group Filing(Check Applicable Line) ☐ Form filed by One Reporting Person ☒ Form filed by More than One Reporting Person
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned		
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	530,000	I	See Footnote (1)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Warrants	08/20/2014	08/20/2019	Common Stock	530,000	\$ 0.01	I	See Footnote (1)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Cormorant Asset Management, LLC 100 HIGH STREET, SUITE 1105 BOSTON, MA 02110		X		
Chen Bihua C/O CORMORANT ASSET MANAGEMENT, LLC 100 HIGH STREET, SUITE 1105 BOSTON, MA 02110	X	X		

Cormorant Global Healthcare GP, LLC 100 HIGH STREET, SUITE 1105 BOSTON, MA 02110		X		
Cormorant Global Healthcare Master Fund, LP 100 HIGH STREET SUITE 1105 BOSTON, DC 02110		X		

Signatures

/s/ Bihua Chen, Managing Member of Cormorant Global Healthcare GP, LLC, General Partner of CORMORANT GLOBAL HEALTHCARE MASTER FUND, LP		09/05/2014
--Signature of Reporting Person		Date
/s/ Bihua Chen, Managing Member of CORMORANT GLOBAL HEALTHCARE GP, LLC		09/05/2014
--Signature of Reporting Person		Date
/s/ Bihua Chen, Managing Member of CORMORANT ASSET MANAGEMENT, LLC		09/05/2014
--Signature of Reporting Person		Date
/s/ Bihua Chen		09/05/2014
--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).

The securities reported herein are held by Cormorant Global Healthcare Master Fund, LP (the "Fund"). Mr. Laughlin serves as manager of North Tide. Cormorant Global Healthcare GP, LLC (the "GP") serves as the general partner of the Fund, and Cormorant Asset Management, LLC (the "Manager") serves as the investment manager of the Fund. Bihua Chen serves as the managing member of the GP and the Manager. Each of the Reporting Persons disclaims beneficial ownership of the shares reported herein except to the extent of its or her pecuniary interest therein, and the filing of this Form 3 shall not be construed as an admission that any of the Reporting Persons is the beneficial owner of any such shares for purposes of Section 16(a) of the Securities Exchange Act of 1934 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.

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