FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

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hours per response:

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

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

Name and Address of Reporting Person* Swisher Daniel N JR						2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)						3. Date of Earliest Transaction (Month/Day/Year) $08/01/2024$								Office		Other (specify below)				
C/O CORCEPT THERAPEUTICS INCORPORATED						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
101 REDWOOD SHORES PARKWAY														Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Street) REDWOOD CITY CA 9			94065		Ru	Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date				Date	th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		Benefic Owned	es ially Following	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect o rect B	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	Price	Reporte Transac (Instr. 3	tion(s)		("	Instr. 4)		
Common Stock 08/01/2					1/2024	2024			M		150	A	\$5.8	6	150					
Common Stock 08/01/2					1/2024	2024		S ⁽¹⁾		150	D	\$38.	5	0						
		Т										, or Ben		/ Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,	4. Transa Code (8)		n of		6. Date Exercisabl Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative S (Instr. 3 and		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Own Forn Direc or In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amount or Number of Shares							
Stock option (right to buy)	\$5.86	08/01/2024			M			150	(2)	0	7/21/2026	Common Stock	150	\$0	0		D			

Explanation of Responses:

- 1. The transaction was made pursuant to a 10b5-1 plan in effect at the time of this transaction.
- 2. Fully exercisable.

Remarks:

The power of attorney under which this form was signed is on file with the Commission.

/s/ Joseph Douglas Lyon, as attorney-in-fact for Daniel N. Swisher, Jr.

08/05/2024

** 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.