FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 0.00540 | · |
|-----------|--------------|
| .C. 20549 | OMB APPROVAL |
| | |

| OMB Number: | 3235-028 | | | | | | |
|--------------------------|----------|--|--|--|--|--|--|
| Estimated average burden | | | | | | | |
| hours per response: | 0. | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* Lyon Joseph Douglas | | | 2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT] | | | | [Ch | eck all applica Director | able) | ting Person(s) to Issuer 10% Owner Other (specify | | | | |
|---|-------------|-------------------------|---|---------|--|-------------------|-------------------------|---|--|---|--|--|-----------|---|
| (Last) (First) (Middle) C/O CORCEPT THERAPEUTICS INCORE 149 COMMONWEALTH DRIVE | ORATED | 3. Date 02/02 | e of Earliest /2022 | Transa | action (Mon | ith/Da | ay/Year) | | | below) | ief Accou | nting (| below)` | , |
| (Street) MENLO PARK CA 94025 (City) (State) (Zip) | | 4. If Ar | nendment, [| Date of | Original Fi | iled (N | Month/Da | y/Year) | Line | Y Form fil | oint/Group F led by One led by More | Reporti | ng Person | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | 5. Amoun Securities Beneficia Owned Fo | s Illy ollowing | 6. Owne Form: D (D) or Ir (I) (Instr | Direct Ir ndirect B r. 4) C | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | v | Amount (A) or (D) | | | Transacti | isaction(s) tr. 3 and 4) | | " | nstr. 4) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Executic if any (Month/Day/Year) (Month/I | n Date, Tra | ansactior ode (Instr | nsaction Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4) | | ries g e Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio | ly C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | Co | ode V | (A) | | Date Exercisable | | piration ite | Title | Amount or Number of Shares | Amount (Instr. 4) or Number | | | | |
| Stock Option (Right to Buy) Explanation of Personses: | | A | 100,000 | | (1) | 02/ | /01/2032 | Common Stock | 100,000 | \$0.00 | 100,000 | 0 | D | |

1. Shares subject to this stock option vest and become exercisable at the rate of 1/48th of the total number of shares on each monthly anniversary of February 2, 2022, so that the total number of shares subject to this option becomes fully vested and exercisable on February 2, 2026.

Remarks:

/s/ Joseph Douglas Lyon

02/11/2022

** 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.