FORM 4

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

Washington,	D.C. 20549
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Check this box if no longer subject	
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(h)	

1. Name and Address of Reporting Person

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

5. Relationship of Reporting Person(s) to Issuer

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

2. Issuer Name and Ticker or Trading Symbol

Mokari Atabak					CORCEPT THERAPEUTICS INC   CORT									X		tor er (give title		10% Ov Other (s	
(Last) (First) (Middle) C/O CORCEPT THERAPEUTICS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 09/01/2022									below) below) Chief Financial Officer				
149 COMMONWEALTH DRIVE					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applica				
(Street) MENLO	PARK CA	A 9	4025												Form	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St	ate) (Ž	Zip)																
		Table	I - No	on-Deriva	tive S	Secu	rities	Acc	quirec	d, Dis	posed of	, or B	enefic	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					eemed tion Da h/Day/\	,	3. Transaction Code (Instr. 8)  4. Securities Disposed O		Acquir (D) (Ins	ed (A) or str. 3, 4 a	nd 5)   Securi Benefi		ties cially I Following	Forr (D)	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)			(msu. 4)	
Common Stock 09/01/				09/01/2	022	22			A		793(1)	A	\$25.	98(2)		793		D	
Common	Common Stock 09/01/20				022	22			A		793(3)	A	\$ <mark>0</mark> .	\$0.00		1,586		D	
		Tal	ble II								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		te Exervation D		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	or Number of Shares	1					

## **Explanation of Responses:**

- 1. The Reporting Person purchased shares ("Purchase Plan Shares") of the Issuer's common stock pursuant to a purchase plan ("Purchase Plan") established under the Corcept Therapeutics Incorporated 2012 Incentive Award Plan on September 1, 2022.
- 2. In accordance with the Purchase Plan, the price was established based on the closing price on the day of the purchase.
- 3. Shares underlie unvested restricted stock awards granted to the Reporting Person by the Issuer under the Purchase Plan. 100% of the shares underlying the restricted stock awards will vest on the oneyear anniversary of the grant date provided the Reporting Person satisfies certain requirements under the Purchase Plan.

## 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 Atabak 09/06/2022 Mokari.

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.