FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

1. Name and Address of Reporting Person* Robb Gary Charles				2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC CORT							5. Relationship of Reporting Pers (Check all applicable) Director Officer (give title			1	son(s) to Issuer 10% Owner Other (specify			
(Last) (First) (Middle) C/O CORCEPT THERAPEUTICS INCORPORATED					3. Date of Earliest Transaction (Month/Day/Year) 09/01/2022							X Officer (give title Offier (specify below) Chief Business Officer						
149 COMMONWEALTH DRIVE				4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) MENLO PARK CA 94025				X Form filed by								filed by Mo	One Reporting Person More than One Reporting					
(City)	(Sta	ate) (Ž	Zip)															
		Table	I - N	on-Deriva	tive	Secur	ities A	quire	d, Di	sposed of	, or B	enefic	cially	/ Own	ed			
Date			2. Transaction Date (Month/Day/	Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		d (A) or tr. 3, 4 an	and 5) Securit Benefic Owned		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ect E	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Reporte Transa (Instr. 3	ction(s)			Instr. 4)
Common	Stock			09/01/20	22			A		1,010(1)	A	\$25.9	98 ⁽²⁾	98	,534	D		
Common Stock 09/0			09/01/20	09/01/2022			A		1,010(3)	A \$0		00	99,544		D			
Common	Stock													5,	,814	I	f	Custodial Account For Child ⁽⁴⁾
Common	Stock													5,	814	I	f	Custodial Account for Child ⁽⁴⁾
Common Stock													5,814		I	f	Custodial Account for Child ⁽⁴⁾	
		Tal	ble II							posed of, convertib				Owne	t			
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction Jak. Deemed Execution Date, or Exercise (Month/Day/Year) if any		Deemed ution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exer Expiration D (Month/Day/		rcisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Form Direct or In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)	Date Exerc	cisable	Expiration Date		Amount or Number of Shares	1					
Explanatio	n of Respons	ses:																

- 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.
- 4. These shares are held by a child of the reporting person through a custodial account under the Uniform Transfers to Minors Act for which the reporting person is custodian.

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 Gary 09/06/2022 Charles Robb.

** 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.