FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* FISHMAN ROBERT S						2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]									all applic	cable)	g Person(s) to Issuer 10% Owner Other (specif		vner		
	,	HERAPEUTICS	(Middle))		3. Date of Earliest Transaction (Month/Day/Year) 03/07/2018										Chief Med	lical (below)			
149 COMMONWEALTH DRIVE					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) MENLO PARK CA 94025			_									ne) X	•								
(City)	(State)	(Zip)																		
		Tab	le I - N	Non-Deri	vative	Sec	uriti	ies A	cquire	d, D	isposed o	of, or B	eneficia	lly (Owned	ı					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Year) Execu		. Deemed ecution Date, ny onth/Day/Year)		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			nd 5) Secu Bene Owne		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 03/07/20			018	18			M ⁽¹⁾		8,000	A	\$3.51		8,	,000		D					
Common Stock 03/07/201			018	18			S ⁽¹⁾		8,000	000 D \$15.0		6654 ⁽²⁾		0		D					
		T	able I								posed of , converti			уΟι	wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transa Code (8)	action (Instr. De Se Ac (A) Dis		oosed D) tr. 3, 4	6. Date Exe Expiration (Month/Day		ate	7. Title a Amount Securiti Underlyi Derivati (Instr. 3	of es ing /e Security	Dei	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Owr Forr Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares	er							
Stock Option (Right to	\$3.51	03/07/2018			M ⁽¹⁾			8,000	(3	3)	09/29/2025	Common	8,000	\$	\$0.00	393,00	0	D			

Explanation of Responses:

- 1. These transactions were made pursuant to the terms of a 10b5-1 plan in effect at the time of sale of the shares.
- 2. Represents the weighted average sale price for the entire number of shares sold. The actual sale prices range from \$15.34 to \$15.88 per share. Detailed information on the exact number of shares sold at each sale price can be obtained from the issuer upon request.
- 3. Shares subject to this stock option vest and become exercisable at the rate of 25% of the total number at the first anniversary of September 28, 2015. Thereafter, 1/48th of the total number of shares subject to this option grant vests and becomes exercisable on each monthly anniversary, so that the total number of shares subject to this option becomes fully vested and exercisable on September 28, 2019.

Remarks:

Buy)

By: /s/ G. Charles Robb,

03/08/2018 Attorney-in-Fact for Robert S.

Fishman

** 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.