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 application all all application all all application all application all all all all application all all all all all all all all all al	tor er (give title		10% Ov Other (s	ner
(Last) (First) (Middle) C/O CORCEPT THERAPEUTICS INCORPORATED					3. Date of Earliest Transaction (Month/Day/Year) 08/07/2018									below) below) Chief Medical Officer					
149 COMMONWEALTH DRIVE (Street) MENLO PARK CA 94025				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)																
		Tab	le I - N	Non-Deriv	vative	e Sec	uriti	ies A	cquire	ed, D	isposed c	of, or B	eneficia	ally	Owned	ł			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Execution		Date,			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic		es ially Following	Form (D) o	n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price		Transac	ransaction(s) nstr. 3 and 4)			(111501.4)	
Common Stock 08/07/201				018	. 8			M ⁽¹⁾		8,000	A	\$3.5	1	8,	,000		D		
Common Stock 08/07/201			018	18		S ⁽¹⁾		8,000	D	\$14.148	4.1481(2)		0		D				
		Т	able I								posed of, , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		if any	emed tion Date, n/Day/Year)	4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (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) (In	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	Amoun or Numbe of Shares						
Stock Option (Right to	\$3.51	08/07/2018			M ⁽¹⁾			8,000	(3	9)	09/29/2025	Commor Stock	8,000		\$0.00	353,000	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 \$14.05 to \$14.29 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:

/s/ G. Charles Robb, Attorneyin-Fact for Robert S. Fishman

08/08/2018

** 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.