FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DC	20549	
vasiliigion,	D.C.	20349	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
OI	OMB Number: 3235-0287										
Es	Estimated average burden										
ho	hours per response: 0.5										

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

1. Name and Address of Reporting Person* <u>Alton Gregg H</u>				CO	2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]							Relationship neck all appli X Direct	,		son(s) to Iss 10% Ow				
(Last)	(1	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/19/2023								Officer below)	(give title		Other (s below)	pecify	
C/O CORCEPT THERAPEUTICS INCORPORATED				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
149 COMMONWEALTH DRIVE												X Form filed by One Reporting Person Form filed by More than One Reporting							
(Street) MENLO	PARK C	Ž A	94025		Ru	Rule 10b5-1(c) Transaction Indication							<u> </u>	Person					
(City)	(:	State)	(Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		, Transaction Di Code (Instr. 5)			rities Acqui ed Of (D) (In		Benefic	es For ally (D) Following (I)	Form: (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	v	Amount	(A) or (D)		Transac (Instr. 3	ction(s)			msu. 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 (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		Fransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	Amount or Number of Shares						
Stock option (right to buy)	\$24.1	05/19/2023			A		30,000		(1)	05	5/18/2033	Common Stock	30,000	\$0.00	30,000		D		

Explanation of Responses:

1. Exercisable ratably in equal installments on each monthly anniversary of May 19, 2023 over a one-year period.

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 Gregg H. Alton

05/23/2023

** 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.