SEC For	m 4 FORI	<b>//</b> 4	UNITEI	) STA	TES	S SE	CU	RITI	ES AN	ID B	ЕХСНА	NGE		оммі	SSION					
					Washington, D.C. 20549													OMB APPROVAL		
Check this box if no longer subject to SECTION 16. Form 4 or Form 5 obligations may continue. See						NT OF CHANGES IN BENEFICIAL OWNERSHIP											OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
	tion 1(b).			File							ities Exchar ompany Act			34		lioura	perirea		0.5	
1. Name and Address of Reporting Person <sup>*</sup> Swisher Daniel N JR						2. Issuer Name and Ticker or Trading Symbol <u>CORCEPT THERAPEUTICS INC</u> [ CORT ] X Direction Structure St										. ,				
(Last) (First) (Middle)															(give title Other (specify below)			specify		
C/O CORCEPT THERAPEUTICS INCORPORATED					4.1	Line)										Joint/Group Filing (Check Applicable				
149 COMMONWEALTH DRIVE					-												iled by One Reporting Person iled by More than One Reporting າ			
(Street) MENLO	PARK	CA	94025 Rule 10b5-1(c) Transaction Indication																	
(City)		(State)	(Zip)	X 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.																
		Tat	ole I - No	n-Deriv	vative	e Sec	curit	ies Ac	quired	, Di	sposed o	of, or	Ben	eficial	ly Owned	ł				
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					ear)   E	2A. Deemed Execution Date, f any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		3, 4 and Secu Bene Owne		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A (D	A) or D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 12/01					1/202	2023			М		2,20	00 A \$		\$5.80	5 2,200			D		
Common Stock 12/01/					1/202	/2023			s <sup>(1)</sup> 2,200		0	D	\$25.47		0		D			
			Table II -								oosed of converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	se (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year		te	Amou Securi Under Deriva	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title		Amount or lumber of Shares						
Stock option (right to buy)	\$5.86	12/01/2023			М			2,200	(2)		07/21/2026	Comm Stoc		2,200	\$0	15,55	0	D		

## Explanation of Responses:

1. The transaction was made pursuant to a 10b5-1 plan in effect at the time of this transaction.

2. Fully exercisable.

## 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 Daniel N.

12/05/2023

Swisher, Jr.

\*\* 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.