SEC Form 4	
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Instruction 1(b).

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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

			or Section So(ii) of the investment Company Act of 1940					
1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol <u>CORCEPT THERAPEUTICS INC</u> [ CORT ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Maduck Se	an			Director 10% Owner				
,			—	X Officer (give title Other (specify below)				
C/O CORCEI INCORPORA	(Last) (First) (Middle) C/O CORCEPT THERAPEUTICS INCORPORATED		3. Date of Earliest Transaction (Month/Day/Year) 08/09/2022	See Remarks				
149 COMMONWEALTH DRIVE		RIVE	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)				X Form filed by One Reporting Person				
MENLO PAR	K CA	94025		Form filed by More than One Reporting Person				
(City)	(State)	(Zip)						

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	08/09/2022		M <sup>(1)</sup>		200	A	\$1.92	40,224	D	
Common Stock	08/09/2022		<b>S</b> <sup>(1)</sup>		200	D	\$28.7	40,024	D	
Common Stock								10,000	Ι	See Footnote <sup>(2)</sup>
Common Stock								10,000	Ι	See Footnote <sup>(3)</sup>

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(-3), (															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deriv	r osed ) r. 3, 4	Expiration Date (Month/Day/Year) ities sed 3, 4		Expiration Date Amount of (Month/Day/Year) Securities Underlying		Amount of Derivative   Securities Security   Underlying (Instr. 5)   Derivative Security Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock option (right to buy)	\$1.92	08/09/2022		М			200	(4)	11/19/2023	Common Stock	200	\$0.00	19,800	D		

#### Explanation of Responses:

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

2. Represents the shares held by Duckhill Capital, LLC of which the reporting person is President and disclaims beneficial ownership of the shares except to the extent of his pecuniary interest therein.

3. Represents the shares held by Sean and Molly Maduck Living Trust of which the reporting person is a co-trustee.

4. Fully exercisable

#### Remarks:

President, Corcept Endocrinology The power of attorney under which this form was signed is on file with the Commission.

<u>/s/ Joseph Douglas Lyon, as</u> <u>attorney-in-fact for Sean</u>

Maduck

08/11/2022

\*\* 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.