FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| | Check this box if no longer subject to |
|---|--|
| | Section 16. Form 4 or Form 5 |
| J | 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

| OMB Number: | 3235-0287 | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

| 1. Name and Address of Reporting Person* Robb Gary Charles | | | | 2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT] | | | | | | [] (Che | elationship o eck all applica Director | able) | Perso | on(s) to Issu 10% Ow Other (s) | ner | | |
|--|---|--------------|----------------|---|--|---|-----|-----------------------|---|--|---|--|--------|--------------------------------------|--|---|--|
| (Last) (First) (Middle) C/O CORCEPT THERAPEUTICS INCORPORATED 149 COMMONWEALTH DRIVE | | | ED 0 | 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2018 | | | | | | | below) | nief Finan | | below) Officer | | | |
| (Street) MENLO (City) | PARK (| CA State) | 94025 (Zip) | 4. | 4. If Amendment, Date of Original Filed (Month/Date) | | | | y/Year) | Line |) 【 Form fil | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | е | Saction 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (II 8) | | 4. Securi Disposed | Amount (A) or (D) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Form: | Direct III Indirect Estr. 4) | . Nature of ndirect Beneficial Ownership Instr. 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) | Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date, if any | | Code | ansaction bde (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 An of Securities Underlying Derivative Sec (Instr. 3 and 4) | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: E | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | лі(э) | | |
| Stock Option (Right to | \$16.52 | 02/07/2018 | | A | | 200,000 | | (1) | 02 | 2/07/2028 | Common Stock | 200,000 | \$0.00 | 200,000 | 0 | D | |

Explanation of Responses:

1. Shares subject to this stock option vest and become exercisable at the rate of 1/48th of the total number of shares on each monthly anniversary of February 7, 2018, so that the total number of shares subject to this option becomes fully vested and exercisable on February 7, 2022.

Remarks:

/s/ Gary Charles Robb

02/09/2018

** 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.