FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB A	PPROVAL
OMB Number:	3235-028

37 Estimated average burden 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*  MAHONEY DAVID L					2. Issuer Name and Ticker or Trading Symbol  CORCEPT THERAPEUTICS INC [ CORT ]											c all app Direct Office	er (give title	ng Pers	10% C	Owner (specify
(Last) C/O COR INCORPO	CEPT T	HERAPEUTICS	(Middle)		3. Dat			t Trans	action (M	lonth/	Day/Year)					belov	v)		below	)
149 COM (Street) MENLO (City)	PARK		94025 (Zip)		4. If A	meno	dment,	Date o	of Original	Filed	l (Month/Da	ay/Yea	r)		3. Indi Line) X	Form	r Joint/Grou n filed by On n filed by Mo on	e Repo	orting Pers	son
		Tab	le I - No	n-Deriva	ative S	Secu	uritie	s Acc	quired,	Dis	posed o	f, or	Ben	efici	ally	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Dat			Date,	3. Transa Code (I 8)	action Disposed		es Acquired (A) o Of (D) (Instr. 3, 4		(A) or 3, 4 a	and Securi		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A	() or ()	Price		Transa (Instr. 3	ction(s)			(5 4)
Common )	Stock			11/16/2	2017				G		15,785		D	\$0.	00	1,1	19,888		Held by David L. Mahoney and Winnifred C. Ellis 1998 Family Trust	
		Т									sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	SA. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of			xercis	sable and e	7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)			8. P Deri Sec	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V	/	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount nber ires						

nation of Responses:

Remarks:

/s/ G. Charles Robb, Attorneyin-Fact for David L. Mahoney

11/17/2017

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).