FORM 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION		
	Washington, D.C. 20549	OMB APPRO	OVAL
Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number: Estimated average burde	3235 Jen
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Addres	, ,	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)				
WILSON JAMES N			[X	Director	10% Owner			
(Last) C/O CORCEPT	(First) THERAPEU	(Middle) TICS INCORPORATED	3. Date of Earliest Transaction (Month/Day/Year) 06/14/2022		Officer (give title below)	Other (specify below)			
149 COMMONWEALTH DRIVE			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MENLO PARK	CA	94025		x	Form filed by One Rep Form filed by More that 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. Transaction Code (Instr. 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
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	06/14/2022		М		300,000	Α	\$2.08	300,000	D	
Common Stock	06/14/2022		F ⁽¹⁾		131,819	D	\$21.1	168,181	D	
Common Stock	06/14/2022		J ⁽²⁾		168,181	D	\$0.00	168,181	D	
Common Stock	06/14/2022		J ⁽²⁾		168,181	A	\$0.00	1,331,026	I	James N. Wilson and Pamela D. Wilson Trust ⁽³⁾
Common Stock								901,067	I	James and Pamela Wilson Family Partners ⁽³⁾

	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 Execution Date, Security or Exercise (Month/Day/Year) if any		Execution Date, if any	Transaction Deri Code (Instr. Secu 8) Acqu or D of (E		5. Number Derivative Securitie Acquired or Dispo of (D) (In 3, 4 and	ve es d (A) sed str.	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	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		Transaction(s) (Instr. 4)		
Stock option (right to buy)	\$2.08	06/14/2022		М		300,000		(4)	01/30/2023	Common Stock	300,000	\$0.00	0	D	

Explanation of Responses:

1. These shares were withheld so the Reporting Person could satisfy the exercise price and tax liability arising from a net (cashless) exercise of stock options that occurred on June 14, 2022. The options subject to the net exercise were to expire on January 30, 2023.

2. Transfer of shares without consideration to the James N. Wilson and Pamela D. Wilson Trust.

3. Reporting Person has voting power over the shares held by the James N. Wilson and Pamela D. Wilson Trust and James and Pamela Wilson Family Partners pursuant to voting agreements and disclaims beneficial ownership of all of such shares, except to the extent of his pecuniary interest therein. 4. Fully exercisable

Remarks:

SEC Form 4

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 James N. Wilson

06/16/2022

Date

3235-0287

0.5

** Signature of Reporting Person

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.