SEC For	m 4 FORM	4	UNITED	) STA	TES	S SE	ECU	IRITIE	ES AN	١D	E)	XCHA	NGE	E CO	оммі	SSION				
								Washi	ngton, D				OMB	APPRO	VAL					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).						suant f	o Sec	ction 16(a	a) of the	Secu	ritie	es Exchan		SHIP OMB Number: Estimated average hours per response			verage burder	3235-0287 1 0.5		
1. Name and Address of Reporting Person <sup>*</sup> Hunt Hazel					2.1	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [ CORT ]										eck all applie Directo	cable) or	10% 0		vner
(Last) (First) (Middle) C/O CORCEPT THERAPEUTICS						3. Date of Earliest Transaction (Month/Day/Year)     X     Officer (giv below)       01/08/2024     Chie												below)		
INCORPORATED 149 COMMONWEALTH DRIVE					4.1	<ul> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing (Check Line)</li> <li>X</li> <li>Form filed by One Reporting Perform filed by More than One R</li> </ul>											orting Perso	n		
(Street) MENLO PARK CA 94025					R	ule '	10b	5-1(c)	) Tran	isad	ctic	on Ind	icati	ion		Persor				
(City)	City) (State) (Zip) 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.												i to							
		Tat	ole I - Non	-Deriv	ativ	e Se	curit	ies Ac	quired	d, Di	isp	osed o	f, or	Ben	eficiall	y Owned				
1. Title of Security (Instr. 3) Date (Month.						ear)   E	A. Deemed Execution Date, Fany Month/Day/Year)		Code	Transaction Disp Code (Instr. 5)		Disposed	curities Acquired (A) osed Of (D) (Instr. 3, 4		l (A) or . 3, 4 and	5. Amou Securitie Benefici Owned F Reported	es Forn ally (D) Following (I) (I d		n: Direct r Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	• V		Amount	(/ (1	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			
Common Stock				01/08	1/08/2024				М			50,000		Α	\$3.02	2 123	123,146		D	
Common Stock				01/08	08/2024				F <sup>(1)</sup>			29,792		D	\$27.4	6 93	93,354		D	
			Table II - I (									sed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution E if any (Month/Day	Date, T	4. Transactior Code (Instr 8)		of Deri Sec Acq (A) o Disp of (E	umber vative urities uired or oosed 0) (Instr. and 5)	6. Date Exercisable Expiration Date (Month/Day/Year)				and 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		s Security	8. Price of 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)
				c	code	v	(A)	(D)	Date Exercis	able		xpiration ate	Title		Amount or Number of Shares					
Stock Option (right to buy)	\$3.02	01/08/2024						50,000	(2)		02	2/06/2024	Comr Stor		50,000	\$0	0		D	

## Explanation of Responses:

1. These shares were withheld so the Reporting Person could satisfy the exercise price and the withholding of taxes arising from a net (cashless) exercise of stock options. The options subject to the net exercise were to expire on February 6, 2024.

2. Fully exercisable.

## **Remarks:**

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

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

01/12/2024

\*\* 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.