SEC Form 4	
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# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

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Filed purpuent to Section 16(a) of the Securities Evolution Act of 1024
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
ar Castian 20(h) of the Investment Company Act of 1040

1. Name and Address of Reporting Person*       2. Issuer Name and Ticker or Trading Symbol       5. Relationship of Reporting Person(s) to Issuer         Guyer William       (First)       (Middle)       CORCEPT THERAPEUTICS INC [ CORT       5. Relationship of Reporting Person(s) to Issuer         (Last)       (First)       (Middle)       3. Date of Earliest Transaction (Month/Day/Year)       5. Relationship of Reporting Person(s) to Issuer         C/O CORCEPT THERAPEUTICS       3. Date of Earliest Transaction (Month/Day/Year)       6. Individual or Joint/Group Filing (Check Applicable         149 COMMONWEALTH DRIVE       4. If Amendment, Date of Original Filed (Month/Day/Year)       6. Individual or Joint/Group Filing (Check Applicable         (Street)       MENLO PARK CA       94025       Form filed by More than One Reporting Person         (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.		of Section So(n) of the investment Company Act of 1940
(Last)       (First)       (Middle)         (Last)       (First)       (Middle)         C/O CORCEPT THERAPEUTICS       3. Date of Earliest Transaction (Month/Day/Year)       Chief Development Officer         149 COMMONWEALTH DRIVE       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 PARK CA       94025       Pule 10b5-1(c) Transaction Indication         (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		CORCEPT THERAPEUTICS INC         [ CORT           ]         Director         10% Owner           X         Officer (give title         Other (specify
149 COMMONWEALTH DRIVE       Line)         (Street)       X         MENLO PARK CA       94025         (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		3. Date of Earliest Transaction (Month/Day/Year)
(City)       (State)       (Zip)         Rule 10b5-1(c) Transaction Indication         Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to	149 COMMONWEALTH DRIVE (Street)	Line) X Form filed by One Reporting Person Form filed by More than One Reporting
I Check this box to indicate that a transaction was made pursuant to a contract, instruction of whiteh pian that is interfued to	MENLO PARK CA 94025	Rule 10b5-1(c) Transaction Indication
	(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)		
Common Stock	09/01/2023		A		478(1)	A	\$33.1 <sup>(2)</sup>	5,266 <sup>(3)</sup>	D	
Common Stock	09/01/2023		A		478 <sup>(4)</sup>	A	\$ <mark>0</mark>	5,744 <sup>(3)</sup>	D	

# 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)	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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y	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 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				

#### Explanation of Responses:

1. The Reporting Person purchased shares ("Purchase Plan Shares") of the Issuer's common stock pursuant to a purchase plan ("Purchase Plan") established under the Corcept Therapeutics Incorporated 2012 Incentive Award Plan on September 1, 2023.

2. In accordance with the Purchase Plan, the price was established based on the closing price on the day of the purchase.

3. Includes 922 shares underlying unvested restricted stock awards granted to the Reporting Person by the Issuer on September 1, 2022, and 1,472 shares underlying unvested restricted stock awards granted to the Reporting Person by the Issuer on March 1, 2023. 100% of the shares underlying the restricted stock awards will vest on the one-year anniversary of the grant date provided the Reporting Person satisfies certain requirements.

4. Shares underlie unvested restricted stock awards granted to the Reporting Person by the Issuer under the Purchase Plan. 100% of the shares underlying the restricted stock awards will vest on the oneyear anniversary of the grant date provided the Reporting Person remains the beneficial owner of the Purchase Plan Shares through such one-year anniversary.

#### Remarks:

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 William</u> Guver.

09/06/2023

\*\* 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).