FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ı | OMB APPROVAL | | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burd | en | | | | | | | | |
| | 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* Robb Gary Charles | | | | | | 2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|-------------|------|------------------|--------------------------------------|-------|---|--------|------------------------------------|-------------------|---|---------------------------------|--|--|--------------------|---|---|---|--|---|--|--|
| (Last) (First) (Middle) C/O CORCEPT THERAPEUTICS INCORPORATED | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/26/2018 | | | | | | | | | X Officer (give title Other (specify below) Chief Financial Officer | | | | | | |
| 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 Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) | (Zip) | | | | | | | | | | | | | | | | | | |
| 1 Title of Coour | it. / In at | | le I - Noi | 1-Deriva | | _ | uritie | | quired, | Dis | | | | | | | | 6. Ownership | 7. Nature of | | |
| 1. Title of Security (Instr. 3) | | | | Date (Month/Day/Year) | | Execution Date, | | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | | 5. Amount of Securities Beneficially Owned Following | | Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial Ownership | | | |
| | | | | | | Code | v | Amount | | (A) or (D) Prid | | е | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | | | |
| Common Stoc | ck | | | 12/26 | /2018 | | | | G | V | 1,167 | , | A | \$0 | .00 | 2 | 2,735 | I | Custodial account for child ⁽¹⁾ | | |
| Common Stoc | ck | | | 12/26 | /2018 | | | | G | V | 1,167 | , | A | \$0 | .00 | 2 | 2,735 | I | Custodial account for child ⁽¹⁾ | | |
| Common Stock | | | 12/26/2018 | | | | | G | v | 1,167 | | A | \$0.00 | | 2,735 | | I | Custodial account for child ⁽¹⁾ | | | |
| Common Stoc | k | | | 12/26 | /2018 | | | | G | V | 1,167 | | A | \$0 | .00 | 8 | 3,025 | D | | | |
| | | Ta | able II - I) | | | | | | | | sed of, onvertib | | | | | wned | | | | | |
| L. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date E Expiratio (Month/D | n Date | • | Ame Sec Und Der Sec | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | Der Sec (Ins | erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(a (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Explanation of R | Pasnons | 00: | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | of | mber ares | | | | | | | |

1. These shares are held by a child of the reporting person through a custodial account under the Uniform Transfers to Minors Act for which the reporting person is custodian.

Remarks:

/s/ Gary Charles Robb 02/08/2019

** 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.

 $^{^{\}star}$ 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).