FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
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l	hours per response:	0.5							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

		Reporting Person						e and Tick			Symbol ICS INC	C CORT		Relationship ieck all appli		ng Pers	son(s) to Is	suer
MAHO	NEY DA	<u>WID L</u>										2 [COR.	.,	X Directo			10% C)wner
(Last)	,	irst)	(Middle)			Date o /08/2		est Trans	action (N	1onth/	Day/Year)		Officer below)	(give title		Other below)	(specify	
C/O CORCEPT THERAPEUTICS INCORPORATED				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				pplicable	
149 CON	MONWE	ALTH DRIVE													•		orting Pers	
(Street)					-									Form filed by More than One Reporting Person				orting
'	PARK C	A	94025		R	Rule 10b5-1(c) Transaction Indication							·					
(City)	(S	tate)	(Zip)			Check this box to indica satisfy the affirmative de				cate that a transaction was made pursuant to a contract, instruction or written plan that is intended to defense conditions of Rule 10b5-1(c). See Instruction 10.								ed to
		Tak	ole I - No	n-Deri	vativ	e Se	curit	ies Ac	quired	, Dis	posed o	f, or Be	neficial	ly Owned				
D		2. Trans Date (Month/l		Execution (Year) if any			Transaction Dispose Code (Instr. 5)		Disposed (ities Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)
Common	Stock			05/08	8/2023	3			M		30,000	A	\$1.74	1,239	,275 ⁽²⁾		I	Held by David L. Mahoney and Winnifred C. Ellis 1998 Family Trust
Common	Stock			05/08	8/2023	3			F(1)		2,197	D	\$23.7	6 1,237	,078(2)		I	Held by David L. Mahoney and Winnifred C. Ellis 1998 Family Trust
			Table II -								osed of,			Owned				
1. Title of Derivative Security 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year)		ed Date,	4. Transa	I. Transaction Code (Instr.		5. Number of		, options, conv 6. Date Exercisable : Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (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. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Stock option (right to buy)	\$1.74	05/08/2023			M			30,000	(2)		05/17/2023	Common Stock	30,000	\$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 May 8, 2023. The options subject to the net exercise were to expire on May 17, 2023.

Remarks:

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 David L Mahoney.

05/09/2023

** 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.