Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	3	,		

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

									invesiment			0. 20.0								
Name and Address of Reporting Person* Switcher Daniel N. ID.						2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Swisher Daniel N JR						CORCELL THERETED HAD [CORT]								2	C Director	r		10% Ov	ner	
(Last) (First) (Middle)				3. 0	Date of Earliest Transaction (Month/Day/Year)								\dashv	Officer below)	(give title		Other (s below)	pecify		
C/O CORCEPT THERAPEUTICS					06/18/2019															
INCORPORATED																				
149 COMMONWEALTH DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable						
,					"	4. II / Wildiamont, Date of Original Filed (World #Day/Teal)									Line)					
(Street)														2	X Form filed by One Reporting Person					
MENLO PARK CA 94025			94025										Form filed by More than One Reporting Person				ting			
(City)	(5	State)	(Zip)																	
		Tab	ole I - Non	-Deriva	ative	e Se	curities	s Ac	quired, [Disp	osed o	f, or B	ene	ficiall	y Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					Execution Date,		Transaction Disposed Code (Instr. 5)			ties Acquired (A) o l Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F	es Form ally (D) o following (I) (Ir		m: Direct of or Indirect Elnstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	Amount (A) or (D)		Price		ansaction(s) str. 3 and 4)			(Instr. 4)	
	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 Da if any (Month/Day/	ate, Ti	Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	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)		
													or							
				c	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	of	umber hares						
Stock Option (Right to	\$10.5	06/18/2019			A		25,000		(1)	0	6/18/2029	Commo Stock	2	5,000	\$0.00	25,000	0	D		

Explanation of Responses:

1. Exercisable ratably in equal installments on each monthly anniversary of June 18, 2019 over a one-year period.

Remarks:

/s/ G. Charles Robb, Attorneyin-Fact for Daniel N. Swisher,

06/20/2019

Jr.

** 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.