FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

					or	Section	n 30(l	h) of the	e Ínvesti	ment (	Company Act	of 1940								
Name and Address of Reporting Person*     Swisher Daniel N JR					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 IN JR						Series I III Brain Bolloon (Coll)								X	Directo	or		10% Ov	vner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 07/17/2020									Officer below)	er (give title v)		Other (s below)	specify	
C/O CORCEPT THERAPEUTICS INCORPORATED																				
149 COMMONWEALTH DRIVE					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
				-										X Form filed by One Reporting Person						
(Street) MENLO	PARK C	CA	94025												Form filed by More than One Re Person				l l	
(City)	(;	State)	(Zip)																	
		Tab	le I - 1	Non-Deri	vativ	Sec	urit	ies A	cquire	ed, D	isposed o	of, or B	enefic	ally	Owned	k				
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/N				Execution Date,		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			nd 5) Secu Bene Own		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 07/17/202			020				M <sup>(1)</sup>		5,000	A	\$6.5	5.55 5,0		,000		D				
Common Stock 07/17/202			020				S <sup>(1)</sup>		5,000	D	\$16.48	4822 <sup>(2)</sup> 0				D				
		T	able I								sposed of , converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Yea		4. Transa Code ( 8)			ivative urities uired or oosed O) tr. 3, 4	6. Date Expira (Monti	ation D			of es ng re Securit	De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numb of Share	er						
Stock Option (Right to Buy)	\$6.55	07/17/2020			M <sup>(1)</sup>			5,000	(3	3)	06/18/2025	Commor Stock	5,00	0	\$0.00	60,000	)	D		

## **Explanation of Responses:**

- 1. The transaction was made pursuant to a 10b5-1 plan in effect at the time of the transaction.
- 2. Represents the weighted average sale price for the entire number of shares sold. The actual sale prices range from \$16.37 to \$16.62 per share. Detailed information on the exact number of shares sold at each sale price can be obtained from Issuer upon request.
- 3. Fully exercisable.

## Remarks:

/s/ Charles Robb, Attorney-in-Fact for Daniel N. Swisher, Jr.

07/20/2020

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

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.