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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

				or Se	ction 30(h) of the Ir	nvestmer	it Cor	npany Act of 1	1940						
Name and Address of Reporting Person* Hunt Hazel					ier Name and Ticke RCEPT THEF					ationship of Reporting Person(s) to Issuer k all applicable)					
Trunt Trazer										Director	10% C				
(Last) (First) (Middle)					e of Earliest Transa	action (M	onth/[Day/Year)	X	Officer (give title below)	below)	(specify			
C/O CORCEPT THERAPEUTICS										Chief Scien	ntific Officer				
INCORPORATED					mendment, Date of	Original	Filed	(Month/Day/Y		6. Individual or Joint/Group Filing (Check Applicable Line)					
149 COMMONWEALTH DRIVE									Line)	Farm flad by On	a Damantina Dana				
									^						
(Street)									Form filed by More than One Reporting Person						
MENLO PARK	CA	94025		Rule	e 10b5-1(c)	Trans	acti	ion Indica							
(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.											
	Tal	ble I - No	n-Deriva	tive S	ecurities Acq	uired,	Disp	osed of, o	or Ben	eficially	Owned				
Date			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code V		Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Common Stock 08			08/08/2	2023		M		50,000	A	\$3.02	123,146	D			
Common Stock 08/08			08/08/2	2023		F ⁽¹⁾		29,545	D	\$30.48	93,601	D			
		Table II -			curities Acqui						wned				

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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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				
	Stock option (right to	\$3.02	08/08/2023		М			50,000	(2)	02/06/2024	Common Stock	50,000	\$0.00	0	D	

Explanation of Responses:

- 1. These shares were withheld so the Reporting Person could satisfy the exercise price and the withholding of taxes arising from a net (cashless) exercise of stock options. The options subject to the net exercise were to expire on February 6, 2024.
- 2. Fully exercisable.

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 Hazel Hunt

08/09/2023

** 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.