FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

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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* FISHMAN ROBERT S (Last) (First) (Middle) C/O CORCEPT THERAPEUTICS						Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT] Indeed and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT] Indeed and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT] Indeed and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT] Indeed and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT] Indeed and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT] Indeed and Ticker or Trading Symbol In									ationship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner Officer (give title Other (specify below) Chief Medical Officer				vner
INCORPORATED 149 COMMONWEALTH DRIVE																			
145 GOMMONWEREITI DINVE						4. If Amendment, Date of Original Filed (Month/Day/Year)									vidual or Joint/Group Filing (Check Applicable				
(Street) MENLO PARK CA 94025														X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)																			
		Tab	le I - N	Non-Deri	vative	e Sec	urit	ies A	cquire	ed, D	isposed o	of, or B	eneficia	ılly	Owned	d			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefic Owned		es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 10/08/201					018	8			M ⁽¹⁾		8,000	Α	\$3.51	51 {		,000		D	
Common Stock 10/08/201					018	8			S ⁽¹⁾		8,000	D	\$13.192	L922 ⁽²⁾		0		D	
		7	Γable Ι								posed of, , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of crivative curity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares	1					
Stock Option (Right to	\$3.51	10/08/2018			M ⁽¹⁾			8,000	(3	5)	09/29/2025	Commor	8,000		\$0.00	337,00	0	D	

Explanation of Responses:

- 1. These transactions were made pursuant to the terms of a 10b5-1 plan in effect at the time of sale of the shares.
- 2. Represents the weighted average sale price for the entire number of shares sold. The actual sale prices range from \$12.98 to \$13.33 per share. Detailed information on the exact number of shares sold at each sale price can be obtained from the issuer upon request.
- 3. Shares subject to this stock option vest and become exercisable at the rate of 25% of the total number at the first anniversary of September 28, 2015. Thereafter, 1/48th of the total number of shares subject to this option grant vests and becomes exercisable on each monthly anniversary, so that the total number of shares subject to this option becomes fully vested and exercisable on September 28, 2019.

Remarks:

Buy)

/s/ G. Charles Robb, Attorneyin-Fact for Robert S. Fishman ** Signature of Reporting Person

10/09/2018

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.