SEC For	m 4 FORI	<b>/</b> 4	UNITEI	D STA	TES	S SE	ECU	RITI	ES AN	ID	EXCHA	NG	E C	OMM	ISSION					
					Washington, D.C. 20549												OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See							NT OF CHANGES IN BENEFICIAL OWNERSHIP											OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
	tion 1(b).			Fil							rities Excha company Ac			934		Induis	perres		0.5	
1. Name and Address of Reporting Person <sup>*</sup> Swisher Daniel N JR						CORCEPT THERAPEUTICS INC [ CORT ] (Check all										nship of Reporting Person(s) to Issuer II applicable) Director 10% Owner				
(Last) (First) (Middle)															(give title Other (specify below)			specify		
C/O CORCEPT THERAPEUTICS INCORPORATED					Line)										Joint/Group Filing (Check Applicable					
149 COMMONWEALTH DRIVE															n filed by One Reporting Person n filed by More than One Reporting on					
(Street) MENLO	PARK	CA	94025 Rule 10b5-1(c) Transaction Indication																	
(City)		(State)	(Zip)		X 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.															
		Tak	ole I - No	n-Deri	vativ	e Sec	curit	ies Ac	quired	l, Di	sposed	of, o	r Ber	neficial	ly Owned	d				
1. Title of Security (Instr. 3) 2. Transa Date (Month/E						ear)   E	Execut f any	A. Deemed xecution Date, any Month/Day/Year)		3. Transaction Code (Instr. ) 8)				d (A) or r. 3, 4 and	Benefic Owned	es 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	<ul> <li>Reported Transaction(s) (Instr. 3 and 4)</li> </ul>			(Instr. 4)	
Common Stock 05/01					1/202	2024		М		2,20	2,200		\$5.8	6 2,	,200		D			
Common Stock 05/01/					1/202	/2024			S <sup>(1)</sup>		2,20	2,200 D		\$23.0	)9	0		D		
			Table II -								posed of convert				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	se (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisa Expiration Date (Month/Day/Year		ite	Amo Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactii (Instr. 4)	e S Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title		Amount or Number of Shares						
Stock option (right to buy)	\$5.86	05/01/2024			М			2,200	(2)		07/21/2026		nmon ock	2,200	\$0	4,550	)	D		

## Explanation of Responses:

1. The transaction was made pursuant to a 10b5-1 plan in effect at the time of this transaction.

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 Daniel N.

Swisher, Jr.

\*\* Signature of Reporting Person Date

05/03/2024

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.