FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* <u>Lyon Joseph Douglas</u>						2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [ CORT ]  3. Date of Earliest Transaction (Month/Day/Year)										eck all appli Directo Officer	irector fficer (give title		10% Ov Other (s	vner
(Last)	(Last) (First) (Middle) C/O CORCEPT THERAPEUTICS						024	est fran	Saction	on (Ivion	ILT1/L	Jay/ Year)		below) below) See Remarks						
INCORPORATED  149 COMMONWEALTH DRIVE					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person				
(Street) MENLO	treet) MENLO PARK CA 94025					.1	105	F 4/-)	\ <b>T</b>		-41			Form filed by More than One Reporting Person						
(City) (State) (Zip)				RI	Rule 10b5-1(c) Transaction Indication  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.															
		Tab	le I - No	n-Deriv	ative	Sec	curit	ies Ac	quir	ed, D	is	osed c	of, or Be	ene	ficiall	y Owned	i			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction Dispos			rities Acquired (A) or ed Of (D) (Instr. 3, 4 a			5. Amou Securitie Benefici Owned I Reporte	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
			Co	ode V	,			Amount	(A) o	r	Price	Transac (Instr. 3	tion(s)			(Instr. 4)				
Common Stock 05/					9/2024	1			1	M		7,227	7 A		\$11.3	5 14,:	14,541(1)		D	
Common	Stock			05/09	9/2024	1			s	S <sup>(2)</sup>		7,227	7 D		\$26	7,3	14(1)	D		
		1	able II -										, or Ber ble sec			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code ( 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Year				7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	Code	v	(A)	(D)	Date Exerc	cisable		xpiration ate	Title	or Nu of	umber					
Stock option (right to	\$11.35	05/09/2024			M			7,227	(	(3)	02	2/08/2029	Common Stock	7	,227	\$0.00	19,167	7	D	

## **Explanation of Responses:**

- I. Includes 1,411 shares underlying unvested restricted stock awards granted to the Reporting Person by the Issuer on June 1, 2023, 361 shares underlying unvested restricted stock awards granted to the Reporting Person by the Issuer on September 1, 2023, 460 shares underlying unvested restricted stock awards granted to the Reporting Person by the Issuer on December 1, 2023, and 507 shares underlying unvested restricted stock awards granted to the Reporting Person by the Issuer on March 1, 2024. 100% of the shares underlying the restricted stock awards will vest on the one-year anniversary of the grant date provided the Reporting Person satisfies certain requirements.
- 2. The transaction was made pursuant to a 10b5-1 plan in effect at the time of the transaction.
- 3. Fully exercisable.

## Remarks:

Chief Accounting & Technology Officer

/s/ Joseph Douglas Lyon

\*\* Signature of Reporting Person Date

05/13/2024

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.