FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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S IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287			

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response: Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

					or Sec	tion 30(h)	of the	Investment	Company Ac	t of 1940							
1. Name and Address of Reporting Person*  Maduck Sean					2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [ CORT ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last)	`	First)	(Middle)	0	3. Date of Earliest Transaction (Month/Day/Year) 02/09/2024							Officer (below)	(give title See R	lemar	Other (sp below) ks	pecify	
C/O CORCEPT THERAPEUTICS INCORPORATED 149 COMMONWEALTH DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MENLO	PARK (	CA	94025								, , , , , , , , , , , , , , , , , , ,		ed by Mor		orting Person One Reporti	- 1	
(City)	(	State)	(Zip)	F	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.										satisfy						
		Та	ble I - Non-D	erivati	ve Se	ecuritie	s Ac	quired, [	isposed	of, or Be	neficially	Owned					
Date				action 2A. Deemed Execution Date if any (Month/Day/Year)		e, Transaction Disposed C Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
						Code	/ Amount	(A) c	Price	Reported Transacti (Instr. 3 a	on(s)			Instr. 4)			
			Table II - Der (e.g						sposed of			Owned					
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.		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)		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		(Instr. 4)	ion(a)			
Stock option (right to	\$23.01	02/09/2024		A		200,000		(1)	02/09/2034	Common Stock	200,000	\$0.00	200,0	00	D		

## **Explanation of Responses:**

1. Exercisable ratably in equal installments on each monthly anniversary of February 9, 2024 over a four-year period.

## Remarks:

President, Corcept Endocrinology. 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 Sean Maduck

02/13/2024

\*\* 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.