FORM 4

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

Washington, E	D.C. 20549
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Check this box if no longer subject	
Section 16. Form 4 or Form 5	
bligations may continue. See	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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*  Guyer William					2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC CORT										all app Direc	er (give title	ng Perso	10% O Other (below)	wner
(Last) (First) (Middle)  C/O CORCEPT THERAPEUTICS INCORPORATED					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2023											ief Develo	pment	,	:
149 COM	4MONWE	ALTH DRIVE			4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MENLO PARK CA 94025														X	,				
(City)	(St	ate) (Z	Zip)																
		Table	I - No	on-Deriva	tive \$	Secui	rities	s Acc	quired	d, Dis	sposed of	, or E	Benefic	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				.	if any	emed tion Date, n/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities and Disposed Of (Instr.)			Acquir (D) (Ins	red (A) or str. 3, 4 a	and 5) Securi Benefi		cially I Following	Form:	Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Trans		ction(s) 3 and 4)			(111511.4)
Common Stock 03/01/20					)23				A		1,472(1)	A	\$19.	.86(2)	3,316 <sup>(3)</sup>		]	D	
Common Stock 03/01/20					023				А 1,4		1,472(4)	Α	\$0	.00	4,788(3)		]	)	
		Tal	ole II								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expira (Monti	ation D			int of rities rlying ative rity (Instr	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amoun or Numbe of Shares	r						

## Explanation of Responses:

- 1. The Reporting Person purchased shares ("Purchase Plan Shares") of the Issuer's common stock pursuant to a purchase plan ("Purchase Plan") established under the Corcept Therapeutics Incorporated 2012 Incentive Award Plan on March 1, 2023.
- 2. In accordance with the Purchase Plan, the price was established based on the closing price on the day of the purchase.
- 3. Includes 922 shares underlying unvested restricted stock awards granted to the Reporting Person by the Issuer on September 1, 2022. 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.
- 4. Shares underlie unvested restricted stock awards granted to the Reporting Person by the Issuer under the Purchase Plan. 100% of the shares underlying the restricted stock awards will vest on the one-year anniversary of the grant date provided the Reporting Person remains the beneficial owner of the Purchase Plan Shares through such one-year anniversary.

The power of attorney under which this form was signed is on file with the Commission.

/s/ Joseph Douglas Lyon, as 03/03/2023 attorney-in-fact for William Guyer.

\*\* 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.