FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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			Washington	, D.C.	20

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL									
OMB Number: 3235-0362									
Estimated average burden									

Check	this box if no lo	onger subject			•	vasimię	jiori,	D.O. 200	7-10						OME	3 APPF	ROVA	\L
to Sector	tion 16. Form 4 ions may continuition 1(b).	or Form 5	ANNUA	L STATEI				CHAN RSHII		IN E	BENE	FICI	AL	Est		per: average b esponse:		1.0
Form 3	Holdings Rep	orted.								_				1100	ars per re	езропѕе.		1.0
Form 4	Transactions	Reported.	File	d pursuant to S or Section 3								34						
1. Name and Address of Reporting Person* <u>Robb Gary Charles</u>				2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC CORT						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify							
(Last)	(Fi	rst)									_ '	X Officer (give title Officer (spe below) below) Chief Business Officer					,	
(Last) (First) (Middle) C/O CORCEPT THERAPEUTICS INCORPORATED					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) Chief 12/31/2022									Inief Bu	isiness	Office	r	
149 CON	MMON W E.	ALTH DRIVE		4. If Amend	ment,	Date o	f Ori	ginal File	d (Month	h/Day/Y	ear)		ndividual or	r Joint/Gr	oup Filir	ng (Chec	k Appl	licable
(Street) MENLO PARK CA 94025			_	Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person														
(City)	(St	ate)	(Zip)															
		Tab	e I - Non-Deriv	ative Secu	rities	s Acq	uire	ed, Dis	posed	d of, o	r Ben	eficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			posed	5. Amou Securitie Beneficia Owned a	es ally		vnership rm: Direct	7. Nature of Indirect Beneficial	ct icial		
				(Month/Day/Tear)	ai, c	8)		Amoun	t	(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common	Stock		02/08/2022			G		75	50	D	\$0	.00	20,	393] 1	D		
Common	Stock		02/08/2022			G		75	50	A	\$0	0.00	6,5	564		I	Custo accou child	unt for
Common	Stock		02/08/2022			G		75	50	D	\$0	0.00	19,	643	1	D		
Common	Stock		02/08/2022			G		75	50	A	\$0	0.00	6,5	564		I	Custo accou	unt for
Common	Stock		02/08/2022		\top	G		75	50	D	\$0	0.00	18,	893	1	D		
Common	Stock		02/08/2022			G		75	50	A	\$0	0.00	6,5	564		I	Custo accou	unt for
Common	Stock		02/23/2022			G		1,9	950	D	\$0	0.00	16,	943]	D		
Common	Stock		11/21/2022		\top	G		56	50	D	\$0	0.00	16,	383	1	D		
Common	Stock		12/15/2022			G		70	72	A	\$0	0.00	7,3	336			Custo accou	unt for
Common Stock		12/15/2022			G		772		A	\$0.00		7,336					odial unt for	
Common Stock		12/15/2022		G		772 A \$0.		0.00	0 7,336		I acc		Custo accou child	unt for				
		Т	able II - Deriva										y Owne	d				
4 Title -f	2.	2 Tropposition	(e.g., p	uts, calls, v		ants,		-		_	Secur	<u> </u>	8. Price of	9. Numb	or cf	10.	1.	1. Nature
1. Title of Derivative Security (Instr. 3)			Execution Date, Tra		of Deriv Secu Acqu (A) o Disp of (D	erivative (More curities equired) or sposed (D) estr. 3, 4		late Exercisable and oiration Date nth/Day/Year)		Ar Se Ur De Se	Amount of Securities Underlying Derivative Security (Ins 3 and 4)		B. Price of Derivative Security (Instr. 5)	derivativ Securitie Benefici Owned Followin Reporte Transaci (Instr. 4)	re es ally ig d tion(s)	Ownersh Form: Direct (D) or Indirec (I) (Instr.		1. Nature of Indirec Beneficial Ownershi Instr. 4)
					(A)	(h)	Date	Expiration of residue Date Title Share		nber								

Explanation of Responses:

^{1.} These shares are held by a child of the reporting person through a custodial account under the Uniform Transfers to Minors Act for which the reporting person is custodian.

/s/ Joseph Douglas Lyon, as 02/14/2023 attorney-in-fact for Gary

Charles Robb

** Signature of Reporting Person 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.