FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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ANNUAL	. STATEMENT	Γ OF CHAN	GES IN BE	NEFICIAL

OMB APPROVAL									
OMB Number:	3235-0362								
Estimated average	burden								
hours per response	e: 1.0								

Check	this box if no lo	nger subject			V	vasning	gion,	D.C. 205	149							OME	APPR	OVAL		
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				STATEMENT OF CHANGES IN BENEFOUNDERSHIP								NEFIC	CIAL		Est	OMB Number: 3 Estimated average burder hours per response:			- 11	
Form 3 Holdings Reported.															not	urs per re	esponse:		1.0	
Form 4	Transactions I	Reported.	Filed	d pursuant to S or Section 3	ection 80(h) d	n 16(a) of the li	of the	e Securit ment Co	ies Excha mpany A	ange A ct of 19	ct o 940	of 1934								
1. Name ar	nd Address of	Reporting Person	*	2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						.	
WILSO	N JAME	SN		CORCEPT THERAPEUTICS INC [CORT]							ORT ["		Direct	,	•		Owner	.		
,]1											r (give tit	tle	Other (spec		ify	
(Last)	(Fir	,	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)										below) below)						
	CEPT THE ORATED	ERAPEUTICS		12/31/202				a		0	٠, ٠									
		ALTH DRIVE		4 15 A		D-t	f O-i		al /8.4 a 4la	/D \									-1-1-	
,				4. If Amend	ment,	Date c	ot Oriç	ginai File	a (iviontn	/Day/Y	ear)		6. Individual or Joint/Group Filing (Check Applicabl Line)					able		
(Street)	DADIZ CA	,	24025										X Form filed by One Reporting Person							
MENLO	PARK CA		94025										Form filed by More than One Reporti Person				eporting	g		
(City)	(Sta	ate) ((Zip)																	
		Table	e I - Non-Deriva	ative Secui	rities	s Acq	uire	ed, Dis	posed	of, o	r B	Benefic	ially O	wn	ed					
1. Title of Security (Instr. 3) 2. Transaction Date			if any Code							or Dispose	Securities Beneficially			6. Ownership Form: Direct		7. Nature of Indirect Beneficial				
				(Month/Day/Year)		8)				(A) or (D)			Owned at Issuer's F Year (Inst 4)		Fiscal				Ownership (Instr. 4)	
																	Ī	ames Vilson	n and	
Common	Stock		11/19/2020	_		G		253,712		D	D \$0.00		0 1,065,362		5,362	2 1		Pamela D. Wilson		
																		rust ⁽¹⁾		
											t		\top				J	ames	and	
																		amela		
Common	Stock												9	01,0)67 ⁽²⁾			Wilson		
																		Family Partner		
		Ta	ıble II - Derivat	ive Securit	ios	Δοαιι	ired	l Dien	n hazo	of or	B ₀	noficia	IIV Ov	mer	1					
				uts, calls, v											•					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Date,		of Deriv Secu Acqu (A) o Disp	erivative ecurities cquired () or isposed i (D) nstr. 3, 4		ate Exercisable and iration Date nth/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Numb derivativ Securitie Benefici Owned Followin Reporte Transac (Instr. 4)	ive cies Cowners cially Direct or Indii (I) (Inst ed ction(s)		ip of I Bei Ow t (Ins	Nature Indirect neficial vnership str. 4)	
				(A)	Date Expiration		Amount or Number of Shares	1												

Explanation of Responses:

- 1. Reporting Person has voting power over the shares held by the James N. Wilson and Pamela D. Wilson Trust and James and Pamela Wilson Family Partners pursuant to voting agreements and disclaims beneficial ownership of all of such shares, except to the extent of his pecuniary interest therein.
- 2. Includes 20 shares that were previously omitted from the total.

Remarks:

/s/ G. Charles Robb, Attorneyin-Fact for James N. Wilson

** Signature of Reporting Person

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.