MAHONEY DAVID L

Form 4/A July 20, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

3235-0287 Number:

OMB APPROVAL

January 31, Expires: 2005

0.5

Estimated average burden hours per

response...

5. Relationship of Reporting Person(s) to

I

(Check all applicable)

Issuer

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

1. Name and Address of Reporting Person *

07/12/2017

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

CORCEPT THERAPEUTICS INC

Symbol

[CORT]

1(b).

(Print or Type Responses)

MAHONEY DAVID L

			LCOKI	J							
INCORPO	(First) CEPT THERAPE RATED, 149 WEALTH DRIV	UTICS		f Earliest Ti Day/Year) 2017	ransaction			_X_ Director Officer (give below)		% Owner her (specify	
(Street) 4. If Am								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deeme	ed Date, if	3. Transactio Code (Instr. 8)	4. Securit n(A) or Di (Instr. 3,	ies A	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	07/12/2017			M <u>(1)</u>	6,510	A	\$ 2.23	1,142,183	I	Held by David L. Mahoney and Winnifred C. Ellis 1998 Family Trust	

S(1)

6,510 D

\$ 12.5

1,135,673

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Common Stock									Held by David L Mahone and Winnifre C. Ellis 1998 Family Trust	у	
Common Stock	07/13/20	17	M <u>(1)</u>	484	A	\$ 2.23	1,136,157	I	Held by David L Mahone and Winnifre C. Ellis 1998 Family Trust	y	
Common Stock	07/13/20	17	<u>S⁽¹⁾</u>	484	D	\$ 12.548 (2)	1,135,673	I	Held by David L Mahone and Winnifre C. Ellis 1998 Family Trust	y	
Reminder: R	eport on a sep	oarate line for each cla	ass of securities benef	Person inform require	ns wh nation ed to ys a (no respo contain respond	ndirectly. nd to the col led in this for unless the for valid OMB o	m are not orm	SEC 1474 (9-02)		
			ative Securities Acq puts, calls, warrants					ed			
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. Transactic Code (Instr. 8)	omf D Sect Acq (A) Disp (D)	urities uired or posed of tr. 3, 4,	6. Date Exerc Expiration Da (Month/Day/	ite	7. Title and A Underlying S (Instr. 3 and	Securities	8. D S6 (I
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

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Stock Option (Right to Buy)	\$ 2.23	07/12/2017	M <u>(1)</u>	6,510	(3)	06/09/2018	Common Stock	6,510
Stock Option (Right to Buy)	\$ 2.23	07/13/2017	M <u>(1)</u>	484	<u>(3)</u>	06/09/2018	Common Stock	484

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MAHONEY DAVID L C/O CORCEPT THERAPEUTICS INCORPORATED 149 COMMONWEALTH DRIVE MENLO PARK, CA 94025	X						

Signatures

/s/ G. Charles Robb, Attorney-in-Fact for David L.

Mahoney

07/20/2017

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) These transactions are made pursuant to the terms of a 10b5-1 plan in effect at the time of sale of the shares.
- (2) Represents the weighted average sale price for the entire number of shares sold. The actual sale prices range from \$12.52 to \$12.56 per share. Detailed information on the exact number of shares sold at each sale price can be obtained from the issuer upon request.
- (3) Fully exercisable.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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