WILSON JAMES N Form 4

March 11, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person * WILSON JAMES N

2. Issuer Name and Ticker or Trading

Symbol

CORCEPT THERAPEUTICS INC [CORT]

(Month/Day/Year)

3. Date of Earliest Transaction

03/07/2019

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

10% Owner _ Other (specify

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

(First) C/O CORCEPT THERAPEUTICS

(State)

INCORPORATED, 149 **COMMONWEALTH DRIVE**

(Street)

(Middle)

(Zip)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

_X__ Director

Officer (give title

X Form filed by One Reporting Person Form filed by More than One Reporting

MENLO PARK, CA 94025

(City)	(State)	(Zip) Tabl	e I - Non-D	erivative Sec	curities Acqu	iired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities n(A) or Dispo (Instr. 3, 4 a	osed 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 03/07/2019 M 105,782 A 115,782 D Stock

I

Ι

Common 1,331,574 Stock

Wilson Trust (1)

and

James N. Wilson

Pamela D.

Common Stock

901,067

James and Pamela

Wilson Family Partners (1)

(9-02)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. 8)	5. Number of ionDerivative 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 2.3	03/07/2019		M		105,782	(2)	12/03/2019	Common Stock	105,782

Reporting Owners

Reporting Owner Name / Address	Relationships					
Topot unit Culture () and Cul	Director	10% Owner	Officer	Other		
WILSON JAMES N C/O CORCEPT THERAPEUTICS INCORPORATED 149 COMMONWEALTH DRIVE MENLO PARK, CA 94025	X					

Signatures

/s/ Charles Robb, Attorney-in-Fact for James N.

Wilson 03/08/2019

> **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).
- Reporting Person has voting power over the shares held by the James N. Wilson and Pamela D. Wilson Trust and James and Pamela (1) 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.

Reporting Owners 2

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(2) 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.