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CORCEPT THERAPEUTICS INC

Form 5

February 14, 2017

FC	DRN	15							OMB A	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB Number:	3235-0362		
	Check this		V	Washington, D.C. 20549 ATEMENT OF CHANGES IN BENEF OWNERSHIP OF SECURITIES					Expires:	January 31,		
	to Section Form 4 or 5 obligation	16. Form ANN						FICIAL	Estimated burden hou	urs per		
	may contin	ction							response	. 1.0		
	1(b). Form 3 Ho Reported Form 4 Transaction Reported	oldings Section 17(` '	ng Compa	any A	ct of 1	1935 or Sectio	n			
		address of Reporting OAVID L	Symbo					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			[COF									
(Last) (First) (Middle)			(Mont	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016				_X_ Director 10% Owner Officer (give title below) Other (specify below)				
INC	ORPOR	EPT THERAPEU RATED, 149 WEALTH DRIV	JTICS									
		(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			ϵ	6. Individual or Joint/Group Reporting				
			T Heu(1	nonth/Day/Tear)				(chec	k applicable line	e)		
MEI	NLO PA	ARK, CA 940	25									
							-	X_ Form Filed by Form Filed by Person				
((City)	(State)	(Zip) T	able I - Non-De	rivative Sec	curitie	s Acqui	ired, Disposed o	f, or Beneficia	ally Owned		
1.Titl Secur (Instr	rity	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Amount	or (D)	Price	(Instr. 3 and 4)				
						(-)				David L.		
										Mahoney and		
Com	nmon ek	12/29/2016	Â	G	33,647	D	\$ 7.29	1,135,673	I	Winnifred C. Ellis 1998 Family		

Trust

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

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 control number.

SEC 2270 (9-02)

of D

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									A	
									Amount	
						Date	Expiration	Title	Or Number	
						Exercisable	Date		Number	
					(A) (D)			of		
					(A) (D)				Shares	

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	ÂX	Â	Â	Â		

Signatures

/s/ Joseph K. Belanoff, Attorney-in-Fact for David L. Mahoney

02/14/2017

**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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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