



Corcept Therapeutics Incorporated Securities Litigation

ELECTRONIC CLAIM FILING GUIDELINES



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Overview

Electronic Claim Filing applies to institutions or entities that are filing multiple Proofs of Claim and Release on behalf of themselves and/or others, as well as individuals or entities that are filing Proofs of Claim and Release with a large number of transactions (50+).

Electronic Claim Filings are subject to rejection if not prepared in compliance with these Electronic Claim Filing Guidelines.

PLEASE NOTE: No Electronic Claim Filing will be considered to have been properly submitted unless the Claims Administrator issues to the filer a written acknowledgment of receipt and acceptance of electronically submitted data.

Electronic Filing Requirements

Complete and Sign a Proof of Claim and Release:

- One executed Proof of Claim and Release should be completed per submission. This Proof of Claim and Release serves as a master Proof of Claim and Release for one or all of the accounts included on your file. The Proof of Claim and Release is attached hereto as Appendix B.
- Separate Claims should be submitted for each separate legal entity (*e.g.*, a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim should be submitted on behalf of one legal entity including all transactions made by that entity, no matter how many separate accounts that entity has (*e.g.*, a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim).
- Complete the first page of the Proof of Claim and Release. Be sure to include company name, account name/number, and company address. If submitting an electronic file on behalf of several accounts, enter "Various Accounts" for the account name/number.
- Complete the signature page on the Proof of Claim and Release. If you are filing on behalf of your clients, you must include a letter or document providing your authorization to sign on behalf of your clients, as set forth in Appendix C.
- A valid email address must be on file with the Claims Administrator. Communication regarding deficiencies and rejections on electronically filed claims may be conducted by email. A valid email address **MUST** be included on the Proof of Claim and Release, and the email address provided **MUST** be updated in the event the contact person or email address changes; it is the sole responsibility of the filing party to maintain up-to-date, complete contact information with the Claims Administrator.

Prepare a cover letter:

- A cover letter **MUST** be included with the master Proof of Claim and Release. The cover letter must include the total number of accounts; total number of transactions; total number of shares purchased, acquired, and sold; and contact name(s) with phone number(s) and email address(es). Please see the sample cover letter as set forth in Appendix D.



Prepare a data file:

- An Excel spreadsheet or other electronic file containing account information and transactional data **MUST** be prepared in accordance with A.B. Data, Ltd.'s Electronic Claim Filing Template Mapping Instructions found in Appendix E. The following formats are acceptable: a) MEDIA: CD, DVD, and FLASH DRIVE and b) DATA: ASCII, MS EXCEL, and MS ACCESS. For your convenience, an Excel spreadsheet template is available for your use and may be downloaded from www.CorceptSecuritizedLitigation.com.

NOTE: If you prepare your own Excel spreadsheet or other electronic claim file, it MUST contain each of the fields that appear in the A.B. Data Template, the fields must be in the same order as they appear in the A.B. Data Template, and each file must contain the same descriptive headings as appear in the A.B. Data Template.

- If you cannot provide the information in the aforementioned formats or you have other requests, questions, concerns, or comments, please email A.B. Data, Ltd., at efiling@abdata.com or you may call 877-390-3297 to speak to an Electronic Claims Filing Specialist.

Mail your executed master Proof of Claim and Release with a cover letter and media format to:

CORCEPT THERAPUTICS INCORPORATED SECURITIES LITIGATION
ATTN: ELECTRONIC CLAIMS DEPARTMENT
C/O A.B. DATA, LTD.
PO BOX 173029
MILWAUKEE, WI 53217

Or:

CORCEPT THERAPUTICS INCORPORATED SECURITIES LITIGATION
ATTN: ELECTRONIC CLAIMS DEPARTMENT
C/O A.B. DATA, LTD.
3410 WEST HOPKINS STREET
MILWAUKEE, WI 53216

Documentation Requirements

A.B. Data, Ltd., reserves the right to request additional documentation at any time after your Proof of Claim and Release and file have been received and processed, even if you provided a letter/affidavit attesting to the truth and accuracy of the data when you initially submitted your file. documentation will be required to be from an independent source (e.g., trade confirmations, monthly statement, or equivalent) and it must be sufficient to verify the validity and accuracy of the data provided in the file.

FAILURE TO COMPLY WITH THE REQUEST FOR ADDITIONAL DOCUMENTATION MAY RESULT IN THE REJECTION OF ALL CLAIMS IN YOUR ELECTRONIC SUBMISSION.



How to account for Free Receipts, Free Deliveries, and Transfers

Free receipt, free delivery, and transfer transactions are not eligible for payment unless you have additional information regarding the original purchase, acquisition, or subsequent sale. If you do not have this information, free receipt, free delivery, and transfer transactions should only be included on your electronic file for balancing purposes. You **MUST** use the following instructions when filing for accounts that have free receipt, free delivery, and transfer transactions during the Class Period:

If shares were transferred to or from a different custodian (corresponding account is not on your electronic file), you must follow these instructions:

- **SHARES RECEIVED INTO ACCOUNT:** You must account for any received shares by providing the opening position or original purchase or acquisition of these shares from the prior account.
- **SHARES DELIVERED OUT OF ACCOUNT:** You must account for any delivered shares by providing the sale and/or closing position from the subsequent account.
- **NO INFORMATION AVAILABLE ON ORIGINAL PURCHASE/ACQUISITION or SUBSEQUENT SALE:** You must provide the free receipt and/or free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

If shares were transferred between accounts on your file, you must follow these instructions:

- **DO NOT** claim the same purchase or acquisition transaction(s) on both accounts.
- The account that owned the shares most recently should be the account claiming the eligible purchase or acquisition. These shares should already be accounted for in the sales and/or closing position of the most recent account.
- If shares were transferred between accounts for the same beneficial owner on your file, you must combine these accounts and file all eligible purchases, acquisitions, and sales in a single claim. You must also include all opening and closing positions on the claim for that entity.
- If you are unable to combine these accounts accordingly, you must provide the free receipt and free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

Claim Balancing

All securities for each Claim must balance. This means the opening position plus all purchases/acquisitions (including free receipts) from August 2, 2017, through and including May 1, 2019, **MUST EQUAL** the total sales (including free deliveries) from August 2, 2017, through and including the May 1, 2019, plus the closing position. **(O+P+FR=S+FD+C)** for Corcept common stock.

Negative values may only be given for short opening or closing positions. All other transactions must be positive values.



Appendix A

Case Specific Information

SETTLEMENT CLASS DEFINITION:	All persons and entities who purchased or otherwise acquired common stock or options to purchase common stock of Corcept Therapeutics Incorporation (“Corcept”) between August 2, 2017 and January 31, 2019, inclusive, and were damaged as a result.
CLAIM FILING DEADLINE:	May 13, 2024

The following is a list of eligible Securities:

SECURITY	TICKER	CUSIP	ISIN
Corcept Common Stock	CORT	218352102	US2183521028
Corcept Call Options			



Common Stock transactions for each account should include:

Transaction Type	Definition	Valid Dates
O	Total shares owned at opening of trading at beginning of Settlement Class Period.	August 2, 2017
P	Purchases/acquisitions during the Settlement Class Period.	August 2, 2017 through May 1, 2019.
FR	Transfer into account during the Settlement Class Period.	August 2, 2017 through May 1, 2019.
S	Sales during the Settlement Class Period.	August 2, 2017 through May 1, 2019
FD	Transfer out of account during the Settlement Class Period.	August 2, 2017 through May 1, 2019.
C	Total shares owned at close of trading at end of Settlement Class Period.	May 1, 2019

*****Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.**



Transactions for Corcept Call Option contracts should include:

Transaction Type	Definition	Valid Dates
O	All positions in Corcept Call Option contracts held as an open interest as of the beginning of the Settlement Class Period.	August 2, 2017
P	Purchases/acquisitions of call option contracts during the Settlement Class Period.	August 2, 2017 through May 1, 2019.
FR	Transfer of call option contracts into account during the Settlement Class Period.	August 2, 2017 through May 1, 2019.
S	Sales of call option contracts during the Settlement Class Period.	August 2, 2017 through May 1, 2019
FD	Transfer of call option contracts out account during the Settlement Class Period.	August 2, 2017 through May 1, 2019.
C	All positions in Corcept Call Option contracts held as an open interest as of the close of the Settlement Class Period.	May 1, 2019

*****Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.**



Appendix B



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**IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

FERRARO FAMILY FOUNDATION, INC. and JAMES L. FERRARO, on behalf
of themselves and all others similarly situated,

Plaintiffs,

v.

CORCEPT THERAPEUTICS INCORPORATED, JOSEPH K. BELANOFF,
CHARLES ROBB, and SEAN MADUCK,

Defendants.

Case No. 3:19-CV-01372-JD

Honorable James Donato

PROOF OF CLAIM AND RELEASE FORM

A. GENERAL INSTRUCTIONS

1. To be eligible to recover as a member of the Settlement Class based on your claims in the action entitled *Ferraro Family Foundation, Inc., et al. v. Corcept Therapeutics Incorporated, et al.*, Case No. 3:19-CV-01372-JD (the “Action”), you must complete and, on page 8 below, sign this Proof of Claim and Release Form (“Claim Form”). If you fail to submit a timely and properly addressed (as set forth in paragraph 3 below) Claim Form, your claim may be rejected and you may not be eligible to receive any money from the Net Settlement Fund created in connection with the proposed Settlement.

2. Submission of this Claim Form, however, does not ensure that you will share in the proceeds of the Settlement.

3. **THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.CORCEPTSECURITIESLITIGATION.COM NO LATER THAN MAY 13, 2024, OR, IF MAILED, POSTMARKED NO LATER THAN MAY 13, 2024, ADDRESSED AS FOLLOWS:**

Corcept Therapeutics Incorporated Securities Litigation
Claims Administrator
c/o A.B. Data, Ltd.
P.O. Box 173029
Milwaukee, WI 53217
(877) 390-3297

Online Submissions: www.CorceptSecuritiesLitigation.com

If you are NOT a member of the Settlement Class (as defined in the Notice of Pendency of Class Action and Proposed Settlement, Final Approval Hearing, and Motion for Attorneys’ Fees and Reimbursement of Litigation Expenses (“Notice”), which accompanies this Claim Form), DO NOT submit a Claim Form.

4. Do not mail or deliver your Claim Form to the Court, the parties to the Action, or their counsel. Submit your Claim Form only to the Claims Administrator as set forth in paragraph 3 above.

5. If you are a member of the Settlement Class and you have not timely requested exclusion in response to the Summary Notice (dated February 5, 2024), Notice, or Postcard Notice, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.

B. CLAIMANT IDENTIFICATION

1. If you purchased or otherwise acquired common stock or options to purchase common stock of Corcept Therapeutics Incorporated (“Corcept” or the “Company”), during the period from August 2, 2017 through January 31, 2019, inclusive, (the “Settlement Class Period”) and held the securities in your name, you are the beneficial owner as well as the record owner. If, however, you purchased or otherwise acquired the publicly traded common stock and/or options of Corcept through a third party during the Settlement Class Period, such as a brokerage firm, you are the beneficial owner, and the third party is the record owner. For the purposes of this Settlement, you are a Settlement Class Member if you purchased or otherwise acquired Corcept common stock or options between **August 2, 2017 and January 31, 2019, inclusive, and were injured thereby.**

2. Use Part I of this form entitled “Claimant Information” to identify each beneficial purchaser or acquirer of Corcept common stock and options that form the basis of this claim, as well as the purchaser or acquirer of record if different. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S).**

3. All joint purchasers must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. Signature of this form by such a representative constitutes certification of his or her authority to act on behalf of Claimant. The Social Security (or Taxpayer Identification) Number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

C. IDENTIFICATION OF TRANSACTIONS

1. Use Part II of this form entitled “Schedule of Transactions in Common Stock” to supply all required details of your transaction(s) in Corcept common stock, including both: (1) open market common stock purchases; and (2) common stock that was purchased pursuant to: (a) the exercise of a call option(s); and (b) the assignment of a put option(s). If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. Use Part III of this form entitled “Schedule of Transactions in Call Options” to supply all required details of your transaction(s) in Corcept call options, including transactions in call options that were exercised and resulted in the purchase of Corcept common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

3. On the schedules, provide all of the requested information with respect to **all** of your holdings, purchases, acquisitions, and sales of Corcept common stock, call options, and put options during the period from August 2, 2017 through and including January 31, 2019, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

4. The date of covering a “short sale” is deemed to be the date of purchase of Corcept common stock. The date of a “short sale” is deemed to be the date of sale of Corcept common stock.

5. Copies of broker confirmations or other documentation of your transactions must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. Plaintiffs do not have information about your transactions in Corcept common stock, call options, or put options.

6. **NOTICE REGARDING ELECTRONIC FILES:** Certain Claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All Claimants **MUST** submit a manually signed paper Claim Form whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at (877) 390-3297 to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

For Official Use Only

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
Corcept Therapeutics Incorporated Securities Litigation
Civil Action No. 3:19-cv-01372-JD
PROOF OF CLAIM AND RELEASE
PLEASE TYPE OR PRINT

**MUST BE POSTMARKED
OR RECEIVED
NO LATER THAN
MAY 13, 2024**

PART I: CLAIMANT INFORMATION

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided.

Beneficial Owner's Name (First, Middle, Last)

Joint Beneficial Owner's Name (First, Middle, Last) (if applicable)

Entity Name (if the Beneficial Owner is not an individual)

Name of Representative, if applicable (executor, administrator, trustee, c/o, etc.), if different from Beneficial Owner

Last 4 digits of Social Security Number or Taxpayer Identification Number

Street Address

City

State/Province

ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Foreign Postal Code (if applicable)

Foreign Country (if applicable)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Telephone Number (Day)

Telephone Number (Evening)

<input type="text"/>	<input type="text"/>
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Email Address (email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim)

Type of Beneficial Owner:

Specify one of the following:

- Individual(s) Corporation UGMA Custodian IRA Partnership Estate Trust Other (describe): ____

PART II: SCHEDULE OF TRANSACTIONS IN COMMON STOCK

1. HOLDINGS AS OF AUGUST 2, 2017. State the total number of shares of Corcept common stock held as of the opening of trading on August 2, 2017. If none, write “zero” or “0.” _____. (Must be documented.)	Confirm Proof of Position Enclosed <input type="radio"/>
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2. PURCHASES FROM AUGUST 2, 2017, THROUGH AND INCLUDING JANUARY 31, 2019. Separately list each and every purchase/acquisition of Corcept common stock from after the opening of trading on August 2, 2017, through the close of trading on January 31, 2019. (Must be documented.)

Date of Purchase/Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase/Acquisition Price Per Share	Total Purchase/Acquisition Price (excluding taxes, commissions, and fees)	Result of an Option Exercise or Assignment? Yes/No	Was the Option a Put or Call?	Was the Option Bought or Sold?	Confirm Proof of Purchase/Acquisition Enclosed
/ /		\$	\$				○
/ /		\$	\$				○
/ /		\$	\$				○
/ /		\$	\$				○

3. NUMBER OF SHARES PURCHASED FROM FEBRUARY 1, 2019 THROUGH MAY 1, 2019. State the total number of shares purchased/acquired from after the opening of trading on February 1, 2019, through the close of trading on May 1, 2019. If none, write “zero” or “0.” _____.¹ (Must be documented.)

4. SALES FROM AUGUST 2, 2017 THROUGH MAY 1, 2019. Separately list each and every sale/disposition of Corcept common stock from after the opening of trading on August 2, 2017, through the close of trading on May 1, 2019. (Must be documented.)	IF NONE, CHECK HERE <input type="radio"/>
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Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)	Result of an Option Exercise or Assignment? Yes or No	Was the Option a Put or Call?	Was the Option Bought or Sold?	Confirm Proof of Sale Enclosed
/ /		\$	\$				○
/ /		\$	\$				○
/ /		\$	\$				○
/ /		\$	\$				○

¹ **Please note:** Information requested with respect to your purchases/acquisitions of Corcept common stock from after the opening of trading on February 1, 2019 through and including the close of trading on May 1, 2019 is needed in order to balance your claim; purchases or acquisitions during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.
 QUESTIONS? CALL (877) 390-3297 OR VISIT WWW.CORCEPTSECURITIESLITIGATION.COM. PAGE 4 OF 8

5. HOLDINGS AS OF MAY 1, 2019. State the total number of shares of Corcept common stock held as of the close of trading on May 1, 2019. If none, write “zero” or “0.” _____. (Must be documented.)	Confirm Proof of Position Enclosed <input type="checkbox"/>
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PART III: SCHEDULE OF TRANSACTIONS IN CALL OPTIONS

1. BEGINNING HOLDINGS – Separately list all positions in Corcept Call Option contracts in which you had an open interest as of the opening of trading on August 2, 2017. (Must be documented.)	IF NONE, CHECK HERE <input type="checkbox"/>
---	--

Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Number of Call Option Contracts in Which You Had an Open Interest
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	

2. PURCHASES OF CORCEPT CALL OPTIONS – Separately list each purchase/acquisition (including free receipts) of Corcept Call Option contracts from after the opening of trading on August 2, 2017 through and including the close of trading on May 1, 2019. (Must be documented.)

Date of Purchase/Acquisition (Chronologically) (Month/Day/Year)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Number of Call Option Contracts Purchased or Acquired	Purchase/Acquisition Price Per Call Option Contract	Total Purchase/Acquisition Price (excluding taxes, commissions, and fees)	Insert an “E” if Exercised Insert an “X” if Expired	Exercise Date (Month/Day/Year)
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /

3. SALES OF CORCEPT CALL OPTIONS – Separately list each sale/disposition (including free deliveries) of Corcept Call Option contracts from after the opening of trading on August 2, 2017 through and including the close of trading on May 1, 2019 (Must be documented.)					IF NONE, CHECK HERE ○		
Date of Sale (Chronologically) (Month/Day/Year)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/ Day/Year)	Number of Call Option Contracts Sold	Sale Price Per Call Option Contract	Total Sale Price (excluding taxes, commission, and fees)	Insert an “A” if Assigned Insert an “X” if Expired	Assignment Date (Month/ Day/ Year)
/ /	\$	/ /			\$		
/ /	\$	/ /			\$		
/ /	\$	/ /			\$		
/ /	\$	/ /			\$		
4. ENDING HOLDINGS – Separately list all positions in Corcept Call Option contracts that you had as of the close of trading on May 1, 2019, in which you had an open interest as of the expiration date. (Must be documented.)					IF NONE, CHECK HERE ○		
Strike Price of Call Option Contract		Expiration Date of Call Option Contract (Month/Day/Year)		Number of Call Option Contracts in Which You Had an Open Interest			
\$		/ /					
\$		/ /					
\$		/ /					
\$		/ /					

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX . INCLUDE THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH PAGE.

YOU MUST READ AND SIGN THE RELEASE ON PAGE 6. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

PART IV – ACKNOWLEDGMENTS AND RELEASE

A. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim and Release under the terms of the Stipulation and Agreement of Settlement, dated April 11, 2023 (the “Stipulation”), described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Northern District of California with respect to my (our) claim as a Settlement Class Member, the subject matter of the Settlement, and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Action. I (We) agree to furnish additional information to the Claims Administrator to support this Claim (including transactions in other Corcept securities) if requested to do so. I (We) have not submitted any other Claim in the Action covering the same purchases or acquisitions of Corcept common stock and/or options and know of no other person having done so on my (our) behalf.

B. RELEASE AND ACKNOWLEDGMENT

1. Upon the occurrence of the Court’s approval of the Settlement, as detailed in the accompanying Notice, I (we) agree and acknowledge that my (our) signature(s) below shall effect and constitute a full and complete release and discharge by me (us) and my (our) successors, assigns, executors, administrators, representatives, attorneys, and agents, in their capacities as such (or, if I am (we are) submitting this Proof of Claim and Release Form on behalf of a corporation, a partnership, estate, or one or more other persons, by it, him, her, or them, and by its, his, her, or their successors, assigns, executors, administrators, representatives, attorneys, and agents, in their capacities as such) of each of the “Defendant Releasees” of all “Plaintiffs’ Released Claims,” as those terms are defined in the Stipulation.

2. Upon the occurrence of the Court’s approval of the Settlement, as detailed in the accompanying Notice, I (we) agree and acknowledge that my (our) signature(s) below shall effect and constitute an agreement by me (us) and my (our) successors, assigns, executors, administrators, representatives, attorneys, and agents, in their capacities as such (or, if I am (we are) submitting this Proof of Claim and Release Form on behalf of a corporation, a partnership, estate, or one or more other persons, by it, him, her, or them, and by its, his, her, or their successors, assigns, executors, administrators, representatives, attorneys, and agents, in their capacities as such) not to commence, institute, prosecute, or continue to prosecute any action or other proceeding in any court of law or equity, arbitration tribunal, or administrative forum asserting any and all Plaintiffs’ Released Claims (including Unknown Claims) against any of the Defendant Releasees.

3. I (We) acknowledge that the inclusion of “Unknown Claims” in the definition of “Plaintiffs’ Released Claims” set forth in the Stipulation was separately bargained for and is a material element of the Settlement of which this release is a part.

4. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

5. I (We) hereby warrant and represent that I (we) have included the information requested about all of my (our) transactions in Corcept common stock and/or options that are the subject of this claim, as well as the opening and closing positions in such securities held by me (us) on the dates requested in this Claim Form.

6. I (We) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code. (Note: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior sentence.)

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Claim Form by the undersigned is true and correct and that the documents submitted herewith are true and correct copies of what they purport to be.

Executed this _____ day of _____ in _____, _____.
(Month / Year) (City) (State/Country)

Signature of Claimant

Signature of Joint Claimant, if any

Print Name of Claimant

Print Name of Joint Claimant, if any

Capacity of person(s) signing (e.g., Beneficial Purchaser, Executor, or Administrator)

REMINDER CHECKLIST

1. Please sign the above release and acknowledgment.
2. If this claim is being made on behalf of Joint Claimants, then both must sign.
3. Remember to attach copies of supporting documentation, if available.
4. **Do not send** originals of certificates.
5. Keep a copy of your Claim Form and all supporting documentation for your records.
6. The Claims Administrator will acknowledge receipt of your Claim Form within 60 days. Your claim is not deemed submitted until you receive an acknowledgment email or postcard. If you do not receive an acknowledgment email or postcard within 60 days, please call the Claims Administrator toll-free at (877) 390-3297.
7. If you move, please send your new address to:
Corcept Therapeutics Incorporated Securities Litigation
c/o A.B. Data, Ltd.
P.O. Box 173029
Milwaukee, WI 53217
Online Submissions:
www.CorceptSecuritiesLitigation.com
Email: info@CorceptSecuritiesLitigation.com
8. **Do not use red pen or highlighter** on the Claim Form or supporting documentation.

Appendix C

Authorization Requirements

If you are a nominee filing on behalf of your account holders, you must include the following documentation:

- Affidavit attesting that your entity has legal rights and authorization from your account holders to file Proofs of Claim and Release on their behalf **and** that your account holders understand that they are bound by and subject to the terms of all releases that may be entered in this Settlement, etc.; and
- Authorization to sign on your account holders' behalf.

If you are a third party filing on behalf of a nominee, you must include an Affidavit attesting to the following:

- Your entity has the legal right and authorization from the nominee to file and sign any Proofs of Claim and Release on their behalf;
- Your entity has the legal right and authorization from the nominee's account holders to file and sign any Proofs of Claim and Release on their behalf; and
- The account holders understand they are bound by and subject to the terms of all releases that may be entered in the Action.

If you are a third party filing on behalf of another party, you must include an Affidavit attesting to the following:

- Your entity has the legal right and authorization from the other party to file and sign any Proofs of Claim and Release on its behalf; and
- The other party understands it is bound by and subject to the terms of all releases that may be entered in the Action.

If you are not a nominee or a third party and would like to file claims electronically, you must include documentation supporting all transactional data of your claim as follows:

- Documents may include, but are not limited to, a) photocopies of stockbrokers' confirmation slips; b) photocopies of stockbrokers' monthly statements reflecting ALL transactional data and how it was compiled for the opening of the Settlement Class Period through the end of the Settlement Class Period; or c) a signed letter from your broker, on their letterhead, providing all of the information that would be found on a confirmation slip and/or other aforementioned documents.



Appendix D
Sample Cover Letter

LETTERHEAD

Re: Corcept Therapeutics Incorporated Securities Litigation

Date:

Enclosed is a fully executed master Proof of Claim and Release with required authorizations and affidavits as well as an electronic media attachment, which is being filed in connection with the above-referenced matter on behalf of [COMPANY NAME(S) OR INDIVIDUAL NAME(S)] for the proprietary accounts of [ENTITY].

We, [ENTITY], hereby agree that further communication from the Claims Administrator may be conducted by email, and we accept sole responsibility to ensure the email address for [ENTITY] is updated in the event the email address provided on the master Proof of Claim and Release should change.

The attachment consists of a [CD, DVD, OR FLASH DRIVE] containing [NUMBER] accounts/claims in [ASCII, MS EXCEL, OR MS ACCESS] format with [NUMBER OF TRANSACTIONS] transactions for Corcept Common Stock as well as the closing positions held for [ENTITY]'s proprietary accounts. Each transaction contains corresponding account information for which the claims are being filed.

The total number of Corcept Securities shares purchased or acquired [##.##] for the amount of [\$0.0000] and Corcept Securities shares sold [##.##] for the amount of [\$0.0000]¹ can be found on the enclosed [CD, DVD, OR FLASH DRIVE].

We, [ENTITY], attest that the data provided on the media attachment corresponds to [ENTITY]'s internal records.

I attest that the above information is true and correct.

Signature

Company Name

Job Title

Contact Information (including telephone number, fax number, and email address).

¹ Please list all other transactions, if applicable, including free receipts and free deliveries.



Appendix E

Electronic Claim Filing Template Mapping Instructions

Column	Field Name	Max Length	Concept (CORT) Common Stock FIELD DESCRIPTION
A	Account Number	40	Account number associated with the proprietary account for which transactions are being submitted with this Proof of Claim and Release.
B	Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which items should be mailed.
G	Attn:	40	Name of the person to whose attention items should be mailed.
H	Street 1	40	Street Address 1
I	Street 2	40	Street Address 2
J	City	25	City
K	State	2	State
L	Zip Code	5	Zip code
M	Province	40	NON-US ONLY: Province and Postal Code for fund distribution.
N	Country	40	Country
O	CUSIP/ISIN	10	CUSIP number or ISIN for common stock.
P	Transaction Type/Holdings	2	O = Opening position - shares held at opening of trading on August 2, 2017. P = Purchases made between August 2, 2017 through May 1, 2019, inclusive; FR = Free receipts made between August 2, 2017 through May 1, 2019, inclusive; S = Sales made between August 2, 2017 through May 1, 2019, inclusive; FD = Free deliveries made between August 2, 2017 through May 1, 2019, inclusive; C = Closing position – shares held at close of trading on May 1, 2019.
Q	Trade Date (MM/DD/YYYY)	10	Trade date for transaction or holding date for closing position.
R	Number of Shares of Stock	19	Number of shares associated with a transaction. No commas: use decimal point if needed. Up to four digits after decimal point.
S	Price Per Share EXCLUDING Commissions/Taxes/Fees	19	Price per share (USD), excluding commissions/taxes/fees, associated with a transaction. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Leave blank when providing closing positions. Use zero when specifying free receipts and/or free deliveries.
T	Total Price EXCLUDING Commissions/Taxes/Fees	19	Aggregate cost or proceeds received (USD), excluding commissions/taxes/fees. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Use zero when specifying free receipts and/or free deliveries.
U	Result of an Option Exercise or Assignment? (Yes/No)	3	Was the purchase or acquisition the result of an Option Exercise or Assignment?

***All eligible Concept (CORT) common stock shares for each account must balance. This means that the opening position plus total purchases, and free receipts during the Settlement Class Period MUST EQUAL the total sales and free deliveries during the Settlement Class Period plus the closing position (O+P+FR=S+FD+C).**

***You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix D for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.**

Free Receipts and Free Deliveries are provided to balance your claim and will not result in a Recognized Loss under the Plan of Allocation. The original purchase and/or sale information relating to these shares must be provided in your original filing in order to be eligible under the Plan of Allocation.



Appendix E

Column	Field Name	Max Length	CORCEPT CALL OPTIONS FIELD DESCRIPTION
A	Account Number	40	Account number associated with the proprietary account for which transactions are being submitted with this Proof of Claim and Release.
B	Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which correspondence should be mailed.
G	Attn:	40	Name of the person to whose attention correspondence should be mailed.
H	Street 1	40	Street Address 1 for fund distribution
I	Street 2	40	Street Address 2 for fund distribution
J	City	25	City for fund distribution
K	State	2	State for fund distribution
L	Zip Code	5	Zip code for fund distribution
M	Province	40	NON-US ONLY: Province and Postal Code for fund distribution.
N	Country	40	Country for fund distribution
O	CALL	10	Enter CALL
P	Transaction Type/Holdings	2	O = Opening position – Call Options held as of the opening of trading on August 2, 2017; P = Purchases made between August 2, 2017 through May 1, 2019, inclusive; FR = Free receipts made between August 2, 2017 through May 1, 2019, inclusive; S = Sales made between August 2, 2017 through May 1, 2019, inclusive; FD = Free deliveries made between August 2, 2017 through May 1, 2019; C = Closing position – Call Options held at close of trading on May 1, 2019.
Q	Trade Date	10	Trade date for transaction or holding date for opening and closing positions
R	Number of Options contracts	19	Number of contracts associated with a transaction. No commas; use decimal point if needed. Up to four digits after decimal point.
S	Price Per Share EXCLUDING Commissions/Taxes/Fees	19	Price per share (USD) of option, excluding commissions/taxes/fees, associated with a transaction. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Leave blank when providing opening positions or closing positions. Use zero when specifying free receipts and/or free deliveries.
T	Total Price EXCLUDING Commissions/Taxes/Fees	19	Aggregate cost or proceeds received (USD), excluding commissions/taxes/fees. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Use zero when specifying free receipts and/or free deliveries.
U	Expiration Date (MM/DD/YYYY)	13	Expiration Date of Option Contract
V	Strike Price (\$xxx.xxxx)	19	Strike price.
W	Status (X/A/E)	1	Status of Option Contract (if during Class Period). X = Expire, A = Assign, E = Exercise. If this status changed after the Class Period provide a record with a Closing Position Transaction Type in field P
X	Assignment/Exercise Date (MM/DD/YYYY)	13	Date of Option, Assignment, or Exercise (If during Class Period.) If this status changed after the Class Period provide a record with a Closing Position Transaction Type in field P

* You **MUST** include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix D for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.

*Free Receipts and Free Deliveries are provided to balance your claim and will not result in a Recognized Loss under the Plan of Allocation. The original purchase and/or sale information relating to these shares must be provided in your original filing in order to be eligible under the Plan of Allocation.