## FORM 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP** 

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

OMB APPROVAL							
OMB Number: 3235-0362							
Estimated average burden							
hours per response: 1							

	Form 3 Holdings Reported.	
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Form 4	Transactions I	Reported.	Filed	d pursuant or Secti					ties Exchai mpany Act									
1. Name and Address of Reporting Person*  EPIQ Capital Group, LLC				2. Issuer Name and Ticker or Trading Symbol Cortexyme, Inc. [ CTRX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title V Other (specify							
(Last) (First) (Middle) ONE LOMBARD STREET, SUITE 200					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020						//Year)	below)  Former 10% Owner						
(Street) SAN FRANCE	ISCO CA	. !	94111	4. If Am	endmen	t, Date	of Orig	ginal File	d (Month/I	Day/Yea		. Indine)	Form	Joint/Gro filed by C filed by M	ne Re	porting P	erson	
(City)	(Sta	ate) (	(Zip)															
		Table	l - Non-Deriva	ative Se	curitie	es Acc	quire	d, Dis	posed (	of, or	Benefic	iall	y Own	ed				
Date E (Month/Day/Year) i			2A. Deemed 3. Execution Date, if any Code (li (Month/Day/Year) 8)							d	5. Amour Securitie Beneficia Owned a	s Owne		ership Indir : Direct Bene		lature of rect neficial nership		
				,			3,		t (	(A) or (D) Price		Issuer's				ect (I) (Instr. 4)		
		Та	ble II - Derivat (e.g., p								Beneficia ecurities		Owne	d				
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)	Transaction Code (Instr. 8)		n of Exp		Date Exercisable and cpiration Date lonth/Day/Year)		Ame Sec Und Der	itle and bunt of urities erlying vative urity (Instr. d 4)	8. Price of Derivative Security (Instr. 5)		vative derivativ rity Securitie		10. Owners Form: Direct (I or Indire (I) (Instr	hip o B D) O ect (I	1. Nature of Indirect Beneficial Ownership Instr. 4)
					(A)	(D)	Date Exer	cisable	Expiration Date	ı Title	Amount or Number of Shares							
		Reporting Persor	*															
(Last) (First) (Middle)																		
ONE LOMBARD STREET, SUITE 200																		

			_						
1. Name and Address of Reporting Person*  EPIQ Capital Group, LLC									
(Last)	(First)	(Middle)							
ONE LOMBARD STREET, SUITE 200									
(Street) SAN FRANCI	SCO CA	94111							
(City)	(State)	(Zip)							
1. Name an Boeding	d Address of Reporting Peg <u>Chad</u>	rson <sup>*</sup>							
(Last)	(First)	(Middle)							
ONE LOMBARD STREET, SUITE 200									
(Street)									
SAN FRANCI	SCO CA	94111							
(City)	(State)	(Zip)							

## Explanation of Responses:

## Remarks:

1. The reporting persons are EPIQ Capital Group, LLC ("EPIQ") and Chad Boeding. EPIQ is the investment adviser and managing member of EPQ LLC, CTYM PS ("CTYM") and CTEPQ Partners LLC. Mr. Boeding is the Manager of EPIQ. Based on outstanding shares of 29,497,999 on the Issuer's 10-Q filing dated November 11, 2020, dilution of the common stock of the company has resulted in the Reporting Persons falling below the 10% ownership threshold.

Chad Boeding

02/01/2021

Date

\*\* Signature of Reporting Person

- $^{\star}$  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.