FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					d pursı	uant to	o Sectio	on 16(a) of the	Secur	NEFICIA ities Exchanç ompany Act o	ge Act o		RS	HIP	Est		ber: average bu response:	3235-0287 rden 0.5		
1. Name and Address of Reporting Ferson						2. Issuer Name and Ticker or Trading Symbol Cortexyme, Inc. [CRTX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title X below)							
(Last) (First) (Middle) ONE LOMBARD STREET, SUITE 200						3. Date of Earliest Transaction (Month/Day/Year) 05/09/2019									IA/Managing Member of 10% Owne						
(Street) SAN FRANCISCO CA 94111 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Mon						ay/Year)	9 (Check Application) 6. Individual or Joint/Group Filing (Check Application) Form filed by One Reporting Person X Form filed by More than One Report Person					erson			
	`			on-Deriv	ative	Sec	uritie	es Ac	quired	d, Di	sposed o	f, or E	Benefic	iall	y Owne	ed				=	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Exe if ar	Deeme cution I ny nth/Day	Date,	3. Transa Code (8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)			nd Securition Benefici		s ally following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transact (Instr. 3	ion(s)			(msu. 4)		
Common Stock 01/2!				01/29/2	2020				J ⁽¹⁾		4,338	D \$54		3 ⁽³⁾	2,84	3,237		I ⁽²⁾	By Mr. Boeding as Trustee for the Mitsou Peterson- Cushing 2019 Irrevocable Trust		
		Та	ble II -								osed of, convertib				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		isable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. De Se (II	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g I ion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amount or Number of Shares								
		Reporting Person*																			
(Last)		(First)	,	ddle)																	

SAN FRANCISCO CA 94111 (City) (Zip) 1. Name and Address of Reporting Person* **Boeding Chad** (Last) (First) (Middle) ONE LOMBARD STREET, SUITE 200 (Street) SAN FRANCISCO CA 94111 (City) (State) (Zip)

Explanation of Responses:

- 1. Shares were distributed in kind to the beneficiary of the Trust.
- 2. 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 ("CTEPQ"). Together CTYM and CTEPQ beneficially own +10% of the common stock of the issuer. Mr. Boeding is the Managing Member of EPIQ. EPIQ is filing this Form 4 on behalf of itself and Mr. Boeding jointly, but not as a group, and each reporting person expressly disclaims membership in a group, within the meaning of Rule 13d-5(b) under the Securities Exchange Act of 1934, as amended.
- 3. Shares distributed in kind. Reported price is the average of the high and low price for the day.

<u>Chad Boeding</u> <u>01/31/2020</u>

** Signature of Reporting Person

Date

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

- * 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.