FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
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0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ROE ROBERT L																Direc	tor	10%	Owner			
																	Office	er (give title v)	Oth belo	er (specify w)		
(Last)		(Firs	st) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)											President a	nd Secretar	7		
C/O CORCEPT THERAPEUTICS						103/	09/16/2005									resident and occreary						
149 COMMONWEALTH DRIVE																						
110 001	11.101					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Ctt)						1	II / incliditions, bate of original Filed (Month Bay) Teal)										Line)					
(Street)	DADIZ	C 4		\402E												X	Form filed by One Reporting Person					
MENLO	PARK	CA	9	94025													Form filed by More than One Reporting					
																	Pers			.,,		
(City)		(Sta	te) (Zip)																		
			Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	posed o	f, or	Ben	eficia	ally	Owne	ed				
1. Title of S	ecurity (I	nstr.	3)		2. Transa	ction						4. Securiti						ount of	6. Ownership	7. Nature		
					Date (Month/D	av/Yea		Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		Disposed Of (D) (Instr. 3, 4		3, 4 an	Benet Owne			Form: Direct (D) or Indirect	of Indirect Beneficial			
					(,											ed Following ((I) (Instr. 4)	Ownership			
										Code	v	Amount	(A	A) or	Price		Reported Transaction(s)			(Instr. 4)		
								Code	ľ	Amount	(C	(A) or (D) Price			(Instr. 3 and 4)							
Common Stock 09/16/2						/2005	2005			S ⁽¹⁾		1,967		D \$6.		236	184,507		D			
			Ta	hle II - I	Derivat	ive S	ecu	rities	Δεαιι	ired C	Dien	osed of,	or B	enef	iciall	ν Ων	vned					
			10									onvertib				, 0,	viica					
1. Title of	2.	Т	3. Transaction	3A. Deem	ned	4.		5. Nu	5. Number		Exerci	sable and	7. Title and			8. Pr	Price of 9. Number of		f 10.	11. Nature		
Derivative	Conversi	on	Date (Month/Day/Year)	Execution		Transa		tion of		Expirati	oiration Date		Amount of			Derivative		derivative	Ownersh	p of Indirect		
Security (Instr. 3)	or Exercise Price of	se		if any (Month/D	av/Year)	Code (8)	Instr.			(Month/	Day/Y	ear)		Securities Underlying		Security (Instr. 5)		Securities Beneficially	Form: Direct (D)	Beneficial Ownership		
Derivative				, , , ,	•	'		Acquired					Derivative			-	Owned	or Indired	t (Instr. 4)			
Security									(A) or Disposed			Security (Instr. and 4)			٥		Following Reported	(I) (Instr. 4	9			
								of (D)			" '							Transaction(s)	(s)			
							(Instr. 3, 4 and 5)										(Instr. 4)					
					- 							Amo		1								
														or								
										Date		Expiration		Nu of	umber							
						Code					able	Date	Title									

Explanation of Responses:

1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 sales plan adopted by the Reporting Person on September 27, 2004.

Remarks:

s/s Fred Kurland, CFO of Corcept Therapeutics Incorporated attorney-in-fact

09/16/2005

** 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.