FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		
	Estimated average hurden			

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	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

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(h) of the Investment Company Act of 1940

								. ,															
1. Name and Address of Reporting Person* BELANOFF JOSEPH K						2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner								
															X Officer (give tit below)			Other below	(specify				
(Last) (First) (Middle) C/O CORCEPT THERAPEUTICS					3. Date of Earliest Transaction (Month/Day/Year) 03/11/2005								Chief Executive Officer										
INCORP	ORATEI)																					
275 MID	DLEFIE	LD R	OAD			4. 11	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)							Jacob Signal 1 as (instances), feat)									Line) X Form filed by One Reporting Person							
MENLO	PARK	CA	9	4025											Form filed by One Reporting Person Form filed by More than One Reporting								
(City)		(State)	(2	Zip)		-										Pers	on						
			Table	e I - No	on-Deriv	ative	Sec	curitie	s Ac	quirec	d, Di	sposed o	f, or E	enefic	ially	Own	ed						
			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			and 5) Securities Beneficially Owned Following		ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
									Code	v	Amount	(A) oi (D)	Price	Reported Transacti (Instr. 3 a		ction(s)			(Instr. 4)				
Common Stock		03/11/2005					S ⁽²⁾		2,500	D	\$5.0	852	2,36	60,420	.0 D								
Common Stock														300,000		I		Custodian for minor son ⁽¹⁾					
Common Stock															300,000		I		Custodian for minor daughter ⁽¹⁾				
			Та	ble II -								osed of, convertib				wned							
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Code (Code)				of Deriv Secu Acqu (A) o Disp of (D	r osed) r. 3, 4	6. Date Expirat (Month) Date Exercise	tion Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		-		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)							

Explanation of Responses:

- 1. The Reporting Person is the custodian for minor children and disclaims beneficial ownership of the shares, except to the extent of his pecuniary interest therein.
- 2. The sale on this Form 4 was effected pursuant to a Rule 10b5-1 sales plan adopted by the Reporting Person on September 15, 2004.

s/s Fred Kurland, CFO of 03/15/2005 **Corcept Therapeutics** Incorporated attorney-in-fact

** 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.