FORM 4

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

Washington, D.C. 20549

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OMB APPROV	AL
OMB Number: 3	3235-028

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
ı	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

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

1. Name and Address of Reporting Person*  LeDoux Anne M  (Last) (First) (Middle)  C/O CORCEPT THERAPEUTICS  149 COMMONWEALTH DRIVE					Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [ CORT ]      Date of Earliest Transaction (Month/Day/Year) 03/26/2009								[] (Ch	Relationship of Reporting Person(s) to Issuer Check all applicable)  Director 10% Owner  X Officer (give title below)  VP & Controller				
(Street)	PARK (		94025 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 03/30/2009					Line	e) <mark>X</mark> Form fi Form fi	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
1 Title of	Security (Ins		ble I - Non-	-Deriva 2. Transa		_	Curities 2A. Deemo		quired, [	Disp		of, or Be		y Owned	nt of	6. Ow	nership	7. Nature of
Date (Month/E			Execution Date,		Execution f any	ecution Date, any		Transaction Disposed Code (Instr.		d Of (D) (Instr. 3, 4 a		5) Securitie Beneficia	ties cially d Following (		Direct Indirect str. 4)	Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A) o (D)	r Price	Transacti	nsaction(s) tr. 3 and 4)			(,				
			Table II - D						uired, Di , options	•		•	•	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	C₀	ansactio	ion str.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)		of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Co	de V	,	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		Transacti (Instr. 4)	on(s)		
Stock option (right to buy)	\$1.5								(1)	04	4/16/2017	Common Stock	125,000		125,00	00	D	
Stock option (right to	\$1.19	03/26/2009		A	A		125,000		(2)	0	3/26/2019	Common Stock	125,000	\$1.19	125,00	00	D	

## **Explanation of Responses:**

- 1. Exercisable with respect to 2.0834% of the total number of Option Shares on the monthly anniversary of 4/16/2007 each month thereafter.
- $2. \ Exercisable \ with \ respect to \ 2.0834\% \ of \ the \ total \ number \ of \ Option \ Shares \ on \ the \ monthly \ anniversary \ of \ 3/26/2009 \ each \ month \ thereafter.$

There was no equity swap involved in this stock option grant and as such the appearance of the "/K" under the Code column of Box 4 on the previously filed Form 4 was a typographical error.

/s/ Joseph K. Belanoff, CEO of

**Corcept Therapeutics** 

03/30/2009

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.