FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasimigton	, D.O. 20040	

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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*					2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
BELANOFF JOSEPH K					CONCERN TO THE COURT OF THE COU						X	Director		10% Own		ner	
(Last)	(Last) (First) (Middle)				Date of Earliest Transaction (Month/Day/Year)							X	Officer (below)	Officer (give title below)		Other (specification)	pecify
C/O CORCEPT THERAPEUTICS				0.	02/18/2015						Chief Executive Officer						
149 COMMONWEALTH DRIVE				L													
				— 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) MENLO	PARK (CA	94025									X		•	•	ting Person	
										Form filed by More than One Reporting Person					ing		
(City)	(:	State)	(Zip)														
		Та	ble I - Non-D	erivati	ve Se	ecurities	s Ac	quired, D	isposed	of, or B	enefic	cially	Owned				
1. Title of Security (Instr. 3) 2. Transplate (Month/L				е	action 2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed O		irities Acqu ed Of (D) (Ii	ties Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amoun Securities Beneficia Owned Fo Reported	Forn lly (D) o ollowing (I) (Ir		n: Direct I or Indirect I nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	Amour	nt (A)	or P	rice	Transacti (Instr. 3 a	on(s)			
			Table II - Dei (e.ç					uired, Dis , options					wned				
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)	4. Transaction Code (Instr. 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Secur Underlyi Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	is liy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of SI			(Instr. 4)	on(3)		
Stock option (right to buy)	\$3.29	02/18/2015		A		450,000		(1)	02/18/202	5 Common Stock	450	,000	\$0.00	450,00	00	D	

Explanation of Responses:

1. Exercisable ratably on each monthly anniversary of the date of grant over a four-year period.

Remarks:

/s/ Joseph K. Belanoff, CEO of Corcept Therapeutics

02/23/2015 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.