FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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	Check this box if no longer subject to
\neg	Section 16. Form 4 or Form 5
J	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*						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					Series Francisco										Direc	ctor		10% C	wner				
					- 2 5	O Date of Farling Transporting (Marth (Bank)									X Office below		icer (give title low)		Other (specify below)				
(Last)		(Firs	t) (I	Middle)			3. Date of Earliest Transaction (Month/Day/Year)											President and Secretary					
C/O CORCEPT THERAPEUTICS					10//	07/07/2005											i resident d	ina occ	icury				
275 MID	DI FEIRI	ID.	ROAD, SUITE	Δ																			
2/3 WIID	DULI IL.	. עם	ROMD, JUIL	11		4 If	4 If Amendment, Date of Original Filed (Month/Dov/Veer)										6. Individual or Joint/Group Filing (Check Applicable						
,						. 4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)										Line)						
(Street)																X	Form	n filed by One	e Repor	tina Pers	on		
MENLO	PARK	CA	9	4025														•		•			
						.											Pers	n filed by Moi on	re man (опе кер	orung		
(City)		(Stat	·o) (Zip)												. 3.3011							
(City)		(Stat	(2	<u>- iρ)</u>																			
			Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	uired,	Dis	posed o	f, oı	r Ben	efici	ally (Owne	ed					
1. Title of S	Security (In	nstr.	3)		2. Trans	action					3. 4. Securities Acquired (A)							ount of	6. Own		7. Nature of Indirect Beneficial Ownership		
			-		Date (Month/	Day/Var	ay/Year) Execution Date, if any (Month/Day/Year)							Of (D) (Instr. 3, 4 and		nd Securities Beneficially			Form: Direct (D) or Indirect				
					(WOILLIA	Dayrica) (Instr. 4)					
							<u> </u>						(4) 011			ce Repor					(Instr. 4)		
										Code	\ \	Amount	(A) or (D) Prid		Price			3 and 4)					
Common Stock 07/07/						7/2005	5			S ⁽¹⁾		2,500	0 D		\$5.	5.75 1		94,507		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
1. Title of 2. 3. Transaction 3A. Deemed 4. 5. Number 6. Date Exercisable and 7. Title and														0 Dr	ion of	9. Number o	of 10.		11. Nature				
Derivative	Conversio		Date (Month/Day/Year)	Execution if any		Transaction Code (Instr.		on of tr. Derivative		Expiration Date				Amount of		8. Price of Derivative		derivative		Ownership	of Indirect		
Security	or Exercis	se			´.					(Month/D	ar)	Securities			Security		Securities		Form:	Beneficial			
(Instr. 3) Price of Derivative Security (Month/Day/Year) 8					y/Year)	8)		Securities Acquired						lerlying ivative		(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
						(A) or Disposed				Security (Ins			str. 3	3		Following		Instr. 4)	(1113111 4)				
													4)			Reported Transaction((a)					
							of (D) (Instr. 3, 4									(Instr. 4)	(5)						
									and 5)									, ,					
				Am	ount																		
												or											
							į I.	Date	١,	Expiration		Nur	nber										
						Code	v	(A)		Exercisal		Date	Title		res								

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

07/08/2005

** 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.