FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	DVAL					
	OMB Number:	3235-0287					
l	Estimated average burd	len					
l	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* WILSON JAMES N								e <b>and</b> Tic			Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WILSON JAMES IN													X Director			10% (	Owner		
(Last)		(First) (Middle) THERAPEUTICS					of Earl 2015	iest Trans	saction (f	Month	n/Day/Year)		Officer (give title Other (sp below) below)						
149 COMMONWEALTH DRIVE						If Ame	endme	nt, Date	of Origina	al File	d (Month/Da		6. Individual or Joint/Group Filing (Check Applicable						
(Street) MENLO PARK CA 94025															iled by M	d by One Reporting Person d by More than One Reporting			
(City)		(State)	(Zip)																
		Tal	ole I - No	on-Deriv	vativ	e Se	curit	ties Ac	quired	l, Di	sposed o	f, or Be	neficia	lly Owned					╗
1. Title of Security (Instr. 3)  2. Tran Date (Month						ır) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 and 5)			nd Securities Beneficially Owned Follow		6. Owner Form: D (D) or In (I) (Insti	Direct Indirect Er. 4)	7. Nature of ndirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 an				Instr. 4)	
Common Stock 03/20/2						015					17,652	A	\$2.77	909,4	26	1(2)		By Family Partnershi	
Common Stock 03/20/20						015			S <sup>(1)</sup>		8,359	D	\$5.85	901,067		I <sup>(2)</sup>		By Family Partnershi	
			Table II								oosed of, convertil			y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Executio if any			action (Instr.			6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security	9. Num derivati Securit Benefic Owned Followi Report Transac (Instr. 4	ive ies cially ing ed ction(s)	10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Warrant (Right to	\$2.77	03/20/2015			X <sup>(1)</sup>	(1)		17,652	03/25/2	008	03/24/2015	Common Stock 1	17,652	\$0.00		0	I <sup>(2)</sup>	By Fam Partners	

## Explanation of Responses:

1. On March 20, 2015, Mr. Wilson's Family Partnership exercised a warrant to purchase 17,652 shares of the Issuer's common stock for an exercise price of \$2.77 per share. Mr. Wilson's family Partnership paid the exercise price on a cashless basis, resulting in the Issuer's withholding of 8,359 of such shares to pay the exercise and issuing to Mr. Wilson's Family Partnership the remaining 9,293 shares. In connection with such exercise, the Issuer also paid to Mr. Wilson's Family Partnership \$4.11 in cash in lieu of a fractional share.

2. Reflects transactions and holdings of shares of common stock of the Issuer held of record by Mr. Wilson's Family Partnership.

## Remarks:

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

03/24/2015

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.