FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL							
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*							2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner				
	(First) (Middle) DRCEPT THERAPEUTICS DMMONWEALTH DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 06/29/2006									X Officer (give title below) Other (specify below) Chief Executive Officer				
(Street) MENLO PARK CA 94025					4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Stat		Zip)	n Doriv	ativo	Soo	uritio	s A o	nuirod	Dic	nocod o	f or F	onof	icially	, Own				
1. Title of Security (Instr. 3)			e i - No	2. Transac Date (Month/Da	ction	2A. Exe	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				cquired (A) or		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
					Code	v			Amount (A) or (D)		or Pri	ice	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common	Stock															300	0,000	I	Custodian for a minor daughter ⁽¹⁾	
Common	Stock															300	0,000	I	Custodian for minor son ⁽¹⁾	
Common	Stock				06/29/	2006				S ⁽²⁾		500	D	\$	4.11	2,21	.6,995	D		
Common Stock 06/29/2					2006	:006			S ⁽²⁾		200	D	\$	4.12	2,216,795		D			
Common Stock 06/29/2					2006						200	D	D \$4.13		2,216,595		D			
Common Stock 06/29/20					2006	.006			S ⁽²⁾	400		D	\$	4.14	2,216,195		D			
Common Stock 06/29/20					2006				S ⁽²⁾		50	D	\$	4.15	2,216,145		D			
Common Stock 06/30/2									S ⁽²⁾		100 D		\$	4.12	2,216,045		D			
Common Stock 06/30/2										S ⁽²⁾		350	D	_	4.11		5,695	D		
Common Stock 06/30/2						_			S ⁽²⁾		500	D		4.25	2,215,195		D			
Common	2005				S ⁽²⁾		1,000	D		4.17		4,195	D							
			Та									osed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	n I	3. Transaction Date (Month/Day/Year)			4. Transac Code (li 8)		ion of		6. Date Exerc Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (Ir	Price of erivative ecurity astr. 5)	9. Number derivative Securities Securities Owned Following Reported Transaction (Instr. 4)	Ownersh Form: y Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)	
Evnlanation						Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er					

- 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.

Remarks:

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

06/30/2006

** 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.