FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	D.C. 2054

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>Harper James A</u>					2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	•	irst) ERAPEUTICS	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/10/2008											(give title		Other (s below)		
149 COMMONWEALTH DRIVE				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)											Joint/Group	Filing	(Check App	olicable		
(Street) MENLO	PARK C	PARK CA 94025				Line) X Form filed by C													One Reporting Person More than One Reporting		
(City)	(S	state)	(Zip)																		
		Tak	ole I - Nor	n-Deri	vativ	e Se	curities	s Ac	qui	ired, C	isp	osed o	f, or E	ene	eficially	/ Owned					
1. Title of Security (Instr. 3)		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		,	Code (Instr					Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
										Code	v	Amount	(A (D	or	Price	Transaction(s) (Instr. 3 and 4)				(
Common Stock															2,000			D			
Common Stock														7,500				Held by wife			
Common Stock															57,	900		D ⁽¹⁾			
		-	Table II -									sed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3A. Deemed Execution Date, if any (Month/Day/Year		4. Transaction Code (Instr		5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and	6. Date Exercisa Expiration Date (Month/Day/Year			ble and 7. Title and A of Securities		Amount	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	e s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Dat Exe	e ercisable		xpiration ate	Title	O N	lumber						
Stock option (right to buy)	\$6.83									(2)	1	0/11/2014	Commo Stock		50,000		60,00	0	D		
Stock Option (right to buy)	\$2.7									(3)	1	2/19/2017	Commo Stock		.5,000		15,00	0	D		
Stock Option (right to	\$2.23	06/10/2008			A		15,000			(4)	0	6/10/2018	Commo		.5,000	\$2.23	15,00	0	D		

Explanation of Responses:

- 1. Held jointly with wife.
- 2. Immediately exercisable subject to a right of repurchase by Corcept Therapuetics Incorporated that shall lapse at the rate of 20% of the total option shares on 10/11/2005 and an additional 1.67% of the total option shares on each monthly anniversary of 10/11/2005.
- 3. Exercisable with respect to 8.3334% of the total option shares on each monthly anniversary of June 11, 2007 so that the entirety of the option grant will vest within one year.
- 4. Exercisable with respect to 8.3334% of the total option shares on each monthly anniversary of June 10, 2008 so that the entirety of the option grant will vest within one year.

Remarks:

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

06/11/2008

Incorporated attorney-in-fact

Date

** Signature of Reporting Person

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.