## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

**OWNERSHIP** 

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

l	OMB APPROVAL							
l	OMB Number: 3235-0362							
l	Estimated average burden							
l	hours per response:	1.0						

Form 3 Holdings Reported.

Instruction 1(b)

Form 4 Transactions Reported

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

		<u>'</u>		or Section	1 30(11	) or the	iiivesi	unenic	ompany Ac	l 01 194	U						
1. Name and Address of Reporting Person* WILSON JAMES N			2. Issuer Name <b>and</b> Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [ CORT ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
WILSON JAMES IN												X	Direc	ctor		10%	Owner
	`	irst) (ERAPEUTICS	Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016					Year)	Officer (give t below)			e	Othe belo	er (specify w)	
149 COMMONWEALTH DRIVE				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MENLO	PARK C	A 9	94025	-								X Form filed by One Reporting Persor Form filed by More than One Report Person					
(City)	(S	itate) (	Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					or Dispose	sed Of 5. Amount of Securities Beneficially Owned at end		es ially	6. Ownership Form: Dire	ership n: Direct		
				(	(monus bayr rear)		3,		ıt	(A) or (D)	Price		Issuer's Fiscal			ect (I)	(Instr. 4)
Common Stock			11/16/2016	C		ř	112	12,000 D \$9.		\$9.40	789,067		9,067		I	James N. Wilson and Pamela D. Wilson Trust	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D	Expirivative curities quired or posed D) str. 3, 4 15)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Numbion of Title		int er		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)

**Explanation of Responses:** 

Remarks:

/s/ Joseph K. Belanoff,

02/14/2017 Attorney-in-Fact for James N.

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.