FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
OMB Number:	3235-0287							
Estimated average burden								
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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>Lo Steven</u>				2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]									heck all a	ship of Reportir applicable) rector ficer (give title		Issuer Owner (specify		
(Last) (First) (Middle) C/O CORCEPT THERAPEUTICS				3. Date of Earliest Transaction (Month/Day/Year) 10/07/2015									A be	ow) below VP Commercial Operatio		v)`		
149 COMMONWEALTH DRIVE (Street) MENLO PARK CA 94025					4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X Fo					
(City)	(State) ((Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)				Execution Date,		Transaction Dispose Code (Instr. 5)		Disposed	rities Acquired (A ed Of (D) (Instr. 3,			nd Sec Ber Ow	mount of urities eficially ned Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount		(A) or (D)	Price	Trai	nsaction(s) tr. 3 and 4)		(Instr. 4)		
Common	stock			10/07/	7/2015		S		5,300		D	\$4	\$4 53,033		D			
	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. Conversio or Exercis Price of Derivative Security	n Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Transaction Code (Instr. 8)		5. Numof Deriv. Secun Acqu (A) or Dispo of (D) (Instr. and 5	Expiratio	6. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)		Date Exercisa		Expiration	Title	or Num of	ber				

Explanation of Responses:

Remarks:

/s/ Joseph K. Belanoff, CEO of

Corcept Therapeutics

10/09/2015

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.