

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Lo Steven</u> (Last) (First) (Middle) <u>C/O CORCEPT THERAPEUTICS</u> <u>149 COMMONWEALTH DRIVE</u> (Street) <u>MENLO PARK CA 94025</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>CORCEPT THERAPEUTICS INC [CORT]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>SVP Oncology</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>11/16/2015</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common stock	11/16/2015		M		113,960	A ⁽¹⁾	\$3.51	113,960	D	
Common stock	11/16/2015		M		286,040	A ⁽¹⁾	\$3.51	400,000	D	
Common stock	11/16/2015		M		33,333	A ⁽¹⁾	\$2.7	433,333	D	
Common stock	11/16/2015		M		64,583	A ⁽¹⁾	\$2.075	497,916	D	
Common stock	11/16/2015		M		87,500	A ⁽¹⁾	\$1.92	585,416	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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock option	\$3.51	11/16/2015		M		113,960		(2)	09/23/2020	Common stock	113,960	\$3.51	0	D	
Stock option	\$3.51	11/16/2015		M		286,040		(2)	09/23/2020	Common stock	286,040	\$3.51	0	D	
Stock option	\$2.7	11/16/2015		M		33,333		(2)	10/09/2022	Common stock	33,333	\$2.7	0	D	
Stock option	\$2.075	11/16/2015		M		64,583		(2)	01/29/2023	Common stock	64,583	\$2.075	0	D	
Stock option	\$1.92	11/16/2015		M		87,500		(2)	11/18/2023	Common stock	87,500	\$1.92	0	D	

Explanation of Responses:

- 1. Exercise and hold.
- 2. Fully exercisable.

Remarks:

/s/ Joseph K. Belanoff, CEO of
Corcept Therapeutics 11/16/2015
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.