## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

### 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*  MAHONEY DAVID L						2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [ CORT ]								eck all applic	r		10% (	Owner	
(Last) (First) (Middle) C/O CORCEPT THERAPEUTICS						Date of /30/20		iest Trans	saction (I	Month	n/Day/Year)		Officer below)	(give titl	е	Other below	(specify		
149 COMMONWEALTH DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MENLO PARK CA 94025					_								X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
		Tab	le I - No	on-Deri	vativ	e Sec	curit	ies Ac	quired	, Di	sposed o	f, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Exe r) if a	ny	ned on Date, Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)					Form: D (D) or In		. Nature of ndirect leneficial lownership		
									Code	v	Amount	(A) or (D)	Price	Transaction				nstr. 4)	
Common Stock 03/27/20					/2015	015			X <sup>(1)</sup>		48,952	A	\$4.05	1,203,1	48 <sup>(2)</sup>	) I		DavidMahoney & Winnifred C. Ellis Family Trust	
		-	Table II								oosed of, convertil			Owned					
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		6. Date Exercise Expiration Date (Month/Day/Yea		sable and 7. Title and A		d Amount ies g	8. Price of Derivative Security (Instr. 5)	9. Num derivati Securit Benefic Owned Followi Reporte Transac (Instr. 4	ive ies cially ing ed ction(s)	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Warrant (Right to Buy)	\$4.05	03/27/2015			X <sup>(1)</sup>			48,952	03/29/2	012	03/30/2015	Common Stock	48,952	\$0.00	(	0	I <sup>(2)</sup>	David L.Mahoney & Winnifred C. Ellis Family	

### **Explanation of Responses:**

- 1. On March 27, 2015, David L. Mahoney & Winnifred C. Ellis 1998 Family Trust exercised a warrant to purchase 48,952 shares of the Issuer's common stock at \$4.05 per share.
- $2. \ Reflects \ transactions \ and \ holdings \ of \ shares \ of \ common \ stock \ of \ the \ Issuer \ held \ of \ record \ by \ Mr. \ Mahoney's \ Family \ Trust.$

# Remarks:

/s/ Joseph K. Belanoff, CEO of 03/30/2015 Corcept Therapeutics

\*\* Signature of Reporting Person

Incorporated, attorney-in-fact

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.