FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVID API	ROVAL
OMB Number:	3235-0287
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0.5

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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
J	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*  TURNER JOSEPH L						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)					
1UKN	EK JUS	EPH L			٦							<u>11 1 1                            </u>	<u>_</u> [ 50)	]	X	Director			10% Ow	ner	
(Last)		(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)									$\dashv$	Officer ( below)	give title		Other (s below)	pecify		
C/O CORCEPT THERAPEUTICS					106	06/18/2015															
		EALTH DRIVE																			
TIO COMMICTOR PROPERTY DIAVE						4. If Amendment, Date of Original Filed (Month/Day/Year) 06/22/2015										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)					100	112212	015								X		ed by One	Repo	rting Person		
MENLO	PARK	CA	94025													_	,		One Report		
-																Person	•		• • • •	-	
(City)		(State)	(Zip)																		
		Ta	ble I - Non	Doriv	/ativ	, So	ouritio	c A	201	uirod D	icne	acad (	of or D	one	ficially	Owned					
			ible I - NOI			_			-qu	-	<del>-</del>		-				. 1		1		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da							2A. Deemed Execution Dat if any (Month/Day/Ye		<i>'</i>	Transaction Disp Code (Instr. 5)		Dispose	curities Acquired (A) sed Of (D) (Instr. 3,			5. Amount of Securities Beneficially Owned Following		Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
										Code	, ,	Amount	(A)	or	Price	Reported Transaction(s) (Instr. 3 and 4)			(1	Instr. 4)	
			Table II - I										f, or Be ible sec			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/\)	Code (Instr.					6. Date Exercisable and Expiration Date (Month/Day/Year)			e and	7. Title a of Secur Underlyi Security 4)	ities ng De	rivative	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	ode	v	(A)	(D)	Dat Exe	e ercisable	Expi Date	iration	Title	Nu	nount or mber of ares						
Common stock (Right to ourchase)	\$6.55	06/18/2015			A		50,000			(1)	06/1	8/2025	Common	50	),000(2)	\$0.00	50,000	(2)	D		

## **Explanation of Responses:**

- 1. Exercisable with respect to 8.3334% of the total option shares on each monthly anniversary of June 18, 2015 so that the entirety of the option grant will vest on or before the date of Corcept's next Annual Meeting of Stockholders.
- 2. The Form 4, as originally filed, incorrectly reported the number of shares in section 7 and 9 under Table II. The Form 4, as amended by this Form 4/A, correctly reports such information.

## Remarks:

/s/ Joseph K. Belanoff, CEO of

Corcept Therapeutics

06/23/2015

<u>Incorporated attorney-in-fact</u>

\*\* Signature of Reporting Person Date

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.