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

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

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

1		
l	OMB Number:	3235-0362
l	Estimated average but	rden
ı	hours per response.	1.0

OMB APPROVAL

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions F	Reported.	Fil	ed pursuant to or Sectior															
1. Name and Address of Reporting Person* YOUNGER WILLIAM H JR 2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]						S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner													
(Last) 755 PAG	(Fi E MILL RO	est) DAD, SUITE A-	(Middle) ·200	12/31/20	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011								Officer (give title Other (specify below) below)						
(Street) PALO AI	_ 4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Checkline) X Form filed by One Reporting P Form filed by More than One F Person							erso	n									
(City)	(St	•	(Zip)																
			le I - Non-Deri				quii						_						
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any		3. Transaction Code (Instr.							Of	Securities Beneficially		6. Ownership Form: Direct		7. Nature of Indirect Beneficial		
			(Month/Day/Ye	ear) a	8)		Amount		(A) o (D)	or F	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)		
Common Stock 0		06/30/2011			G		0.0000(1)		D		\$0.0000		123,384(1)		I		By Ltd Partnership ⁽²⁾		
Common Stock		11/17/2011		G			0.0000(1)		D		\$0.0000		123,384(1)		I		By Ltd Partnership ⁽²⁾		
Common Stock													491,719		I		By Profit Sharing Plan Trust ⁽³⁾		
Common Stock														241,161		I		By Trust ⁽⁴⁾	
		Ta	able II - Deriva	tive Securi uts, calls,										Owned					
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. Nu of Deriv Secu Acqu (A) o Disp of (D	vative virities vired r osed)	6. D Exp	ate Exercisable and iration Date nith/Day/Year)		on 7	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbro of Title Share:		unt Der		9. Numb derivativ Securitie Beneficie Owned Followin Reportec Transact (Instr. 4)	ve jes Owne Form: Direct or Ind (I) (Insect on)		hip () ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. Represents gift of limited partnership interests in a limited partnership to other limited partners. The reporting person disclaims beneficial ownership of the shares held by the limited partnership except as to the reporting person's pecuniary interest therein.
- 2. Shares held by a limited partnership of which the reporting person is the trustee of a trust which is the General Partner. The reporting person disclaims beneficial ownership in these shares except as to the reporting person's pecuniary interest therein.
- 3. Shares held by SHV Profit Sharing Plan, a retirement trust, for the benefit of the reporting person.
- 4. Shares held by a trust of which the reporting person is the trustee. The reporting person disclaims beneficial ownership in these shares except as to the reporting person's pecuniary interest in the trust.

Robert Yin, by power of attorney

02/13/2012

** 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.