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* BRADBURY DANIEL | | | | | | 2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT] | | | | | | | | | neck all applic | or | | 10% Owner | | | | |
|--|---|--|---------------|---------------------------------------|-----------|--|--|---------|--|---------------------------|---|------------------------|---|--------|---|--|---|--|---|--|--|--|
| (Last) (First) (Middle) C/O CORCEPT | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2014 | | | | | | | | | Officer (give title below) Other (specify below) | | | | | ecify | | |
| 149 COMMONWEALTH DRIVE | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | | | |
| MENLO PARK CA 9402 | | | | <u>25</u> | _ | | | | | | | | Form filed by More than One Reporting Person | | | | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transactio Date (Month/Day/\ | /ear) i | f any | med on Date, Day/Year | Co | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 9 | | | 5) | 5. Amount of Securities Beneficially Owned Followi Reported | | 6. Owners Form: Dire (D) or Indi (I) (Instr. 4 | | 7. Natu Indirec Benefic Owners | t cial ship | | |
| | | | | | | | | Co | ode V | Aı | mount | (A) or (D) | Price | | Transaction((Instr. 3 and | s) 4) | | | (Instr. 4 | *) | | |
| Common | 05/09/20 | 14 | | |] | P | 1 | 125,000 | A | A \$1.7937 ⁽¹⁾ | | 304,000 | | I | BioBri | | rit,LLC. | | | | | |
| Common stock | | | | 05/12/2014 | | | |] | P | | 13,925 A | | \$1.8328(1) | | 317,925 | | I | | BioBrit, LLC. | | | |
| 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) | Exec if an | | | action (Instr. | 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) | | | of Se Unde Deriv | le and Ar curities rlying ative Sec . 3 and 4 | curity | 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 Exerc | isable | Expiration Date | Title | or Nu of | ımber | | | | | | | | |
| Stock option (right to buy) | \$1.74 | 05/08/2014 | | | A | | 30,000 | | (2 | 2) | 05/08/2024 | Comi | |),000 | \$1.74 | 3 | 0,000 | I | D | | | |

Explanation of Responses:

- 1. Represents the average price per share
- 2. Exercisable with respect to 8.3334% of the total option shares on each monthly anniversary of May 8, 2014, with the final vesting of all remaining shares to occur on or before the date of Corcept's 2015 Annual Meeting of Stockholders.

Remarks:

s/s Joseph K. Belanoff, CEO of 05/12/2014 Corcept Therapeutics

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.