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
notruction 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL
OMB Number:	3235-0287
Estimated average burde	en
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* BELANOFF JOSEPH K						2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) C/O CORCEPT THERAPEUTICS 275 MIDDLEFIELD ROAD, SUITE A						3. Date of Earliest Transaction (Month/Day/Year) 07/07/2005									X Officer (give title below) Other (special below) Chief Executive Officer					
(Street) MENLO (City)	PARK C		94025 Zip)		4. If	Ame	ndment,	, Date o	of Origina	d (Month/Da	ur)		i. Indiv ine) X	-/						
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Ac	quired	, Dis	sposed o	f, or	Ben	efici	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Ex	ecution	Deemed ecution Date, ny onth/Day/Year)		ction Instr.	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)				and Securiti Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or Price		Price	- 17	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Common Stock			07/07/	07/07/2005				S ⁽¹⁾		5,000		D	\$5.7	75	2,31	9,195		D	
Common	Stock															300),000		I	Custodian for minor son ⁽²⁾
Common Stock																300,000			I	Custodian for a minor daughter ⁽²⁾
		Та									osed of,					wned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed 4. Transactive Conversion Date Execution Date, Or Exercise (Month/Day/Year) if any			Transa Code (5. Nu of Deriv Secu Acqu (A) oi Dispo of (D) (Instr and 5	rative rities ired r osed)	6. Date I Expirati (Month/I	on Da		Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		1			ly Di	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code		(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Numbe of								

Explanation of Responses:

- $1. \ The sale on this Form 4 was effected pursuant to a Rule 10b5-1 sales plan adopted by the Reporting Person on September 15, 2004.$
- 2. The Reporting Person is the custodian for minor children and disclaims beneficial ownership of the shares, except to the extent of his pecuniary interest therein.

Remarks:

s/s Fred Kurland, CFO of **Corcept Therapeutics** Incorporated attorney-in-fact

07/08/2005

** 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.