Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHAN |
|--|-------------------|
| obligations may continue. See | |

GES 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* ROE ROBERT L | | | | | | 2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT] | | | | | | | | | eck all applic | able) | 10% Owner | | /ner | |
|--|---|---------------------------------|---|---------|--|---|-------|-------------------------------------|-------------------|--|--|----------------|---|--|---|---|-----------------------------------|--|---------------------------------------|--|
| | RCEPT T | (First) HERAPEUTICS EALTH DRIVE | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/26/2010 | | | | | | | | | below) | below) below, President and Secretary | | | poony | |
| (Street) MENLO PARK CA 94025 (City) (State) (Zip) | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | · · · | ole I - Nor | n-Deriv | /ative | e Se | curit | ties Ac | quired, | Dis | oosed o | f, or E | ene | eficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/E | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | | 5. Amour Securitie Beneficia Owned F Reported | es Fo ally (D Following (I) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | (A) or (D) | | Price | Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| Common | Stock | | | 08/2 | 6/201 | 10 | | | М | | 10,00 | 0 . | A | \$0.1 | 158 | ,890 | 90 D | | | |
| | | | Table II - | | | | | | | | sed of, onverti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercis Price of Derivative Security | | 3A. Deemed Execution I if any (Month/Day | Date, | | ransaction ode (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | s Silly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | O N O | lumber | | | | | | |
| Stock option (exercise) | \$0.1 | 08/26/2010 | | | M | | | 10,000 | (1) | 1 | 0/06/2010 | Commo Stock | ⁿ 1 | .0,000 | \$0.1 | 0 | | D | | |

Explanation of Responses:

1. Exercisable with respect to 20% of the total number of options shares one year after 10/6/2000 and with respect to an additional 1.67% of the total number of option shares on the monthly anniversary of 10/6/2000 each month thereafter.

Remarks:

s/s Joseph K. Belanoff, CEO of

Corcept Therapeutics

08/30/2010

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.