SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
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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* <u>Robb Gary Charles</u>			2. Date of Event Requiring Statement (Month/Day/Year) 09/01/2011 3. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]								
(Last) (First) (Middle) C/O CORCEPT THERAPEUTICS 149 COMMONWEATLH DRIVE		UTICS			4. Relationship of Reporting Perso (Check all applicable) Director X Officer (give title		10% Owner Other (specify		 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check 		
(Street) MENLO PARK	CA (State)	94025 (Zip)				below) Chief Financial C	below) Officer			cable Line) Form filed b	y One Reporting Person y More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						1,258	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable ar Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secur Underlying Derivative Secur		ty (Instr. 4) Conve or Exe		cise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title	3	Amount or Number of Shares	Price o Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

/s/ Joseph K. Belanoff, CEO ofCorcept Therapeutics09/12/2011Incorporated, attorney-in-fact** Signature of Reporting PersonDate

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 5 (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.