#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5           |
| obligations may continue. See          |
| Instruction 1(b).                      |

# 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*  BELANOFF JOSEPH K             |   |                |   |          |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [ CORT ] |  |      |   |        |  |   |                                      |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |  |   |  |
|---|---|----------------|---|----------|---|--|--|------|---|--------|--|---|--------------------------------------|---|---|--|---|--|---|--|
| DELITI  | OII JO  | <u>DETTITE</u> |   |          |   |  |  |      |   |        |  |   |                                      | X   |   |  |   | X 10% (  |   |  |
| (Last) (First) (Middle) C/O CORCEPT THERAPEUTICS 149 COMMONWEALTH DRIVE |   |                |   |          |   | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2005                          |  |      |   |        |  |   |                                      |   | Officer (give title below)  Chief Executive Officer                     |  |   |  |   |  |
| 145 COMMONWEALTH DRIVE  |   |                |   |          |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                             |  |      |   |        |  |   |                                      |   | 6. Individual or Joint/Group Filing (Check Applicable                   |  |   |  |   |  |
| (Street) MENLO PARK CA 94025  |   |                |   |          |   | ,, j   |  |      |   |        |  |   |                                      |   | Form filed by One Reporting Person                                      |  |   |  |   |  |
| (City)  | (S  | tate) (        | Zip)  |          |   |  |  |      |   |        |  |   |                                      | Form filed by More than One Reporting<br>Person     |   |  |   |  |   |  |
|   |   | Tabl           | e I - No  | on-Deriv | ative                                   | Sec  | uritie   | s Ac | quirec  | l, Dis | sposed o   | f, or E   | enefi                                | cially  | / Own   | ed   |   |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)          |   |                |   |          |   | Exec<br>if an  | . Deemed<br>ecution Date,<br>iny<br>onth/Day/Year) |      | 3.<br>Transaction<br>Code (Instr.<br>8)         |        | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a |   |                                      | nd 5) Securities Beneficially Owned Following       |   | ies<br>:ially<br>Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |  |
|   |   |                |   |          |   |  |  |      | Code  | v      | Amount   | (A) or<br>(D)   | Price                                | )   | Reporte<br>Transa<br>(Instr. 3  | ction(s)   |   |  | (Instr. 4)  |  |
| Common Stock 09/30/2  |   |                |   |          | .005                                    | )05  |  |      |   |        | 1,566  | D   | \$5.3                                | 1032  | 2,294,195   |  | D   |  |   |  |
| Common Stock  |   |                |   |          |   |  |  |      |   |        |  |   |                                      |   | 30  | 0,000  |   | I  | Custodian<br>for minor<br>son <sup>(2)</sup>        |  |
| Common Stock  |   |                |   |          |   |  |  |      |   |        |  |   |                                      | 300,000   |   | I  |   | Custodian<br>for a<br>minor<br>daughter <sup>(2)</sup>                   |   |  |
|   |   | Та             | ıble II -   |          |   |  |  | •    |   |        | osed of,   |   |                                      | •   | wned  |  |   |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                     | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |                | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |          | 4.<br>Transaction<br>Code (Instr.<br>B) |  |  |      | 6. Date Exerci<br>Expiration Da<br>(Month/Day/Y |        | isable and   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                                      | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) |   | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4)             |  |
|   |   |                |   |          | Code                                    | v  | (A)  | (D)  | Date<br>Exercis                                 | sable  | Expiration<br>Date   | Title   | Amoun<br>or<br>Numbe<br>of<br>Shares | r   |   |  |   |  |   |  |

#### **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

09/30/2005

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.