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:	3235-0287							
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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* MAHONEY DAVID L					2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
	C/O CORCEPT THERAPEUTICS					3. Date of Earliest Transaction (Month/Day/Year) 12/19/2007									Officer (give title below)		e Other (: below)		specify		
(Street)	.49 COMMONWEALTH DRIVE Street)				4.	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						
,	PARK C		94025		-										Form f Persor		e thar	n One Repor	ting		
(City)	(\$		(Zip)		<u> </u>									<u> </u>							
1. Title of Security (Instr. 3) 2. Tran- Date (Month				saction	n	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			A) or	5. Amou Securitie Beneficia Owned F	nt of s ally following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Common Stock														565	565,938		I 1	By Trust		
			Table II -						uired, D s, option						Owned						
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Nu of	ımber							
Stock Option (right to buy)	\$5								(1)	0	7/20/2014	Commor Stock	60	0,000		60,000	0	D			
Stock Option (right to buy)	\$4.95								(2)	03	3/02/2016	Commor Stock	10	0,000		10,000	0	D			
Stock option (right to	\$2.7	12/19/2007			A		30,000		(3)	0	6/11/2017	Commor Stock	30	0,000	\$0.00	30,000	0	D			

Explanation of Responses:

- 1. Immediately exercisable subject to a right of repurchase by Corcept Therapeutics Incorporated that shall lapse at the rate of 20% of the total option shares on 7/20/2005 and an additional 1.67% of the total option shares on each monthly anniverary of 7/20/2005.
- 2. Exercisable with respect to 25% of the total number of Option Shares one year after 3/2/2006 and with respect to an additional 2.0834% of the total number of Option Shares on the monthly anniversary of 3/2/2006 each month thereafter.
- 3. Exercisable with respect to 8.3334% of the total option shares on each monthly anniversary of June 11, 2007 so that the entirety of the option grant will vest in one year.

Remarks:

/s/ Joseph K. Belanoff, CEO of
Corcept Therapeutics 12/21/2007
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.