FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB APPROVAL** OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Estimated average burden hours per response: 0.5

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

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>COXE TENCH</u>						2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [ CORT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner					
(Last) 755 PAC	Last) (First) (Middle) 755 PAGE MILL ROAD, SUITE A-200					3. Date of Earliest Transaction (Month/Day/Year) 10/21/2011								Officer (give title Other (specify below)					
(Street)	Street) PALO ALTO CA 94304-10			005	_	4. If Amendment, Date of Original Filed (Month/Day/Year						//Year)	Line	X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	ity) (State) (Zip)													Person					
		Tab	le I - No	_		_				_				ly Owned					
Da				Date	2. Transaction Date (Month/Day/Yea		Execution Date,		3. Transact Code (In: 8)	on Dis			(A) or . 3, 4 and	5) Securiti Benefici Owned I	5. Amount of Securities Beneficially Owned Following Reported		rect direct direct direct direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	Am	ount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			,iiisti. 4)	
Common Stock				10/21/2011					J <sup>(1)</sup>	1	21,707	A	\$0.000	00 873	873,789			By Trust <sup>(2)</sup>	
Common Stock														430	430,915		1	By Profit Sharing Plan Trust <sup>(3)</sup>	
Common Stock													87	87,804			By Trust (CRT) <sup>(4)</sup>		
		7	able II -						uired, Di s, option					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year		4. Transactio Code (Insti				6. Date Exercisal Expiration Date (Month/Day/Year)		0 U	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Ow Dir or (I)	nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		ation T		Amount or Number of Shares						
Common Stock Warrant	\$2.77	10/21/2011			J <sup>(1)</sup>		7,633		03/25/2008	03/24	1/2015	Common Stock	7,633	\$0.0000	81,504		I	By Trust <sup>(2)</sup>	
Common Stock Warrant	\$2.77	10/21/2011			J <sup>(1)</sup>		1,182		03/25/2008	03/24	1/2015	Common Stock	1,182	\$0.0000	82,686		I	By Trust <sup>(2)</sup>	
Common Stock Warrant	\$2.96	10/21/2011			J <sup>(1)</sup>		6,775		04/21/2010	04/21	/2013	Common Stock	6,775	\$0.0000	6,775		I	By Trust <sup>(2)</sup>	
Common Stock Warrant	\$2.77								03/25/2008	03/24	l/2015	Common Stock	16,839		16,839		I	By Profit Sharing Plan Trust <sup>(3)</sup>	

## **Explanation of Responses:**

- 1. Distribution of shares without consideration to Managing Directors of the General Partner of Sutter Hill Ventures, A California Limited Partnership, in accordance with the partnership agreement.
- 2. Shares held by a trust of which the reporting person is a trustee. The reporting person disclaims beneficial ownership in these shares except as to the reporting person's pecuniary interest in the trust.
- 3. Shares held by SHV Profit Sharing Plan, a retirement trust, for the benefit of the reporting person.
- 4. Shares held by a charitable remainder unitrust of which the reporting person is the trustee. The reporting person disclaims beneficial ownership in these shares except as to the reporting person's pecuniary

Robert Yin, by power of <u>attorney</u>

10/25/2011

\*\* 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.