FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. | 20549 |
|---------------|------|-------|
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| 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

| Name and Address of Reporting Person* WILSON JAMES N | | | | | | 2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT] | | | | | | | | | eck all app | ationship of Repoi k all applicable) Director | | () | Owner |
|---|---|----------------------------------|------------------------|-----------------|------------------------------|--|---|------|---|-------|-----------------------|---|---|-------------------------|---|--|--------------------------|--|---------------------------------------|
| | CEPT TH | irst) (ERAPEUTICS ALTH DRIVE | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2011 | | | | | | | | | Officer (give titl below) | | le Othe belo | | er (specify w) |
| (Street) | PARK C | A 9 | 94025 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - N | on-Deriv | vative | Seci | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benefic | iall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | ate, | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Instr. 3 5) 5. Code (Instr. 3 5) | | | | nd | Securitie Benefici | 5. Amount of Securities Beneficially Owned Following | | vnership :: Direct r Indirect estr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | | Transact (Instr. 3 | ion(s) | | | (|
| Common | Stock | | | 12/01/2 | 2011 | | | | S | | 10,000(1) | D | \$3.0 | 9 ⁽²⁾ | 1,95 | 4,511 | I I By Trus | | |
| Common | Stock 12/01/2 | | | 2011 |)11 | | S | | 5,000(1) | D | \$3.0 | 80 | 891 | 891,774 | | I | By Family Partnership | | |
| | | Та | ıble II | | | | | | | | osed of, convertib | | | | Owned | | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ercise (Month/Day/Year) of utive | Execution Date, if any | | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exer Expiration D (Month/Day/ | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | D Si (li | Price of erivative ecurity nstr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | or Number of Shares | | | | | | |

Explanation of Responses:

- 1. The sale is made pursuant to terms of a 10b5-1 plan in effect at the time of sale of the shares.
- 2. Represents the weighted average sale price for the entire number of shares sold. The sale prices range from \$3.05 to \$3.12 per share. Full information on the numbers of shares sold at each sale price is available upon request.

Remarks:

/s/ Joseph K. Belanoff, CEO of

12/01/2011 **Corcept Therapeutics**

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.