## 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.C.	20549

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*  YOUNGER WILLIAM H JR					2. Issuer Name and Ticker or Trading Symbol  CORCEPT THERAPEUTICS INC [ CORT ]									5. Relationship of Reporting Person(s) (Check all applicable)  Director X 100					
(Last) 755 PAG	•	irst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/14/2010							Offic belo	er (give w)	title		ther (specify elow)		
(Street) PALO Al			94304- (Zip)	1005	4. 11	Amen	dment,	, Date	of Orig	inal Fil	ed (Month/Da	ay/Year)		_ine) X Forn	n filed by n filed by	, One Re	eporting	ck Applicable Person Reporting	
		Tabl	le I - N	lon-Deriv	ative	Sec	uritie	s Ac	quire	ed, D	isposed o	f, or E	Benefic	ially Own	ed				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5)		d (A) or r. 3, 4 and	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)	Price	Transactio				(1130.4)	
Common	Stock			07/14/2	010				J <sup>(1)</sup>		82,509	A	\$0(1)	294,0	)54		I	By Trust <sup>(2)</sup>	
Common Stock		07/14/2010					J <sup>(1)</sup>		82,509	D	\$0 <sup>(1)</sup>	211,5	211,545		I	By Trust <sup>(2)</sup>			
Common	Stock													123,3	384		I	By Ltd Partnership	<sub>I</sub> (3)
Common Stock												491,7	719		I	By Profit Sharing Pla Trust <sup>(4)</sup>	ın		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date Execution Date, (Month/Day/Year)  (Month/Day/Year)			nsaction de (Instr.  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct ( or Indir (I) (Inst	Beneficia Ownersh ect (Instr. 4)	ct al					
				Ccc		v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Transfer due to the establishment of a new trust and change in beneficial ownership.
- 2. Shares held by a trust 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 interest in the trust.
- 3. Shares held by a limited partnership of which the reporting person is the trustee of a trust which is the General Partner. The reporting person disclaims beneficial ownership in these shares except as to the reporting person's pecuniary interest therein.
- 4. Shares held by SHV Profit Sharing Plan, a retirement trust, for the benefit of the reporting person.

## Remarks:

Robert Yin, by power of 07/14/2010 <u>attorney</u>

\*\* 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.