FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF C	CHAN

IGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 0.5 hours per response:

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

Instruc	tion 1(b).			Fil							ties Exchan mpany Act		.934			liouis	po: 100		
						2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]									tionship of all applic Directo	,	g Pers	. ,	
(Last) 755 PAC	,	First)	(Middle) -200	3. Date of 10/21/20				of Earliest Transaction (Month/Day/Year) 2011							Officer below)	(give title		Other (below)	(specify
(Street) PALO ALTO CA 94304-1005				If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(9	State)	(Zip)							1 0.3011									
4 Tin	2		ole I - No			_			-	, Dis	posed o	-		ally			6.0		7 11-1
1. Title of	Security (Ins	tr. 3)		2. Trans Date (Month/I		ar) l	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (8)		4. Securities Acquired Disposed Of (D) (Instr.		a (A) or r. 3, 4 an	ıd 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common	Stock			10/21	L/201	1			J ⁽¹⁾		488,41	5 D	\$0.0	000	5,03	6,602		D	
			Table II -								osed of, converti				wned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		Date,	4. Transaction Code (Instr. 8)		5. Number on of		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Do	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownershi t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Number of Shares	er					
Common Stock Warrant	\$2.77	10/21/2011			J ⁽¹⁾			4,742	03/25/20	800	03/24/2015	Common Stock	4,74	2 !	\$0.000	395,45	7	D	
Common Stock Warrant	\$2.77	10/21/2011			J ⁽¹⁾			30,636	03/25/20	800	03/24/2015	Common Stock	30,63	36	0.0000	364,82	1	D	
Common Stock Warrant	\$2.96	10/21/2011			J ⁽¹⁾			27,188	04/21/20	010	04/21/2013	Common Stock	27,18	88 5	\$0.0000	280,36	5	D	
		f Reporting Person' VENTURES																	
(Last) 755 PAC	E MILL R	(First) OAD, SUITE A	(Mid	dle)															
(0)						—													

Last)	(First)	(Middle)
55 PAGE MILI	L ROAD, SUITE	A-200
Street)		
PALO ALTO	CA	94304-1005
	(State)	(Zip)
	ss of Reporting Perso	
	ss of Reporting Perso	
Name and Addres	es of Reporting Person	on*
Name and Address BIRD JEFFR Last)	es of Reporting Person	on*
Name and Address BIRD JEFFR Last) 255 PAGE MI	es of Reporting Person	on*

(Last) 755 PAGE MI	(First)	(Middle)
(Street) PALO ALTO	CA	94304-1005
(City)	(State)	(Zip)

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.

Remarks:

Multiple Forms Submitted

Robert Yin, by power of attorney 10/25/2011

Robert Yin, by power of attorney 10/25/2011

Robert Yin, by power of 10/25/2011

attorney

** 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.