FORM 4

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT O
Section 16. Form 4 or Form 5	
obligations may continue. See	

F 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* ENRIGHT PATRICK G				2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
ENRIG	HI PAL	RICK G			٦	<u> </u>	<u> </u>		Tu II Lo	110	20 11 10	2 [COR	· ,	X	Directo	r	X	10% Ov	/ner
(Last)	`	irst) CAPITAL PART	(Middle) NERS, LI	LC		3. Date of Earliest Transaction (Month/Day/Year) 06/23/2010									Officer below)	(give title		Other (s below)	pecify
800 EL CAMINO REAL, SUITE 220				4. 1	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) MENLO	PARK C	A	94025		_									Line) X		led by Mor		orting Person	
(City)	(9	state)	(Zip)																
		Tab	le I - Nor	n-Deri	vativ	e Se	curities	s Ac	quired, D	ispo	osed o	f, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp Code (Instr. 5)		Disposed	ties Acquir I Of (D) (Ins		4 and Securitie Benefici Owned F		s ally ollowing	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code V	,	Amount	(A) or (D)		се	Reported Transact (Instr. 3 a	tion(s)					
	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)	tle of 2. 3. Transaction SA. Deemed Execution Date Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an of Securit Underlyin Derivative (Instr. 3 a	ties ng e Securi	ount 8. Price of Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	s Silly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Ex Da	piration te	Title	Amou or Numb of Share	er					
Stock Options (right to buy)	\$3.47	06/23/2010			A		30,000		(1)	06/	/23/2020	Common Stock	30,0	00	\$0	30,000 ⁽	(2)	D	

Explanation of Responses:

1. The vesting period of the options commenced upon grant; 8.3334% of the options vest on each monthly anniversary of the grant date with the final vesting of all remaining options to occur on or before the date of the Issuer's 2011 Annual Meeting of Stockholders. The reporting person shares pecuniary interest in these securities with other individuals pursuant to a contractual relationship. The reporting person disclaims beneficial ownership of these securities except as to the extent of the reporting person's pecuniary interest in these securities.

2. Does not include (i) options held by the reporting person to purchase 70,000 shares of the Issuer's common stock at an exercise price equal to \$2.23 per share that expire on June 10, 2018 and (ii) options held by the reporting person to purchase 30,000 shares of the Issuer's common stock at an exercise price equal to \$0.96 per share that expire on June 11, 2019.

Patrick G. Enright

06/24/2010

** 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.