Edgar Filing: CORCEPT THERAPEUTICS INC - Form 4

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CORCEPT 7 Form 4 March 15, 20	THERAPEUTICS	INC										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									- .T	OMB APPROVAL		
	UNITED S	IAIES					NGE	COMMISSION	Number:	3235-0287		
Check th		Washington, D.C. 20549							Expires:	January 31,		
if no long subject to		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI								2005		
Section 1		SECURITIES								Estimated average burden hours per		
Form 4 o										response 0.5		
Form 5 obligatio	n o *							ge Act of 1934,				
may cont	tinue. Section 17(a			vestment	•	· ·		f 1935 or Sectio	on			
See Instruction 1(b).	uction	50(11) (Ji the m	vestment	Compan	y Ac	10117	-10				
(Print or Type I	Responses)											
1. Name and Address of Reporting Person 2. Issuer Name and Tick					Tieker or	Ticker or Trading 5. Relationship of				Reporting Person(s) to		
	F JOSEPH K		Symbol	suer Name and Ticker or Trading ol				Issuer	1 8	1 0 ()		
			•	PT THEF	RAPEUT	ICS	INC	(Check all applicable)				
			[CORT]					(Check all applicable)				
(Last)	(First) (M			Earliest Tra	ansaction			X Director)% Owner		
C/O CORC	EDT			/Day/Year)				_X_ Officer (give title Other (specify below) below)				
THERAPE			03/15/20	100				Chief	Executive Off	icer		
	WEALTH DRIVE	Į										
(Street) 4. If Amendm				dment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year)						Applicable Line)						
						X Form filed by One Reporting Person Form filed by More than One Reporting						
MENLO PARK, CA 94025												
(City)	(State) (2	Zip)	Table	e I - Non-D	erivative	Securi	ities Ac	quired, Disposed o	of, or Beneficia	ally Owned		
1.Title of	2. Transaction Date			3.				5. Amount of				
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if	Transaction(A) or Disposed of Code (D)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(111501. 5)		(Month/Da	ay/Year)	(Instr. 8)	(D) (Instr. 3, 4 and 5)			Owned	Indirect (I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	03/15/2006			S (1)	2,500	D	\$	2,250,795	D			
Stock	03/13/2000			<u>5</u>	2,500	D	5.01	2,230,795	D			
Common										Custodian		
Stock								300,000	Ι	for minor		
										son <u>(2)</u>		
Common								• • • • • • •		Custodian		
Stock								300,000	Ι	for a minor $d_{aux} = h_{aux} (2)$		
										daughter (2)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BELANOFF JOSEPH K C/O CORCEPT THERAPEUTICS 149 COMMONWEALTH DRIVE MENLO PARK, CA 94025	Х	Х	Chief Executive Officer					

Signatures

s/s Fred Kurland, CFO of Corcept Therapeutics Incorporated attorney-in-fact 03/15/2006 <u>**</u>Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) The sale on this Form 4 was effected pursuant to a Rule 10b5-1 sales plan adopted by the Reporting Person on September 15, 2004.
- (2) The Reporting Person is the custodian for minor children and disclaims beneficial ownership of the shares, except to the extent of his pecuniary interest therein.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.