Edgar Filing: MAHONEY DAVID L - Form 4

MAHONEY DA Form 4	VID L									
May 20, 2013										
FORM 4			CECU						PPROVAL	
	STATES	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					NOMB Number:	3235-0287		
Check this bo if no longer subject to Section 16. Form 4 or Form 5 obligations may continue <i>See</i> Instructio 1(b).	STATEM Filed pu Section 17	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						Estimated burden hou response	Estimated average burden hours per response 0.8	
(Print or Type Resp	onses)									
1. Name and Address of Reporting Person <u>*</u> MAHONEY DAVID L			2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [CORT]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O CORCEPT THERAPEUTIC COMMONWE	, CS, 149	Middle) 'E		of Earliest Tr Day/Year) 2013	ransaction		X Director Officer (give below)		% Owner ler (specify	
				4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tah	le I - Non-I)erivative	Securities	Acquired, Disposed of	of. or Beneficia	llv Owned	
	ransaction Date nth/Day/Year)		ed Date, if	3.	4. Securit nAcquired Disposed (Instr. 3, 4	ies (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Reminder: Report o	n a separate lin	e for each cl	ass of sec	urities benef	icially own	ned directly	or indirectly.			

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (right to buy)	\$ 1.74	05/17/2013		А	30,000	(1)	05/17/2023	Common stock	30,000

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips		
FB	Director	10% Owner	Officer	Other	
MAHONEY DAVID L C/O CORCEPT THERAPEUTICS 149 COMMONWEALTH DRIVE MENLO PARK, CA 94025	Х				
Signatures					
/s/ Joseph K. Belanoff, CEO of Cord attorney-in-fact	05/20/2013				

**Signature of Reporting Person

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).
- Exercisable with respect to 8.3334% of the total option shares on each monthly anniversary of May 17, 2013, with the final vesting of all (1) remaining shares to occur on or before the date of Corcept's 2014 Annual Meeting.

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.

Γ S

Date