### CORCEPT THERAPEUTICS INC

Form 5

Common

stock

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Â

01/30/2014

12/29/2014

 $G4^{(1)}$ 

G4(1)

68,400 D

75,000 D

\$ 0 1,776,396

\$ 0 1,701,396

D

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February 13, 2015

February 13,	, 2015												
FORM	15								OMB AF	PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE (						E CC	MMISSION	OMB Number:	3235-0362				
Check this no longer		Washington, D.C. 20549							Expires:	January 31, 2005			
to Section Form 4 or 5 obligation may conti	Form ANN ons nue.	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated a burden hou response	verage			
See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 Transactions Reported Reported													
1. Name and Address of Reporting Person * WILSON JAMES N			2. Issuer Name and Ticker or Trading Symbol CORCEPT THERAPEUTICS INC				I	5. Relationship of Reporting Person(s) to Issuer					
		[0	[CORT]					(Check all applicable)					
(Last) (First) (Middle)			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014				_	_X Director 10% Owner Officer (give title below) Other (specify below)					
C/O CORCEPT THERAPEUTICS, 149 COMMONWEALTH DRIVE													
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6	6. Individual or Joint/Group Reporting					
	(check applicable line)												
MENLO PARK, CA 94025  _X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person													
(City)	(State)	(Zip)	Table	e I - Non-Deri	vative Sec	urities	Acqui	red, Disposed of	, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	3. Transaction Code (Instr. 8)	4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned at end	Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership			
					Amount	(A) or (D)	Price	of Issuer's Fiscal Year (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)			
Common stock	12/17/2013	Â		G4 <u>(1)</u>	52,295	D	\$0	1,902,216	D	Â			
Common stock	12/26/2013	Â		G4 <u>(1)</u>	57,420	D	\$0	1,844,796	D	Â			

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Common stock

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

SEC 2270 (9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Da	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
				Exercis		Exercisable	Date		of		
					(A) (D)				Shares		
					(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
WILSON JAMES N							
C/O CORCEPT THERAPEUTICS	λv	Â	Â	Â			
149 COMMONWEALTH DRIVE	АЛ	Α	A	A			
MENLO PARK, CA 94025							

### **Signatures**

/s/ Joseph K. Belanoff, CEO of Corcept Therapeutics Incorporated, 02/13/2015 attorney-in-fact.

\*\*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) Shares distributed by gift to family members of the Reporting Person.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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