

CORCEPT THERAPEUTICS INC
 Form 3
 April 18, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *

LeDoux Anne M
 (Last) (First) (Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)
 04/16/2007

3. Issuer Name and Ticker or Trading Symbol
 CORCEPT THERAPEUTICS INC [CORT]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

Director 10% Owner
 Officer Other
 (give title below) (specify below)
 VP & Controller

C/O CORCEPT THERAPEUTICS, 149 COMMONWEALTH DRIVE
 (Street)

MENLO PARK, CA 94025
 (City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
|---------------------------------|---|--|---|

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|---|--|--|---|
| | Date Exercisable | Expiration Date | Title | Amount or Number of | |

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| | | | | Shares | | or Indirect (I) (Instr. 5) | |
|-----------------------------|-------|------------|--------------|--------|---------|----------------------------------|---|
| Stock Option (right to buy) | Â (1) | 04/16/2014 | Common Stock | 17,500 | \$ 12 | D | Â |
| Stock Option (right to buy) | Â (2) | 10/06/2014 | Common Stock | 42,500 | \$ 7.73 | D | Â |
| Stock option (right to buy) | Â (3) | 09/23/2015 | Common Stock | 15,000 | \$ 5.7 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|----------------------|-------|
| | Director | 10% Owner | Officer | Other |
| LeDoux Anne M C/O CORCEPT THERAPEUTICS 149 COMMONWEALTH DRIVE MENLO PARK, CA 94025 | Â | Â | Â VP & Controller | Â |

Signatures

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

04/18/2007

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) Exercisable with respect to 20% of the total number of options shares one year after 4/16/2004 and with respect to an additional 1.67% of the total number of option shares on the monthly anniversary of 4/16/2004 each month thereafter.
- (2) Exercisable with respect to 20% of the total number of options shares one year after 10/6/2004 and with respect to an additional 1.67% of the total number of option shares on the monthly anniversary of 10/6/2004 each month thereafter.
- (3) Exercisable with respect to 20% of the total number of options shares one year after 9/23/2005 and with respect to an additional 1.67% of the total number of option shares on the monthly anniversary of 9/23/2005 each month thereafter.

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.