Edgar Filing: CORCEPT THERAPEUTICS INC - Form 4

CORCEPT 7 Form 4 January 21, 2	THERAPEUTICS	S INC									
FORM									OMB AF	PROVAL	
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long subject to	ger STATEN	box								January 31, 2005	
Section 1	16.	SECURITIES							Estimated average burden hours per		
Form 4 c Form 5 obligatio may com <i>See</i> Instr 1(b).	Filed pur ^{ns} Section 17(suant to Section 16(a) of the Securities Exchange Act of 1934, a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 							response	0.5	
(Print or Type]	Responses)										
ROE ROBERT L Symbol								5. Relationship of Reporting Person(s) to Issuer			
				CEPT THERAPEUTICS INC T]				(Check all applicable)			
INCORPOR	(First) (1 EPT THERAPEU RATED, 275 ELD ROAD	Middle) JTICS	3. Date of (Month/E 01/19/2	-	ansaction			Director X Officer (give below) Preside		Owner r (specify y	
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
MENLO PA	ARK, CA 94025							_X_ Form filed by O Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-D	erivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8)	(Instr. 3,	sposed 4 and (A) or	d of (D) 5)	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 Beneficial Ownership (Instr. 4)	
Common Stock	01/19/2005			Code V S(1)	Amount 1,550	(D) D	Price \$ 5.4884	224,207	D		

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.

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

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

1. Title o Derivativ Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e s	6. Date Exercisable and Expiration Date (Month/Day/Year)		e and nt of lying ties 3 and 4)	8. Price of Derivative Security (Instr. 5)	
Rep	orting C)wners	Code V	(A) (D)	Date Exercisable	Expiration Date	Title 1	Amount or Number of Shares		

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Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
ROE ROBERT L C/O CORCEPT THERAPEUTICS INCORPORATED 275 MIDDLEFIELD ROAD MENLO PARK, CA 94025			President and Secretary			
Signatures						
/s/ Fred Kurland, CFO of Corcept Therapeutics Incorpo attorney-in-fact	rated		01/21/2005			
<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).
- The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 sales plan adopted by the Reporting Person on September 27, (1) 2004.

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.