

CORCEPT THERAPEUTICS INC

Form 4

July 06, 2015

**FORM 4****UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

Check this box  
if no longer  
subject to  
Section 16.  
Form 4 or  
Form 5  
obligations  
may continue.  
See Instruction  
1(b).

**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

## OMB APPROVAL

OMB  
Number: 3235-0287  
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2005  
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burden hours per  
response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
**WILSON JAMES N**

(Last) (First) (Middle)

**C/O CORCEPT  
THERAPEUTICS, 149  
COMMONWEALTH DRIVE**

(Street)

**MENLO PARK, CA 94025**

(City) (State) (Zip)

2. Issuer Name **and** Ticker or Trading  
Symbol

**CORCEPT THERAPEUTICS INC  
[CORT]**

3. Date of Earliest Transaction  
(Month/Day/Year)  
**07/01/2015**

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

5. Relationship of Reporting Person(s) to  
Issuer

(Check all applicable)

☒ Director ☐ 10% Owner  
☐ Officer (give title below) ☐ Other (specify below)

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 Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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	01/15/2015		G <sup>(1)</sup>	V 122,000 D \$ 0	1,579,396	I	James N. Wilson and Pamela D. Wilson Trust
Common stock	07/01/2015		M	10,000 A \$ 1.51	1,589,396	I	James N. Wilson and

Common stock	07/01/2015	S	10,000	D	\$ <u>6.0559</u> (2)	1,579,396	I	Pamela D. Wilson Trust
Common stock	07/01/2015 <sup>(3)</sup>	S <sup>(3)</sup>	0	D <sup>(3)</sup>	\$ 0	901,067	I	James N. Wilson and Pamela D. Wilson Trust
								James and Pamela Wilson Family Partners

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

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(9-02)

**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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative 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)	8. Amount or Number of Shares
Stock option	\$ 1.51	07/01/2015		M	10,000	<u>(4)</u> 05/18/2017	Common stock	10,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
WILSON JAMES N C/O CORCEPT THERAPEUTICS	X			

149 COMMONWEALTH DRIVE  
MENLO PARK, CA 94025

## Signatures

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

07/04/2015

\_\_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 to family members of the Reporting Person.
- (2) Represents the weighted average sale price for the entire number of shares sold. The sale prices ranged from \$6.00 to \$6.11 per share.
- (3) Not applicable as the line item was included to show all other indirect holdings of the Reporting Person.
- (4) Fully exerciseable.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.  
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