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CORCEPT THERAPEUTICS INC

Form 4

December 21, 2007

FORM 4

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

OMB Number: 3235-0287

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Expires: January 31, 2005

0.5

Form 4 or Form 5 obligations may continue.

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

SECURITIES

burden hours per response...

Estimated average

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

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

5. Relationship of Reporting Person(s) to Issuer

ANDERSSON ALLEN

CORCEPT THERAPEUTICS INC [CORT]

(Check all applicable)

(Last)

(First) (Middle)

3. Date of Earliest Transaction

_X__ Director ___X__ 10% Owner ___ Officer (give title ____ Other (specify

1875 K STREET, N.W., SUITE 700

(Street)

(Month/Day/Year) 12/10/2007

below) below)

12,10,2007

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person ___ Form filed by More than One Reporting

Person

WASHINGTON, DC 20006

(City)	(State)	(Zip) Tab	le I - Non-	Derivative	Secur	rities Acqui	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	omr Dispos (Instr. 3, 4	ed of	` ′	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	12/10/2007		P	15,000	A	\$ 2.8204	8,675,000 (1)	I	By limited liability company
Common Stock	12/13/2007		P	20,000	A	\$ 2.9222	8,695,000 (1)	I	By limited liability company
Common Stock	12/14/2007		P	5,000	A	\$ 2.9162	8,700,000 (1)	I	By limited liability company
Common Stock	12/18/2007		P	5,000	A	\$ 2.9248	8,705,000 (1)	I	By limited liability

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company

By limited

500,000 (2) I liability

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

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SEC 1474

(9-02)

company

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. Transactic Code (Instr. 8)	5. Number of or 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 2.7	12/19/2007		A	70,000	(3)	06/11/2017	Common Stock	70,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
. 3	Director	10% Owner	Officer	Other		
ANDERSSON ALLEN 1875 K STREET, N.W., SUITE 700 WASHINGTON, DC 20006	X	X				

Signatures

Common

Stock

/s/ Allen
Andersson

**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).

Reporting Owners 2

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- (1) Shares held by Paperboy Ventures, LLC for the benefit of the reporting person
- (2) Shares held by Anderieck Holdings, LLC for the benefit of the reporting person
- (3) Exercisable with respect to 25% of the total option shares on the first anniversary of June 11, 2007. Exercisable with respect to 2.0834% of the total option shares on each monthly anniversary after June 11, 2008 so that the entirety of the option grant will vest over four years.

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.