Catalyst Pharmaceutical Partners, Inc.

Form 4 July 09, 2008

# FORM 4

### **OMB APPROVAL**

OMB

Number:

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

Check this box if no longer subject to Section 16. Form 4 or

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005 Estimated average

3235-0287

0.5

burden hours per response...

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* MCENANY PATRICK J

2. Issuer Name and Ticker or Trading Symbol

Catalyst Pharmaceutical Partners, Inc. [CPRX]

below)

Issuer

(Check all applicable)

5. Relationship of Reporting Person(s) to

355 ALHAMBRA CIRCLE, SUITE

(Middle)

(First)

1370

07/01/2008

(Month/Day/Year)

\_X\_ Director X\_ Officer (give title

\_X\_\_ 10% Owner \_ Other (specify

(Street)

share

(Last)

4. If Amendment, Date Original

3. Date of Earliest Transaction

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Chairman, President and CEO

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

CORAL GABLES, FL 33134

(City)	(State)	Zip) Table	e I - Non-De	erivative S	Securi	ties Acq	quired, Disposed o	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. Transactio Code (Instr. 8)	(D) (Instr. 3,	spose 4 and (A) or	d of 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, par value \$0.001 per share	07/01/2008			Amount 415 (1)	(D)	Price \$ 3.38	3,065,353	D	
Common stock, par value \$0.001 per							145,922	I	see note (2)

#### Edgar Filing: Catalyst Pharmaceutical Partners, Inc. - Form 4

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

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SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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. Title	and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration D	ate	Amoun	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	
	Derivative				Securities			(Instr. 3	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or Name le con		
					E	Exercisable Date	Date		Number		
				C-1- 1	7. (A) (D)				of		
				Code V	I (A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MCENANY PATRICK J								
355 ALHAMBRA CIRCLE, SUITE 1370	X	X	Chairman, President and CEO					
CORAL GABLES, FL 33134								

# **Signatures**

/s/ Patrick J.

McEnany

\*\*Signature of Reporting Person

O7/09/2008

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 were withheld from the 1,570 shares granted to the Reporting Person as a bonus under the terms of the Issuer's 2006 Stock Incentive Plan in order to satisfy tax withholding obligations.
- (2) Shares are owned by the Reporting Person's spouse.

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.

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