Catalyst Pharmaceutical Partners, Inc.

Form 4

October 22, 2009

### 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 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

1(b).

(Last)

1370

Security

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Winship M Douglas

(First)

(Middle)

355 ALHAMBRA CIRCLE, SUITE

(Street)

CORAL GABLES, FL 33134

2. Issuer Name and Ticker or Trading

Symbol

Catalyst Pharmaceutical Partners,

Inc. [CPRX]

3. Date of Earliest Transaction (Month/Day/Year)

10/20/2009

4. If Amendment, Date Original

Filed(Month/Day/Year)

(City) (State) 1. Title of

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Zip)

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

(Instr. 3, 4 and 5)

(A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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

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

3. Transaction Date 3A. Deemed 1. Title of Conversion

5. Number of (Month/Day/Year) Execution Date, if TransactionDerivative Securities

Date Exercisable and **Expiration Date** 

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

V.P. of Regulatory Operations

6. Ownership

Form: Direct

6. Individual or Joint/Group Filing(Check

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

(I)

(Instr. 4)

10% Owner

Other (specify

7. Nature of

Ownership (Instr. 4)

(9-02)

Indirect

(D) or Indirect Beneficial

Issuer

below)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

5. Amount of

Securities

Owned

Beneficially

Following

Reported

Director

Applicable Line)

X\_ Officer (give title

Estimated average

burden hours per

7. Title and Amo Underlying Secu

1

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Security (Instr. 3)	or Exercise Price of Derivative		any (Month/Day/Year)	Code (Instr. 8)	1 ' '		(Month/Day/Year)		(Instr. 3 and 4)	
	Security			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	An Nu Sha
Options to purchase common stock	\$ 2.98	10/20/2009		H <u>(1)</u>		145,922	<u>(2)</u>	07/10/2012	Common Stock	14
Options to purchase common stock	\$ 0.9	10/20/2009		A	41,666		10/20/2009	10/20/2014	Common Stock	4
Options to purchase common stock	\$ 0.9	10/20/2009		A	41,667		10/20/2010	10/20/2014	Common Stock	4
Options to purchase common stock	\$ 0.9	10/20/2009		A	41,667		10/20/2011	10/20/2014	Common Stock	4

# **Reporting Owners**

Paparting Owner Name / Address	Relationships

Director 10% Owner Officer Other

Winship M Douglas 355 ALHAMBRA CIRCLE SUITE 1370 CORAL GABLES, FL 33134

V.P. of Regulatory Operations

## **Signatures**

/s/ M. Douglas Winship 10/22/2009

\*\*Signature of Reporting 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) Options were cancelled pursuant to the above-described grant.

Reporting Owners 2

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(2) 1/4 of such shares vested on July 10, 2007; 1/4 of such shares vested on July 10, 2008; 1/4 of such shares vested on July 10, 2009; and 1/4 of such shares were to vest on July 10, 2010.

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.