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

1(b).

(Last)

(City)

(Instr. 3)

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

(Print or Type Responses)

1. Name and Address of Reporting Person *

Winship M Douglas

(First) (Middle)

355 ALHAMBRA CIRCLE, SUITE

(State)

1370

(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)

Form filed by More than One Reporting Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of 2. Transaction Date 2A. Deemed Security

(Zip)

(Month/Day/Year) Execution Date, if (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.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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

(I)

(Instr. 4)

10% Owner

Other (specify

7. Nature of

Ownership (Instr. 4)

Indirect

(D) or Indirect Beneficial

Issuer

below)

Director

Applicable Line)

5. Amount of

Securities

Owned

Beneficially

Following

Reported

X_ Officer (give title

Estimated average

burden hours per

7. Title and Amo Underlying Secu

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Security (Instr. 3)	or Exercise Price of Derivative		any (Month/Day/Year)	Code (Instr. 8)	Acquired (Disposed (Instr. 3, 4	of (D)	(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(1)		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

Reporting 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.