

CATALYST PHARMACEUTICALS, INC.

Form 3/A

October 09, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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)

<p>1. Name and Address of Reporting Person *</p> <p>^ Merrigan Paul J</p> <p>(Last) (First) (Middle)</p> <p>355 ALHAMBRA CIRCLE, ^ SUITE 1250</p> <p>(Street)</p> <p>CORAL GABLES, ^ FL ^ 33134</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>09/08/2015</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>CATALYST PHARMACEUTICALS, INC. [CPRX]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>Chief Commercial Officer</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>09/16/2015</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

<p>1. Title of Security</p> <p>(Instr. 4)</p>	<p>2. Amount of Securities Beneficially Owned</p> <p>(Instr. 4)</p>	<p>3. Ownership Form:</p> <p>Direct (D)              or Indirect (I)</p> <p>(Instr. 5)</p>	<p>4. Nature of Indirect Beneficial Ownership</p> <p>(Instr. 5)</p>
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

<p>1. Title of Derivative Security</p> <p>(Instr. 4)</p>	<p>2. Date Exercisable and Expiration Date</p> <p>(Month/Day/Year)</p> <p>Date Exercisable      Expiration Date</p>	<p>3. Title and Amount of Securities Underlying Derivative Security</p> <p>(Instr. 4)</p> <p>Title      Amount or Number of Shares</p>	<p>4. Conversion or Exercise Price of Derivative Security</p>	<p>5. Ownership Form of Derivative Security:</p> <p>Direct (D)              or Indirect (I)</p>	<p>6. Nature of Indirect Beneficial Ownership</p> <p>(Instr. 5)</p>
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(Instr. 5)

Options to purchase common stock	09/08/2016	09/08/2022	Common Stock	50,000	\$ 4.2 <sup>(2)</sup>	D	Â
Options to purchase common stock	Â <sup>(1)</sup>	09/08/2022	Common Stock	<sup>(1)</sup>	\$ 4.2 <sup>(2)</sup>	D	Â
Options to purchase common stock	09/08/2018	09/08/2022	Common Stock	4,159	\$ 4.2 <sup>(2)</sup>	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Merrigan Paul J 355 ALHAMBRA CIRCLE SUITE 1250 CORAL GABLES, FL 33134	Â	Â	Â Chief Commercial Officer	Â

## Signatures

/s/ Paul J. Merrigan 10/09/2015

         \*\*Signature of  
Reporting Person

        Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) 4,167 shares will vest on a monthly basis on the 8th of each month commencing on October 8, 2016 through and until August 8, 2018.
- This Form 3/A is being filed to correct a scrivener's error in the exercise price of the stock options reported in the Reporting Person's
- (2) Form 3 originally filed on September 16, 2015. The correct exercise price of the stock options is \$4.20 per share rather than the \$3.89 per share reported in the Form 3 as originally filed. In all other respects, the Form 3/A is identical to the Form 3 as originally filed.

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.