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

Catalyst Pharmaceutical Partners, Inc. Form 4/A October 22, 2009

October 22, 2009								
FORM 4 UNITED							PPROVA	۹L
UNITED	STATES SEC	CURITIES A Washington	NOMB Number:	3235-	-0287			
Check this box		of a shington	I, D.C. 20			Expires:	Janua	ry 31, 2005
if no longer subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							
abligations	(a) of the Publ		lding Con	npany Act	nge Act of 1934, of 1935 or Sectio 940	response		
(Print or Type Responses)								
1. Name and Address of Reporting Weinstein Jack	Sym	2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer			
		lyst Pharma [CPRX]	aceutical F	artners,	(Check all applicable)			
(Last) (First) (		3. Date of Earliest Transaction (Month/Day/Year)			Director10% Owner XOfficer (give titleOther (specify			
355 ALHAMBRA CIRCLE, 1370	SUITE 10/2	20/2009			below) V.P.,	below) Treasurer & Cl	FO	
(Street)	File	4. If Amendment, Date Original Filed(Month/Day/Year) 10/22/2009			<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>			
CORAL GABLES, FL 3313					Form filed by Person	More than One R	eporting	
(City) (State)	(Zip)	<b>Fable I - Non-</b>	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owne	d
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Dee Execution any (Month/		Date, if TransactionAcquired (A) or Code Disposed of (D) ay/Year) (Instr. 8) (Instr. 3, 4 and 5)		(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al iip
		Code V	Amount	<ul><li>(A)</li><li>or</li><li>(D) Price</li></ul>	Transaction(s) (Instr. 3 and 4)			
Reminder: Report on a separate line	e for each class of	securities bene	eficially own	ed directly o	or indirectly.			
			inform requir	ation cont ed to respo ys a currei	pond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 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. Number of	6. Date Exercisable and	7. Title and Amo
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative Securities	Expiration Date	Underlying Secur

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

Security or Exercise (Instr. 3) Price of Derivative			any Code (Month/Day/Year) (Instr. 8)		Acquired ( Disposed o (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 <u>(1)</u>		145,922	<u>(2)</u>	03/04/2010	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						
1	Director	10% Owner	Officer	Other			
Weinstein Jack 355 ALHAMBRA CIRCLE SUITE 1370 CORAL GABLES, FL 33134			V.P., Treasurer & CFO				
Cianoturoo							

# **Signatures**

/s/ Jack 10/22/2009 Weinstein <sup>\*\*</sup>Signature of Date Person

**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.

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

#### (2) Current.

(3) This Form 4 has been amended to correct an error in the price of the derivative security.

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.