HUCKEL HUBERT E MD

Form 4/A

February 05, 2008

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

OMB

OMB APPROVAL

Number:

3235-0287

Expires:

January 31, 2005

0.5

response...

Estimated average burden hours per

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

Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

Section 16.

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 * **HUCKEL HUBERT E MD**

2. Issuer Name and Ticker or Trading

Issuer

below)

5. Relationship of Reporting Person(s) to

Symbol

(Middle)

(Zip)

(Month/Day/Year)

Catalyst Pharmaceutical Partners,

(Check all applicable)

Inc. [CPRX]

(Month/Day/Year)

01/30/2008

(Last) (First) 3. Date of Earliest Transaction

X_ Director Officer (give title X 10% Owner Other (specify

355 ALHAMBRA CIRCLE, SUITE

(Street)

(State)

1370

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year) 02/01/2008

X Form filed by One Reporting Person

Form filed by More than One Reporting

Person

CORAL GABLES, FL 33134

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially (D) or Owned Following (Instr. 4)

6. Ownership 7. Nature of Form: Direct Indirect Beneficial Indirect (I) Ownership (Instr. 4)

(A)

\$

3.25

(1)

Reported Transaction(s) (Instr. 3 and 4)

Price Code V Amount (D)

Common

\$0.001 per

(City)

Stock, par value 01/30/2008 P 10,800 Α

1,159,934 (1)

. (2)

share

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

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.

SEC 1474 (9-02)

Edgar Filing: HUCKEL HUBERT E MD - Form 4/A

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title Amount		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Tear)	any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/		Underly Securiti (Instr. 3	ying ies	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Kelationships						
. 0	Director	10% Owner	Officer	Other			
HUCKEL HUBERT E MD 355 ALHAMBRA CIRCLE, SUITE 1370 CORAL GABLES, FL 33134	X	X					

Signatures

Reporting Person

/s/ Hubert 02/02/2008 Huckel **Signature of 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).
- On February 1, 2008, the Reporting Person filed a Form 4 reporting the acquisition of 10,800 shares at \$3.05 per share. The correct price of the securities purchase is reflected in this amendment. Additionally, the number of shares beneficially owned by the Reporting Person was incorrectly stated in the Form 4. This amendment reflects the correct number of shares beneficially owned by the Reporting Person following such acquisition.
- (2) Shares are held in a Grantor Retained Annuity Trust, the trustee of which is Mr. Huckel.

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.

Reporting Owners 2