FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number	3235-02							

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>COELHO PHILIP H</u>				<u>C</u> A	2. Issuer Name and Ticker or Trading Symbol CATALYST PHARMACEUTICALS, INC. CPRX										all app			on(s) to Is			
(Last) (First) (Middle) 355 ALHAMBRA CIRCLE, SUITE 1250					3. Date of Earliest Transaction (Month/Day/Year) 06/17/2016										Office	er (give title v)		Other (below)	(specify		
(Street) CORAL GABLES (City)			3134 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indivi ine) X	Form	or Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting son				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			4 and Secu		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(/	A) or D)	Price	Trai		nsaction(s) tr. 3 and 4)			(IIISU. 4)		
Common stock, par value \$0.001 per share 06/17/.				2016		P	Π	1,700		Α	\$0.75		159,987			D					
Common stock, par value \$0.001 per share 06/17/				/2016		P		13,300		A	\$0.76		173,287			D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year) if any (Month/Day/Year)			4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Pri Deriv Secu (Instr	rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	vnership vrm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount nber res							

Explanation of Responses:

/s/ Philip H. Coelho

06/17/2016

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.