FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
ı	OMB North and	2025 2027								
ı	OMB Number:	3235-0287								
l	Estimated average burden									
l	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

					Oi	Secui	30(11)	טו וופ	mvesimem	COIII	party Act	01 1940							
1. Name and Address of Reporting Person*  Miller Steve						2. Issuer Name and Ticker or Trading Symbol  CATALYST PHARMACEUTICALS, INC.  [ CPRX ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director					
(Last) (First) (Middle)				Ŀ	Date of Earliest Transaction (Month/Day/Year)								X Officer (give title below) Other (specify below)  Chief Operating Officer						
355 ALHAMBRA CIRCLE, SUITE 1250						01/02/2018								C	шег Орега	ung	Officer		
(Street) CORAL GABLES	s FI	FL 33134			4. 1	f Ame	of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting							
(City) (State)		tate)	(Zip)			Person													
		Tab	le I - Non	-Deriv	/ativ	e Se	curities	s Ac	quired, C	isp	osed o	f, or Bei	neficial	ly Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			r, Transaction D Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Beneficia Owned F	s ally following	Form:	Direct Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	<b>v</b>	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
		-	Table II - I )						uired, Dis					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date,	4. Transa Code ( 8)	5. Number		ve es d ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	Amount or Number of Shares						
Options to purchase common stock	\$4.01	01/02/2018			A		95,000		01/02/2019	01	/02/2025	Common Stock	95,000	\$0	680,000		D		
Options to purchase common stock	\$4.01	01/02/2018			A		95,000		01/02/2020	01	/02/2025	Common Stock	95,000	\$0	775,000		D		
Options to purchase common stock	\$4.01	01/02/2018			A		95,000		01/02/2021	01	/02/2025	Common Stock	95,000	\$0	870,000		D		

Explanation of Responses:

/s/ Steve Miller

01/04/2018

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).