Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person* <u>Tierney David S</u>					<u>C</u>	2. Issuer Name and Ticker or Trading Symbol CATALYST PHARMACEUTICAL PARTNERS, INC. [ CPRX ]									ck all applic Directo	r	) Perso	10% Ow	ner
(Last) 355 ALH	,	irst) CIRCLE, SUITE	(Middle) 1500			3. Date of Earliest Transaction (Month/Day/Year) 10/16/2014									Officer below)	(give title		Other (s below)	pecify
(Street) CORAL GABLES	S FI	_	33134		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
		Tab	le I - Nor	n-Deri	vativ	e Se	curit	ties Ac	quired	Dis	posed o	f, or B	enefi	cially	/ Owned				
1. Title of Security (Instr. 3)  2. Trans Date (Month.			/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a			5. Amour Securitie Beneficia Owned F Reported	es Formally (D) Following (I) (I		Direct Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A) or (D)		rice	Transact (Instr. 3 a	ion(s)			msu. 4)
Common Stock, par value \$0.001 per share 10/16/			6/201	/2014		M		30,00	30,000 A		\$0.9	243,401			D				
		7	Гable II -								osed of, onverti				Owned				
1. Title of Derivative Security (Instr. 3)	Conversion Date Execu or Exercise (Month/Day/Year) if any		3A. Deemee Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisa		xpiration ate	Title	or	ount nber ires					
Options to purchase common	\$0.9	10/16/2014			M			30,000	10/20/20	09 1	10/20/2014	Commor Stock	30,	000	\$0	160,000		D	

**Explanation of Responses:** 

/s/ David S. Tierney

10/20/2014

\*\* 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.