FORM 4

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

Vashing	ton. D	).C. 2	20549

STATEMENT	OF	<b>CHANGES</b>	IN BEI	NEFICIAL	. OWNERSH	ΙP

OMB APPROVAL								
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*  INGENITO GARY				<u>C</u>	2. Issuer Name and Ticker or Trading Symbol CATALYST PHARMACEUTICALS, INC. [ CPRX ]						. [ (Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director					
(Last) 355 ALH	,	irst) CIRCLE, SUITE	(Middle) 801	1:	3. Date of Earliest Transaction (Month/Day/Year) 12/08/2023  4. If Amendment, Date of Original Filed (Month/Day/Year)							X Officer (give title below) Other (specify below)  Chief Med. & Reg. Officer  Individual or Joint/Group Filing (Check Applicable					
(Street) CORAL GABLES	S FI	L	33134		. If Ame	endment, L	Jate (	of Original Fili	ed (Mon	ntn/Da	y/Year)	Line)	Form fil	ed by One	Report	Check Appliing Person One Reporti	
(City)	(S	tate)	(Zip)	F	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							satisfy					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Trans Date			9			Code (Ins	3. Transaction Code (Instr. 3,			5. Amoun Securities Beneficia Owned Fo	s Ily ollowing	Form: I (D) or I	m: Direct I or Indirect I Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	Am	Amount (A) or (D)		Price	Transacti (Instr. 3 a		on(s)		
			Table II - Der (e.g					uired, Dis s, options					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 Date, if any (Month/Day/Year)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  5. Number of Derivative Securities (Month/Day/Year)  6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and A of Securities (Month/Day/Year)  7. Title and A of Securities (Instr. 3 and 4 of Securities (Instr. 3 and 4 of Securities)  7. Title and A of Securities (Instr. 3 and 4 of Securities)			es J Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	ee Ownersh Form: Direct (D or Indirect g (I) (Instr.	Ownership	Beneficial Ownership ct (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable	Expira Date	ition	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Options to purchase common stock	\$14.15	12/08/2023		A		153,526		(1)	12/08/2	2030	Common Stock	153,526	\$0	1,127,5	26	D	
Restricted Stock Units	(2)	12/08/2023		A		22,049		(1)	(3)	)	Common Stock	22,049	\$0	1,149,5	75	D	

## Explanation of Responses:

- 1. Derivative securities vest in equal tranches, 1/3rd on December 8, 2024, 1/3rd on December 8, 2025 and 1/3rd on December 8, 2026.
- 2. Each restricted stock unit represents a contingent right to receive one share of the Registrant's common stock upon vesting.
- 3. Shares of common stock will be delivered to the Reporting Person upon vesting.

/s/ Gary Ingenito

12/12/2023

\*\* 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.