FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL        |                        |  |  |  |  |  |
|---------------------|------------------------|--|--|--|--|--|
| OMB Number: 3235-0  |                        |  |  |  |  |  |
| Estimated average b | timated 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

|  |              |  | or Sect   | ion 30(n) of  | the Investment Company Act of 1  | 940                                |  |   |  |  |
|--|--------------|--|---|---|--|------------------------------------|--|---|--|--|
| Name and Address of Reporting Person*     Rieger Richard |              |  | 2. Date of Event<br>Requiring State<br>(Month/Day/Yea<br>11/14/2011 | ment  | 3. Issuer Name and Ticker or Trading Symbol <u>CATALYST PHARMACEUTICAL PARTNERS, INC.</u> [ CPRX ]                                 |                                    |  |   |  |  |
| (Last) (First) (Middle) 355 ALHAMBRA CIRCLE              |              |  |   | Relationship of Reporting Persi<br>(Check all applicable)     Director      | 10% Owne   | er (Mo                             | 5. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |  |
| (Street) CORAL GABLES                                    | FL           | 33134  | -   |   | X Officer (give title below)  VP Commercial O  | Other (spe<br>below)<br>perations  | 6. In  | 6. Individual or Joint/Group Filing (Check<br>Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |
| (City)   | (State)      | (Zip)  |   |   |  |                                    |  |   |  |  |
|  |              |  | Table I - Noi   | n-Derivat   | ive Securities Beneficial  | ly Owned                           |  |   |  |  |
| 1. Title of Security (Instr. 4)                          |              |  |   |   | 2. Amount of Securities Beneficially Owned (Instr. 4) Security Securities 3. Ownership Form: Direct (I) or Indirect (I) (Instr. 5) |                                    | cṫ (D)   (Instr  | (D) (Instr. 5)  |  |  |
|  |              |  |   |   | e Securities Beneficially<br>ints, options, convertible  |                                    | s)   |   |  |  |
| 1. Title of Derivative Security (Instr. 4)               |              | 2. Date Exercisable and Expiration Date (Month/Day/Year) |   | d 3. Title and Amount of Securities<br>Underlying Derivative Security (Inst |  | 4.<br>Conversion<br>or Exercise    | 5.<br>Ownership<br>Form:                                 | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5)   |  |  |
|  |              | Date Expira<br>Exercisable Date                          |   | Title   | Amount<br>or<br>Number<br>of<br>Shares   | Price of<br>Derivative<br>Security | ive or Indirect  |   |  |  |
| Options to pu  | ırchase comn | non stock  | 11/14/2012  | 11/14/2016  | Common Stock   | 33,333                             | 1.01   | D   |  |  |
| Options to pu  | ırchase comn | non stock  | 11/14/2013  | 11/14/2016  | Common Stock   | 33,333                             | 1.01   | D   |  |  |
| Options to pu  | ırchase comn | non stock  | 11/14/2014  | 11/14/2016  | Common Stock   | 33,334                             | 1.01   | D   |  |  |
|  |              |  |   | 1   |  |                                    |  |   |  |  |

Explanation of Responses:

/s/ Richard Rieger

11/22/2011

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.