UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of Earliest Event Reported): February 11, 2013

CATALYST PHARMACEUTICAL PARTNERS, INC.
(Exact Name Of Registrant As Specified In Its Charter)

Delaware	**001-33057**	**76-0837053**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

355 Alhambra Circle **Suite 1500** **Coral Gables, Florida**	**33134**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code: (305) 529-2522

Not Applicable
Former Name or Former address, if changed since last report

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01 Regulation FD Disclosure

On February 11, 2013, the Company posted on its website the presentation materials from the Company's presentation at the 15th Annual BIO CEO & Investor Conference, held at the Waldorf Astoria Hotel in New York City, New York. The presentation is furnished as Exhibit 99.1 to this Form 8-K and is incorporated herein by reference.

The information in Item 7.01 of this Current Report on Form 8-K, including the presentation attached as Exhibit 99.1 hereto, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities under that Section. The information in Item 7.01 of this Current Report shall not be incorporated by reference into any filing or other document pursuant to the Securities Act of 1933, as amended, or the Exchange Act except as shall be expressly set forth by specific reference in such filing or document.

Item 8.01 Other Events

On February 11, 2013, the Company issued a press release updating the market on the status of the research and development pipeline for its product candidates Firdapse™, CPP-115 and CPP-109. The press release is attached to this Current Report on Form 8-K as Exhibit 99.2 and is incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits.

(c) Exhibits

99.1 Information posted on Company's website on February 11, 2013

99.2 Press Release issued by the Company on February 11, 2013

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

Catalyst Pharmaceutical Partners, Inc.

By: /s/ Alicia Grande
Alicia Grande
Vice President, Treasurer and CFO

Dated: February 11, 2013

Exhibit 99.1

BIO CEO Investor Conference
February 11, 2013

Patrick McEnany, CEO
Steven Miller, PhD, COO/CSO

Safe Harbor

This presentation contains forward-looking statements that are subject to a number of risks and uncertainties, many of which are outside our control. All statements regarding our strategy, future operations, financial position, estimated revenues or losses, projected costs, prospects, plans and objectives, other than statements of historical fact included in our filings with the U.S. Securities and Exchange Commission (the "SEC"), are forward-looking statements. When used in this presentation or in answers given to questions asked today, the words "may," "will," "could," "would," "expect," "intend," "plan," "anticipate," "believe," "estimate," "project," "potential," "continue," and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. You should not place undue reliance on forward-looking statements. While we believe that we have a reasonable basis for each forward-looking statement that we make, we caution you that these statements are based on a combination of facts and factors currently known by us and projections of future events or conditions, about which we cannot be certain. Forward-looking statements in this presentation should be evaluated together with the many uncertainties that affect our business, and particularly those mentioned in the "Risk Factors" section of our Annual Report on Form 10-K filed with the SEC reporting our financial position and results of operations as of and for the year ended December 31, 2011, in the Registration Statement on Form S-1 that we filed with the SEC on April 6, 2012, as well as subsequent reports filed with the SEC during 2012. In addition, market and industry statistics contained in this presentation are based on information available to us that we believe is accurate. This information is generally based on publications that are not produced for purposes of securities offerings or economic analysis. All forward-looking statements speak only as of the date of this presentation. Except as required by law, we assume no obligation to update these forward-looking statements publicly or to update the factors that could cause actual results to differ materially, even if new information becomes available in the future.

Catalyst Overview

Catalyst Pharmaceutical Partners is focused on the development and commercialization of prescription drugs targeting rare (orphan) neurological diseases and disorders, including Lambert-Eaton Myasthenic Syndrome (LEMS), infantile spasms, and Tourette's disorder

- Headquarters: Coral Gables, FL
- NASDAQ Capital Market: CPRX
- Shares outstanding: 41,420,687
- Share price (2/7/13): $0.54
- Market capitalization: $22.4M
- Cash and investments: $17M*
- Lead institutional investors: Federated, Millenium, Sophrosyne
- Strategic investment: BioMarin (16% and joint development agreement)

*As of 9/30/12, pro-forma for BioMarin $5MM investment

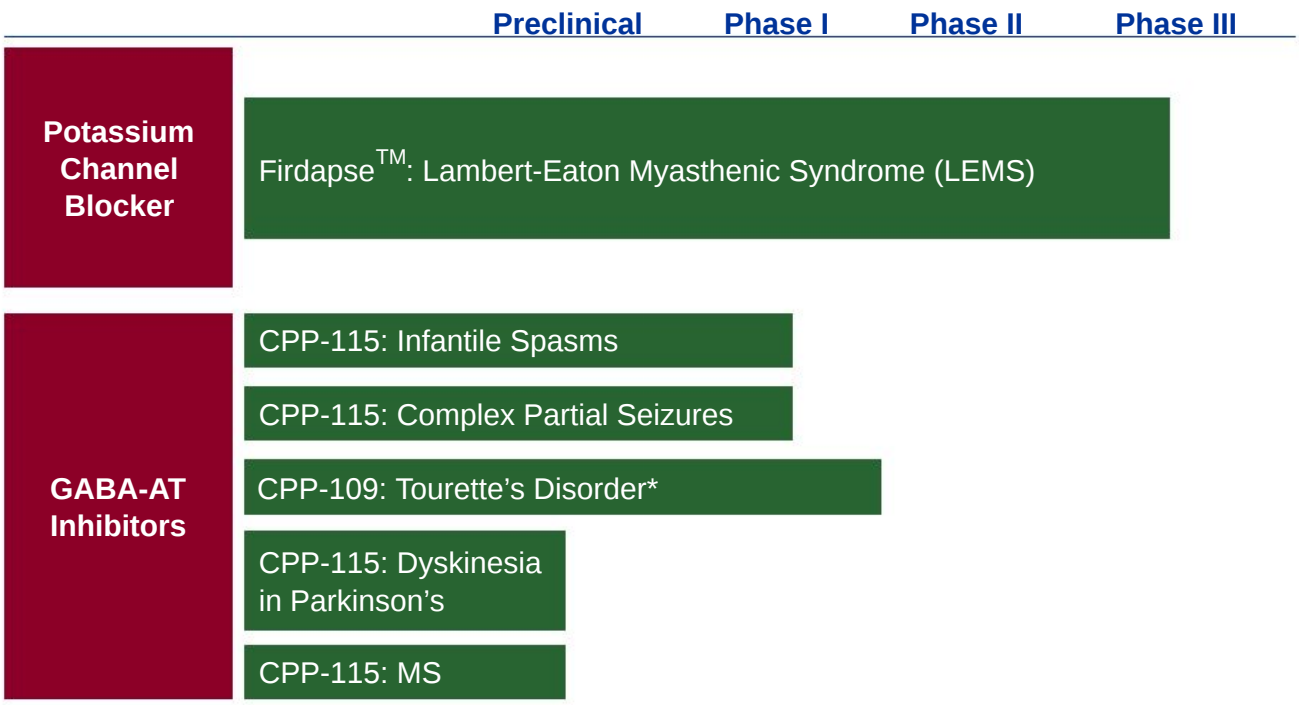
A Glance In The Rear View Mirror

- CPP-109 for Cocaine Addiction
  - Pivotal Phase II(b) trial showed no statistical difference for primary and secondary end points
  - Disappointing for all Catalyst stakeholders
  - Full data set available Q2 – 2013
  - Meet with NIDA to discuss complete findings
  - Expect to present data at conference later this year
  - Trials for cocaine addicts - difficult patient population
- Catalyst will not continue development of addiction drugs

Firdapse™/BioMarin Alliance

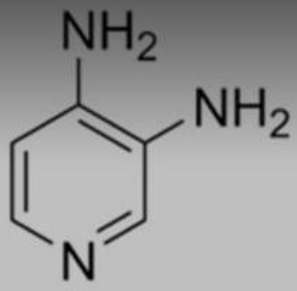
- Announced strategic alliance with BioMarin (in October) for the development of Firdapse™
- North American license for Firdapse™ to treat neuromuscular diseases including LEMS
- Strategic fit with our other orphan drug programs
  - CPP-115 for Infantile Spasms and Tourette's disorder
- BioMarin invested $5 million for a 16.6% equity stake
- Joint development agreement for several remaining studies- sharing costs 50/50
- Several milestones to be paid later and a mid-teen royalty payment

Product Pipeline



Note: *Investigator sponsored study, CPP-109 is a model for CPP-115 to treat this disorder

Firdapse™
Potassium Channel Blocker



Amifampridine Phosphate (3,4-Diaminopyridine)

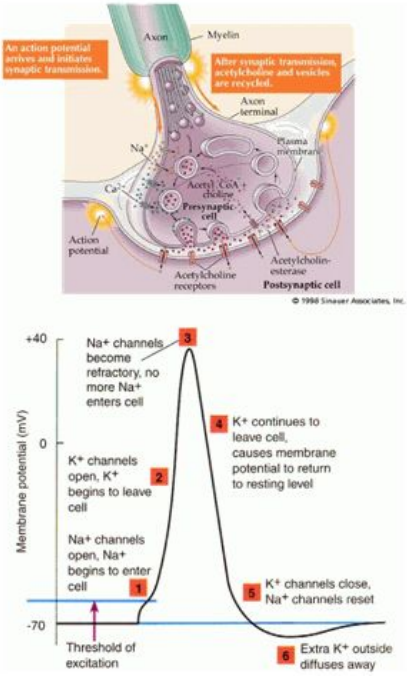
Firdapse™ Opportunity Summary

- Lambert-Eaton Myasthenic Syndrome (LEMS) is a rare autoimmune disease caused by auto-antibodies that inhibit acetylcholine release from nerve terminals
  - Chronic, often severly disabling and progressive
  - Usually managed by neurologists
  - ~3,000 patients in the U.S. (10 per 1M prevalence)
- Continuing pivotal Phase III trial designed and initiated by BioMarin with FDA input
- Orphan drug designation in the U.S.
- BioMarin launched Firdapse™ in Europe (2Q10) for the treatment of LEMS
  - EFNS recommends Firdapse™ as the first-line symptomatic treatment for LEMS
  - European annual cost of therapy ~$60,000 USD
- Independent market research indicates annual peak U.S. sales of ~$100 million
- Opportunities for label expansion
- Pending composition of matter patent

LEMS and Firdapse™ Treatment

- LEMS Disease:
  - Proximal muscle weakness
  - Straight forward differential diagnosis
  - Can be disabling
  - Often worsens after diagnosis
  - In some cases, may be life threatening
  - ~50% of cases associated with SCLC, which has a 12-24 month life expectancy
- Firdapse™ Treatment:
  - Potassium channel blocker
  - Delays neuron repolarization
  - Voltage gated calcium channels remain open longer
  - Increased calcium influx causes more acetylcholine to be released to the innervated muscle cells
  - Restoration of lost muscle strength

Insufficient ACh release due to antibodies to the pre-synaptic P/Q type voltage gated calcium channel



U.S. LEMS Product Need

- Unserved U.S. population due to no FDA approved therapy
  - Off-label therapies include pyridostigmine and immunosuppressants
  - IVIg and plasmapheresis are also part of the standard of care
- Amifampridine is currently available to patients via investigator sponsored INDs and expanded access INDs
  - Difficult for patients to obtain drug
    - Even with legally allowed options, many physicians are unwilling or unable to utilize them
  - Unclear if/how safety reporting is being done
  - Inadequate control of product manufacturing
    - Uniformity of potency
    - Stability

Amifampridine Proven Efficacy and Safety in LEMS

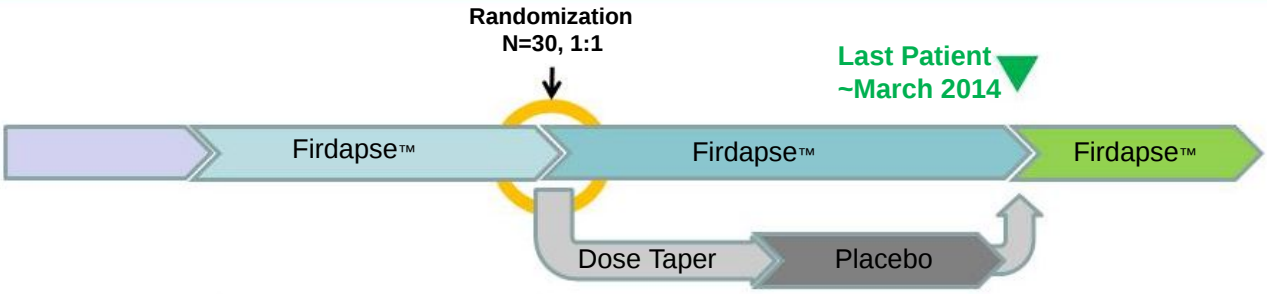
Study	N	Dose, duration	Efficacy Outcomes
McEvoy, 1989	12	Up to 100 mg/day 3 day crossover	Significant on CMAP, disability score, arm/leg strength
Sanders, 1993	18	Up to 100 mg/day 8 day crossover	Significant on QMG
Sanders, 2000	26	60 mg/day 6 day parallel arm	Significant on QMG, CMAP
Wirtz, 2009	9	Single IV dose, 10 mg	Significant on isometric force, CMAP
Oh, 2009	8	75 – 80 mg/day 3-8 day crossover	Significant on symptom severity, QMG, muscle strength and CMAP

- Significant database of exposure in the literature
  - 1174 patient exposures for all uses
  - 169 in LEMS patients

Firdapse™ U.S. Phase III Clinical Trial

- Trial design
  - FDA concurred with design in June, 2010 meeting with BioMarin
  - Ethical design accepted by KOLs and FDA
- FDA requires one randomized, placebo-controlled, treatment discontinuation trial in LEMS patients
  - Compares amifampridine efficacy to placebo at the end of a 14-day discontinuation period
  - Primary endpoint: Muscle strength (Quantitative Myasthenia Gravis score [QMG])
  - Secondary endpoint: Walking speed (Timed 25-foot walking test)
  - Tertiary endpoint: Compound Muscle Action Potential (CMAP)
- Approximately 1/3 enrolled
- 7 active sites (4 U.S./3 Europe) with up to 20 to be added to accelerate the study
- Data Monitoring Committee (DMC) review Q1 2013
- Expect to complete double blind stage of trial around end of Q1 2014

Firdapse™ U.S. Phase III Clinical Trial

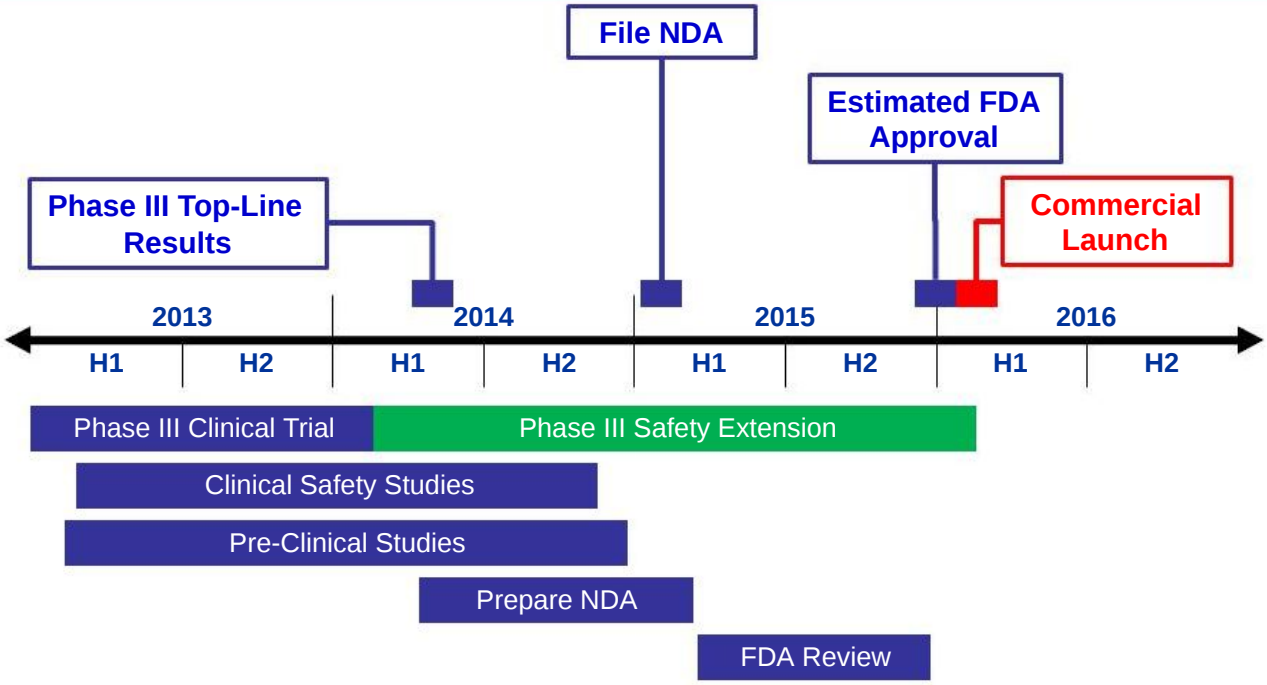


Screening	Open Label Run-In	Double-Blind Treatment Phase		Open-Label Safety Extension
Days 1-4	Days 7-91	Day 1-7	Day 8-14	Up to 2 years
Efficacy/Baseline Assessments Screening	Efficacy/Eligibility Assessments and Dose Adjustments	Efficacy Assessments on Day 1	Efficacy Assessments on Days 8 and 14	Safety Assessments and Dose Adjustments
		1°: Quantitative Myasthenia Gravis (QMG) 2°: Timed 25 Foot Walk 3°: Compound Muscle Action Potential		Not required for NDA filing and approval

Firdapse™ Expansion Opportunities

- Congenital Myasthenic Syndrome (CMS)
  - Prevalence of ~1,500 patients in the U.S.
    - Eligible for orphan drug designation
    - Prevalence may be under reported due to complexities of diagnosis
  - No approved therapy
  - Differential diagnosis complex
  - Confirmation of diagnosis from genetic screening for one or more of the 14 known genetic defects
- Myasthenia Gravis (MG)
  - Prevalence of ~60,000 patients in the U.S.
    - Potential to treat a few thousand refractory patients with Firdapse™
  - First-line therapy is Mestinon (pyridostigmine), an ACh inhibitor approved before 1982 that is not promoted

Firdapse™ Regulatory Pathway

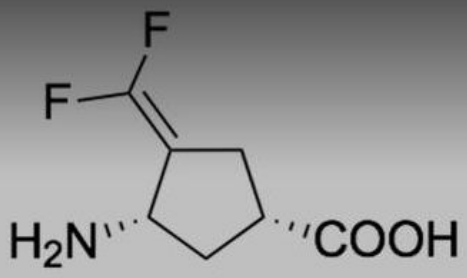


Firdapse™ Commercialization Strategy

- First FDA approved drug for LEMS
- Patient tracking and LEMS support groups to identify patients
- Market access through private and public payors
  - Market access research indicates drug will be widely reimbursed
- Specialty sales force
  - Initial sales force estimate of 20 sales representatives
- Orphan drug pricing
- Patient-assistance program
- Registry support patients
- Product education through KOLs
- Expansion to new indications

Beyond Firdapse™: CPP-115

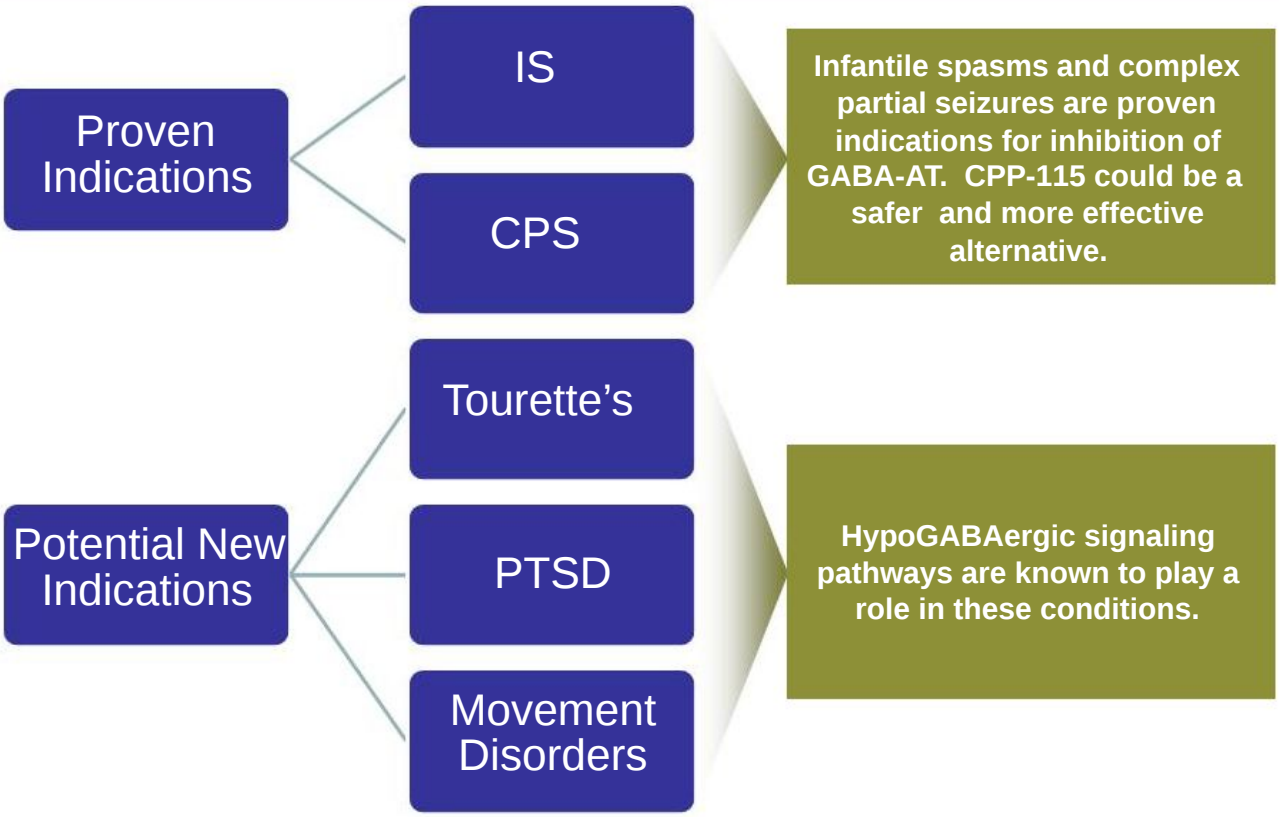
Next Generation GABA-AT Inhibitor



CPP-115 Innovation

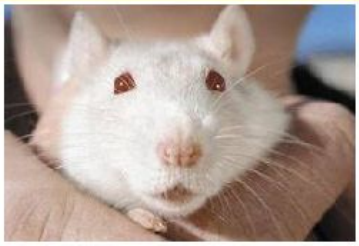
- Invented by Richard Silverman, Ph.D.
  - Inventor of Lyrica® (pregabalin); ~$4B in annual sales for Pfizer
  - Rationally designed drug with enhanced potency, specificity, and safety
- Exclusive worldwide license to commercialize new GABA-AT inhibitors
- Includes composition of matter patents to a new class of inhibitors
  - Protection through 2028 with patent extensions allowed under Patent Term Restoration Act
- Filed PCT application seeking to protect CPP-115 in ex-U.S. markets

CPP-115 Targeted Indications



CPP-115 Superior Visual Safety

- Risk of visual field deficits with vigabatrin use
  - Black box warning on label and REMS program
  - Occurs in 1/3 to 1/2 of patients
  - Permanent loss of some peripheral vision
- Comparative vision safety study in rats



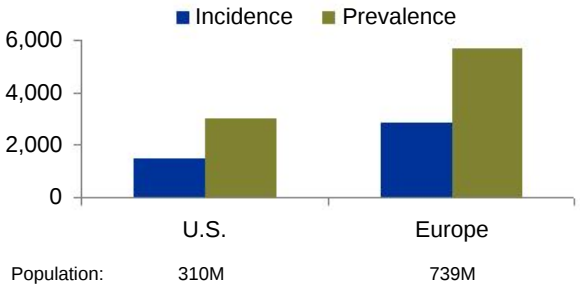
	Effective Dose (Rats)	Vision Study Dose	Vision Safety Margin	45 Day Retinal Function Loss (ERG)	90 Day Retinal Function Loss (ERG)
Vigabatrin	300 mg/kg	200 mg/kg	~1	~30-60%	~45-60%
CPP-115	< 1 mg/kg[1]	20 mg/kg	> 20	~5-30%	~10-35%

[1] For infantile spasms in Multiple Hit Model, and dose shown to inhibit GABA-AT in other studies

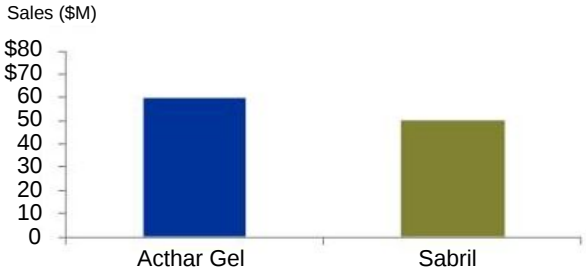
- CPP-115, at 20 times its effective dose, is safer than vigabatrin at its effective dose
- CPP-115, at its effective dose, will likely be even safer
  - Potentially no Visual Field Defect (VFD) risk

Infantile Spasms Opportunity

Infantile Spasms Epidemiology (2010)



U.S. Infantile Spasms Sales (2011E)



Source: Epilepsia 2010; Population Reference Bureau 2010; Company Reports; Catalyst Estimates

- Infantile spasms, or West Syndrome, is a catastrophic form of epilepsy for infants
- Affects 10K – 20K infants worldwide, with nearly one-half of them in the U.S. and Europe
- 60-70% of patients have underlying disorder
- Leading therapies are Acthar® Gel and Sabril®; generate ~$100M in U.S. sales
  - In spite of significant side effects
- CPP-115 has U.S. and EU orphan drug designations
- CPP-115 will be a new first-line therapy, as well as for non-responders to existing therapies
- Opportunity valuation
  - Lundbeck paid ~$300M for Sabril® rights
  - Oppenheimer values Questcor's Acthar® Gel infantile spasm franchise at ~$300M

CPP-115 Infantile Spasms Screening

- "Multiple-Hit Model" for ACTH-refractory infantile spasms (Albert Einstein College of Medicine)
  - Widely Respected model of infantile spasms
  - CPP-115 (0.1-1 mg/kg/day i.p.) suppressed spasms at 1/100th the dose of vigabatrin, with better tolerance than vigabatrin[1]
  - CPP-115 more effective than vigabatrin
    - Magnitude and duration of seizure reduction greater than vigabatrin
    - CPP-115 causes no sedation in contrast to vigabatrin which causes severe sedation at therapeutic doses

[1] Briggs SW, Ono T, Moshé SL, Galanopoulou AS (2011): presented at the American Epilepsy Society Meeting (December 2011)

CPP-115 Development Strategy

- Met with FDA Oct 2011 to discuss IS development plans
  - Agreed on development strategy through phase II
  - Relatively standard development pathway to enter phase II
    - No unusual phase 1 or preclinical requirements, other than preclinical work in juvenile animals for IS indication
  - Agreed on phase II design
    - Escalating dose study, N=25-30 infants
- Utilizing experts Jack Pellock, MD and Don Shields, MD as consultants
  - Widely respected KOLs for infantile spasms
  - Accompanied Catalyst to FDA meeting
- Phase 1 studies (supports any indication)
  - Phase 1 SAD study completed Q2 2012
  - Phase 1 MAD study designed (includes MRI efficacy biomarker)
- Phase 2 enabling toxicology studies are needed
- Will seek additional development funding
  - Potential partners
  - NIH

CPP-115: Other Potential Indications

- Indications for which no predictive animal models exist
  - Tourette's disorder
    - 6-10 patient, open label, phase I/II study in progress
    - Top-line results Q4 2013
  - Post Traumatic Stress Disorder (PTSD)
  - CPP-109 (vigabatrin) used as a research "surrogate" for CPP-115
    - CPP-115 and CPP-109 have same mechanism of action
    - Extended duration use in man for CPP-109 allowed with frequent vision testing
    - Will use CPP-109 until CPP-115 is developed sufficiently to support use in phase 2 studies
- Indications for which predictive animal models exist
  - Dyskinesia in Parkinson's Disease
  - Multiple Sclerosis

Catalyst Milestones

Recent Milestones

- √ Acquired Firdapse™, a phase III asset, for development and commercialization
- √ Completed $5,000,000 strategic investment by BioMarin
- √ Initiated Phase I/II study for Tourette's Disorder
- √ Met with FDA to define development plan for CPP-115 to treat infantile spasms
- √ Granted orphan medicinal product designation in EU for CPP-115 for treatment of West Syndrome (infantile spasms)
- √ Reported CPP-115 Phase I(a) study results
- √ Filed U.S. provisional patent application for GABA-AT inhibitor use in treatment of Tourette Syndrome
- √ Completed common stock public offering

Expected Milestones

- Q1 2013
  - Firdapse™ DMC meeting results
- Q4 2013
  - Complete enrollment of Firdapse™ phase III clinical trial
  - Top-line results from Tourette's Disorder study
- Q2 2014
  - Top-line results from Firdapse™ phase III clinical trial
- Q1 2015
  - File Firdapse™ NDA

Contact Information

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catalyst
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Exhibit 99.2

NEWS RELEASE

FOR IMMEDIATE RELEASE

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Catalyst Pharmaceutical Partners Provides Update on Research and Development Pipeline

CORAL GABLES, FL – February 11, 2013 — Catalyst Pharmaceutical Partners, Inc. (Nasdaq: CPRX), a specialty pharmaceutical company focused on the development and commercialization of novel prescription drugs targeting rare (orphan) neurological diseases and disorders, today provided an update on its research and development pipeline.

"We are providing this information today to update our shareholders, patients, physicians, key opinion leaders and the financial community on our drug development activities. We are primarily focused on rapidly advancing the development of Firdapse™ for the treatment of Lambert-Eaton Myasthenic Syndrome (LEMS), which is our lead product candidate," said Patrick J. McEnany, Chief Executive Officer of Catalyst.

Portfolio update

Firdapse

In October 2012, Catalyst acquired the North American rights to Firdapse, a proprietary form of amifampridine phosphate (3-4 diaminopyridine or 3-4 DAP), from BioMarin Pharmaceutical Inc. ("BioMarin"). Firdapse was approved in December 2009 by the European Medicines Agency for the treatment of Lambert-Eaton Myasthenic Syndrome (LEMS), a rare and sometimes fatal autoimmune disease characterized by muscle weakness. Firdapse has been granted orphan drug designation by the U.S. Food & Drug Administration, (FDA) for the treatment of LEMS, making the product eligible to obtain seven-year marketing exclusivity, if Catalyst is the first pharmaceutical company to obtain approval of an NDA for its formulation of amifampridine.

As part of its license agreement with BioMarin, Catalyst is taking over the sponsorship of their ongoing Phase III clinical trial evaluating amifampridine phosphate for the treatment of LEMS. The trial:

- is designed as a randomized double-blind, placebo-controlled discontinuation trial as recommended by FDA to BioMarin;

- has a goal to enroll approximately 30 LEMS patients (approximately one third enrolled currently);
- currently has 7 active sites (expected to be increased to approximately 25 in the near future);
- has defined as a primary endpoint-change in muscle strength during the 2-week, double-blind discontinuation period as determined using a validated questionnaire (Quantitative Myasthenia Gravis score); and
- has defined as a secondary endpoint-change in walking speed (timed 25-foot walk test) during the discontinuation period.

For further details on this trial, please go to: www.clinicaltrials.gov; Search “amifampridine phosphate”.

With respect to the trial, Catalyst expects:

- to complete enrollment by the end of 2013; and
- to report top-line results from the double-blind portion of this clinical trial during the second quarter of 2014.

Assuming positive results are obtained from the trial, Catalyst hopes:

- to file an NDA for Firdapse in the first quarter of 2015;
- to obtain approval from the FDA of such NDA by the end of 2015; and
- to commercially launch this product sometime in the first half of 2016.

Firdapse may also be an effective treatment for other neuromuscular orphan indications:

- Congenital Myasthenic Syndrome; and
- Myasthenia Gravis.

Catalyst believes Firdapse can achieve peak annual revenues from sales in the United States of approximately $100 million.

CPP-115

On August 27, 2009, Catalyst entered into a license agreement with Northwestern University (Northwestern), under which it acquired worldwide rights to commercialize new GABA aminotransferase inhibitors and derivatives of vigabatrin which were discovered and patented by Northwestern. Catalyst has designated the lead compound to be developed under this license as CPP-115. CPP-115 has been granted orphan drug designation by the FDA for the treatment of infantile spasms and orphan medicinal product designation in the European Union (EU) for West’s syndrome (a form of infantile spasms). This means this product will be eligible to obtain the seven-year and ten-year marketing exclusivities available from the FDA and the EU, respectively, if Catalyst is the first pharmaceutical company to obtain approval of an NDA/MAA for CPP-115.

Based on the results of pre-clinical studies to date, Catalyst believes CPP-115 is:

- more potent; and
- may have fewer side effects (e.g., visual field defects, or VFDs) than vigabatrin.

In October 2011, a pre-IND meeting was conducted with the FDA, during which preclinical and clinical requirements were defined that would allow Catalyst to complete a development program through Phase II of CPP-115 for the treatment of infantile spasms.

During the fourth quarter of 2011, Catalyst completed its IND-enabling studies, filed an IND, and began a Phase I(a) human trial of CPP-115 to evaluate its safety. On May 22, 2012, Catalyst reported positive results from this double-blind, placebo-controlled, clinical trial evaluating the safety, tolerability and pharmacokinetic profile of CPP-115. The key findings were:

- CPP-115 was well tolerated at all six doses administered in the study; there were no significant adverse events, and no cardiovascular or respiratory events were reported in the study; and
- CPP-115 was rapidly absorbed (time to peak blood concentration was about 30 minutes).

Subject to the availability of funding, Catalyst hopes to begin further human clinical trials evaluating CPP-115 later in 2013. To fund such trials and studies, Catalyst intends to pursue grants from NIH and foundations. In addition, Catalyst hopes to identify a strategic partner to work with it in the development and future commercialization of CPP-115.

CPP-109

Catalyst, as a co-inventor, with scientists at New York University and the Feinstein Institute for Medical Research, recently filed a provisional patent application with the U.S. Patent and Trademark Office for the use of GABA aminotransferase inhibitors, including CPP-109 and CPP-115, in the treatment of Tourette's disorder. Catalyst also recently entered into a license agreement with NYU and the Feinstein Institute granting it worldwide rights with respect to such patent.

Catalyst is currently providing CPP-109 and financial support for a small Phase I/II trial being undertaken at Mt. Sinai School of Medicine in New York to evaluate the use of CPP-109 in treating Tourette's disorder. This is a 6-10 patient, open-label trial, from which Catalyst anticipates top line results during the fourth quarter of 2013. If the results of the study show evidence of reduced numbers of tics, Catalyst hopes to develop CPP-109 (and/or CPP-115) for this indication, subject to the availability of additional funds. The Company believes that this indication should qualify for orphan drug designation from the FDA.

Key development milestones

- **Q1 2013**
  - **Report Firdapse Data Monitoring Committee meeting results**
- **Q4 2013**
  - **Complete enrollment of Firdapse phase III clinical trial**
  - **Report results from Tourette's Disorder study**
- **Q2 2014**
  - **Report top-line results from Firdapse phase III clinical trial**
- **Q1 2015**
  - **File NDA for Firdapse**

Project discontinuation

CPP-109 for addiction

For several years, Catalyst has been conducting its own clinical trials and studies, as well as supporting investigator-sponsored trials and studies, evaluating CPP-109 for the treatment of cocaine and methamphetamine addiction. However, based on the previously announced top-line results obtained from its most recent Phase II(b) trial of CPP-109 in cocaine dependent subjects, Catalyst's management and Board of Directors have determined not to focus its future product development efforts on evaluating CPP-109 for the treatment of drug addictions. Catalyst is disappointed for all its stakeholders, including patients, investigators, families and advocacy groups, but believes this is the correct decision for the company under the circumstances.

About Catalyst Pharmaceutical Partners

Catalyst Pharmaceutical Partners, Inc., is a specialty pharmaceutical company focused on the development and commercialization of prescription drugs targeting rare (orphan) neurological diseases and disorders, including Lambert-Eaton Myasthenic Syndrome (LEMS), infantile spasms, and Tourette's disorder. Catalyst's lead candidate, Firdapse™ for the treatment of LEMS, is currently undergoing testing in a global, multi-center, pivotal phase III trial. Catalyst is also developing a potentially safer and more potent vigabatrin analog (designated CPP-115 by Catalyst) to treat infantile spasms, and epilepsy, as well as other neurological conditions associated with reduced GABAergic signaling, like Tourette's disorder, post-traumatic stress disorder, and movement disorders associated with the treatment of Parkinson's Disease.

Forward-Looking Statements

This press release contains forward-looking statements. Forward-looking statements involve known and unknown risks and uncertainties, which may cause the Company's actual results in future periods to differ materially from forecasted results. A number of factors, including whether the Phase III trial of Firdapse will be completed on the timeline described above and will be successful, whether the Company will, even if the Phase III trial is successful, be permitted to file an NDA for Firdapse, whether Catalyst will obtain funding to support future development efforts of CPP-115 and/or CPP-109, whether any of the Company's product candidates will ever be approved for commercialization and the timing of any such approvals, the level of potential sales that can be achieved by any of the Company's product candidates that are approved for commercialization, and those factors described in the Company's filings with the U.S. Securities and Exchange Commission (SEC), could adversely affect the Company. Copies of the Company's filings with the SEC are available from the SEC, may be found on the Company's website or may be obtained upon request from the Company. The Company does not undertake any obligation to update the information contained herein, which speaks only as of this date.

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