FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL        |           |  |  |  |  |  |  |  |  |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:         | 3235-0287 |  |  |  |  |  |  |  |  |
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0.5

hours per response:

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

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|---|--|--|--|---------|---|--|------------|--------------------------------------|------------------------------------|---|--------------------|--|--------------------|---|---|--------|---|---|---|--|--|
| 1. Name and Address of Reporting Person*  MCENANY PATRICK J   |  |  |  |         | 2. Issuer Name <b>and</b> Ticker or Trading Symbol CATALYST PHARMACEUTICALS, INC. |  |            |                                      |                                    |   |                    |  |                    | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |        |   |   |   |  |  |
|   |  |  |  |         | [ CPRX ]  |  |            |                                      |                                    |   |                    |  |                    | X   | X Director  |        |   | 10% Owner   |   |  |  |
| (Last)  | _ast) (First) (Middle)   |  |  |         |   | [ GRA ]  |            |                                      |                                    |   |                    |  |                    |   | X   | Office | er (give title<br>v)  |   | Other (specify below)   |  |  |
| 355 ALHAMBRA CIRCLE, SUITE 1250                               |  |  |  |         | 3. Date of Earliest Transaction (Month/Day/Year) 06/11/2019                       |  |            |                                      |                                    |   |                    |  |                    |   | President and CEO   |        |   |   |   |  |  |
| (Street) CORAL GABLES   | , FL   | . 3  | 33134  |         | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |            |                                      |                                    |   |                    |  |                    |   | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting |        |   |   |   |  |  |
| (City)  | (St  | ate) (.                                    | Zip)   |         |   |  |            |                                      |                                    |   |                    |  |                    |   |   | Pers   |   | ic tilaii   | TOTIC TREP  | or unig  |  |
|   |  | Tabl                                       | e I - Noi                                    | n-Deriv | ative   | Sec  | curitie    | s Acc                                | quired                             | Dis   | posed o            | f, o   | r Ben              | eficia  | ally C  | Owne   | ed  |   |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |  |  |  |         | Execution   |  | n Date,    | Transaction Disposed Code (Instr. 5) |                                    | ities Acquired (A)<br>d Of (D) (Instr. 3, 4 |                    |  | 4 and Secu<br>Bene |   | cially<br>I Following   | Form:  | nership<br>: Direct<br>· Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |  |
|   |  |  |  |         |   |  |            |                                      | Code                               | v   | Amount             |  | (A) or<br>(D)      | Price   | , l   | Transa | action(s)<br>3 and 4)   |   |   | (mour 4)   |  |
| Common stock, par value \$0.001 per share 06/1                |  |  |  | 06/11   | /2019   |  |            | P                                    |                                    | 25,000                                      | 0                  | A \$3  |                    | 23  | 23 4,762,693  |        |   | D   |   |  |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |         |   |  |            |                                      |                                    |   |                    |  |                    |   |   |        |   |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | Conversion   | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date,   | Code (Inst  |  |            |                                      | 6. Date E<br>Expiratio<br>(Month/I | n Dat                                       |                    | le and 7. Title and Amount of Securities Underlying Derivative Security (In and 4) |                    | str. 3  |   |        | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ov<br>Fo<br>Di<br>or<br>(I)                                       | D.<br>wnership<br>orm:<br>irect (D)<br>r Indirect<br>) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |  |  |         | Code  | v  | (A)        | (D)                                  | Date<br>Exercisa                   |   | Expiration<br>Date | Title  | or<br>Nui<br>of    | ount<br>nber  |   |        |   |   |   |  |  |

**Explanation of Responses:** 

/s/ Patrick J. McEnany

06/11/2019

\*\* 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 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.