SEC For	rm 4																		
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549																
			STATEMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										ΗP	OMB Estima	Numbe	r: erage burde	3235-0287		
1. Name and Address of Reporting Person <sup>*</sup> MCENANY PATRICK J				2. Issuer Name and Ticker or Trading Symbol <u>CATALYST PHARMACEUTICALS, INC.</u> [ CPRX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title v Other (specify							
(Last) 355 ALI		irst) CIRCLE, SUITE	(Middle) 801		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024								Officer (give title X Other (spe below) X below) Chairman of Board of Directors						
(Street) CORAL GABLE	E E	L	33134		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc Line) X	Form fil	ed by One	/Group Filing (Check Applicable by One Reporting Person by More than One Reporting				
(City)	(S	tate)	(Zip)		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.														
		Та	ble I - Nor	1-Deriv	ative Se	ecurities Ac	quired	, Dis	posed	of, o	or Bene	eficially	Owned						
1. Title of Security (Instr. 3) 2. Trans Date (Month/				action Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5) Securities Beneficially Owned Fol		Form (D) or	rnership : Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	/ Amount		(A) or (D)	Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common stock, par value \$0.001 per share 01/02					2/2024		М	М		250,000		\$1.13	4,385,256			D			
						urities Acqu ls, warrants							Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) if any of (Month/Day/Yea tive		Co	ansaction ode (Instr.		6. Date Exercisable and Expiration Date (Month/Day/Year) Expiration Date (Month/Day/Year) Derivative Se (Instr. 3 and 4				ecurity	8. Price of Derivative Security (Instr. 5) 9. Numbe derivative Securities Beneficia Owned Following		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr 4)	Beneficial Ownershi (Instr. 4)			

Security (Instr. 3)	or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(Month/Day/Year)		Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Options to purchase common stock	\$1.13	01/02/2024		М			250,000	(1)	01/03/2024	Common Stock	250,000	\$0	2,735,745	D		

Explanation of Responses:

1. Options vested in three annual tranches beginning on January 3, 2018.

## /s/ Patrick J. McEnany

\*\* Signature of Reporting Person

01/03/2024 Date

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

 $^{\ast}$  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.