FORM 4

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

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	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*  Tierney David S  (Last) (First) (Middle)  355 ALHAMBRA CIRCLE, SUITE 801							2. Issuer Name and Ticker or Trading Symbol CATALYST PHARMACEUTICALS, INC.  [ CPRX ]  3. Date of Earliest Transaction (Month/Day/Year) 05/20/2022								ck all applic Directo Officer	onship of Reporting Il applicable) Director Officer (give title below)		Person(s) to Issuer  10% Owner  Other (specify below)	
(Street) CORAL GABLES (City)			33134 (Zip)		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Lii									dividual or Joint/Group Filing (Check Applicable ) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - Noi	n-Deri	vativ	e Se	curit	ies Ac	quired,	Dis	posed o	f, or B	enef	ficiall	/ Owned				
1. Title of Security (Instr. 3)  2. Trans Date (Month/l						Execution Date,		Code (	Transaction Disposed Of (D) (Instance Code (Instr. 5)				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount (		or	Price	Transact (Instr. 3	tion(s)			(IIIStr. 4)				
Common stock, par value \$0.001 per share 05/20					20/202	/2022		М		20,000		\	\$2.53	328,207		D			
Common stock, par value \$0.001 per share 05/20/				20/202	1/2022		S		20,000	(1)	)	(2)	308	8,207		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
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)	Date,	4. Transaction Code (Instr 8)		n of i		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				•	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nu of	ımber					
Options to purchase common stock	\$2.53	05/20/2022			M			20,000	(3)		2/30/2022	Commo Stock	20	0,000	\$0	252,33	3	D	

## **Explanation of Responses:**

- 1. Dr. Tierney has advised the Company that the sale of shares was to pay the exercise cost of the shares and to raise funds for personal reasons and does not relate to any disagreements with the Company on any matter relating to the Company's operations, policies or practices. Dr. Tierney remains a Director of the Company.
- 2. 12,803 shares were sold at a price of \$7.03 per share, 5,626 were sold at a price of \$7.04 per share, and 1,571 were sold at a price of \$7.05 per share.
- $3. \ The \ option \ was \ granted \ on \ December \ 30, \ 2015 \ and \ previously \ vested \ in \ two \ annual \ installments.$

/s/ David S. Tierney

05/24/2022

\*\* 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.