FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burd	en							
l	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 an	<u>Ca</u>	2. Issuer Name and Ticker or Trading Symbol Catalyst Pharmaceutical Partners, Inc. [ CPRX ]									eck all a	hip of Reportin pplicable) ector	g Person(s) to I					
(Last) (First) (Middle) 355 ALHAMBRA CIRCLE, SUITE 1370							3. Date of Earliest Transaction (Month/Day/Year) 03/18/2010									icer (give title low)	Other below	(specify )
(Street) CORAL GABLES FL 33134  (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									e) <mark>X</mark> Fo Fo	ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Acc	quired,	, Dis	posed o	f, or	Ben	eficial	ly Ow	ned		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,					es Acquired (A) o Of (D) (Instr. 3, 4			5) Sec Ben Owr	mount of urities eficially ned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	) or )	Price	Tran	orted saction(s) tr. 3 and 4)		(Instr. 4)
Common Stock, par value \$0.001 per share 03/18/2							2010		P		5,000		A	\$0.72	)9	78,876	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. Deen Executio if any (Month/D	n Date,	4. Transaction Code (Instr. 8)				6. Date Exercisabl Expiration Date (Month/Day/Year)		e	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)			B. Price o Derivative Security Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount mber ares				

**Explanation of Responses:** 

/s/ Charles B. O'Keeffe

03/18/2010

Date

\*\* Signature of Reporting Person

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).