FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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* <u>DENKHAUS DONALD A</u>						2. Issuer Name and Ticker or Trading Symbol CATALYST PHARMACEUTICALS, INC. CPRX										all app		1	.0% O	wner
(Last) 355 ALH	(Fir	,	Middle)		3. Da			et Transa	action (M	lonth/[Day/Year)			-		Office below	er (give title v)		Other (elow)	specify
SUITE 1: (Street) CORAL GABLES (City)	FL		33134 Zip)				nendment, Date of Original Filed (Month/Day/Year)								Indiv ne) X	,				
		Tabl	e I - Nor	n-Deriva	ative	Sec	uritie	s Acq	uired,	Dis	posed o	f, or	Bene	eficia	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution ay/Year) if any		A. Deemed Recution Date, any lonth/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3,			4 and Secu Bene		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ect rect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(,	A) or D)	or Price		Transaction(s) (Instr. 3 and 4)				(111511.4)
Common stock, par value \$0.001 per share 06/0					/2018			P		20,000		A	\$3.41		140,000		D			
		Та									sed of, onvertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3)	rative Conversion Date rity or Exercise (Month/Day/Year)		Execution Date, if any		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				C	Code	v	(A)		Date Exercisa		Expiration Date	Title	or	ount nber ires						

Explanation of Responses:

/s/ Donald A. Denkhaus

06/11/2018

** 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.