FORM 4

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

Washington,	D.C. 20549	

STATEMENT	OF CHA	ANGES IN	BENEFICIAL	<b>OWNERSHIP</b>

OIVIB APPROVAL								
OMB Number:	3235-0287							
Estimated average	Estimated average burden							
hours per response	e: 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* MCENANY PATRICK J				2. Issuer Name and Ticker or Trading Symbol CATALYST PHARMACEUTICALS,						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					suer				
WICEIN	ANTIA.	I KICK J			INC	C. <b>F c</b>	PRX	1						X	Direc	tor		10% O	vner
(Last)	(Fir	st) (N	Middle)			INC. [ CPRX ]							X	Office below	cer (give title ow)		Other (s	specify	
355 ALH	IAMBRA (	CIRCLE, SUITE	1250			3. Date of Earliest Transaction (Month/Day/Year) 09/30/2020						President and CEO							
(Street)					4. If A	Amend	ment,	Date o	f Origina	al Filed	d (Month/Da	y/Year	)	6. Inc		Joint/Grou	p Filing	(Check A	pplicable
GABLES	$_{ m S}$ FL	3	3134		1									X	Form	filed by On	e Repor	ting Pers	on
															Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		Date,	3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		4 and Securit		ies cially Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
								Code	v	Amount	(A) (D)	or P	rice	Transa	action(s) 3 and 4)			(IIISU. 4)	
Common	stock, par v	alue \$0.001 per/	share	09/30/2	2020	2020			P		15,000	A	<b>A</b> (	\$2.97	4,787,693		3 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)	rivative Conversion Date Execution Date, Tructive or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

**Explanation of Responses:** 

/s/ Patrick J. McEnany

09/30/2020

\*\* Signature of Reporting Person

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.