FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: 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

Name and Address of Reporting Person*     O'Keeffe Charles B						2. Issuer Name and Ticker or Trading Symbol CATALYST PHARMACEUTICAL PARTNERS, INC. [ CPRX ]										all app	p of Reportin plicable) ctor er (give title	1	)% O	suer wner specify
(Last) (First) (Middle) 355 ALHAMBRA CIRCLE, SUITE 1500						3. Date of Earliest Transaction (Month/Day/Year) 04/16/2014										belov			elow)	
(Street) CORAL GABLES FL 33134  (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indiv ine) X	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					eay/Year) if an		Execution if any	a. Deemed ecution Date, any onth/Day/Year)				ities Acquired (A) d Of (D) (Instr. 3, 4			and 5) Secur Benet		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
							v	Amount	(A) (D)	) or )	Price		Transaction(s) (Instr. 3 and 4)				(			
Common Stock, par value \$0.001 per share 04/16/2						2014					5,000	A		\$2.0	199	18	82,126	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) (Month/Day/Year)  3A. Deen Executio if any (Month/D			Date,	Code (Instr.		n of	rities lired r osed )	Expiration (Month/I	Date Exercisable and Expiration Date Month/Day/Year)  Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Number of Title Shares			ice of vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Owners Form: Direct or Indi (I) (Inst	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

/s/ Charles B. O'Keeffe

04/17/2014

\*\* Signature of Reporting Person

Date

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).