FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average to	ourden							
hours nor roomanas	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruct	ion 10.																		
1. Name and Address of Reporting Person* DENKHAUS DONALD A					<u>C</u> A	2. Issuer Name and Ticker or Trading Symbol CATALYST PHARMACEUTICALS, INC.								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	(Last) (First) (Middle)				[CPRX]								Officer (give title Other (s below) below)					specify	
355 ALHAMBRA CIRCLE SUITE 801					3. Date of Earliest Transaction (Month/Day/Year) 11/21/2024														
(Street) CORAL GABLES	ORAL FI 33134			4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriv	ative	Se	curities	s Ac	quired, l	Dis	posed o	f, or Be	neficial	ly Ow	ned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		Transaction Disposed Code (Instr. 5)		ties Acquire d Of (D) (Ins		4 and Securi Benefi		es Formially (D) Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount (A) or (D)		Price	Tra	Transaction(s) (Instr. 3 and 4)				(311. 4)
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 D if any (Month/Day/	ate, Ti	ransaction ode (Instr.				6. Date Exercis Expiration Date (Month/Day/Yea			7. Title am of Securit Underlyin Derivative (Instr. 3 ar	ies g Security	Deriva Secur	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				c	ode	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares						
Options to purchase common stock	\$21.12	11/21/2024			A		23,248		(1)	1	1/21/2031	Common Stock	23,248	\$()	212,17	79	D	
Restricted Stock Units	(2)	11/21/2024			A		2,841		(1)		(3)	Common Stock	2,841	\$0)	215,02	20	D	

Explanation of Responses:

- $1.\ Derivative\ securities\ vest\ in\ equal\ tranches,\ 1/3rd\ on\ November\ 21,\ 2025,\ 1/3rd\ on\ November\ 21,\ 2026\ and\ 1/3rd\ on\ November\ 21,\ 2027.$
- 2. Each restricted stock unit represents a contingent right to receive one share of the Registrant's common stock upon vesting.
- 3. Shares of common stock will be delivered to the Reporting Person upon vesting

/s/ Donald A. Denkhaus

11/25/2024

** 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.