## FORM 4

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

| Washington, I | D.C. | 20549 |
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| STATEMENT | OF CHA | ANGES IN | <b>BENEFICI</b> | AL OW | <b>NERSHIP</b> |
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|   | OMB Number:             | 3235-0287 |
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|   | 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 |   |         |                              | Ca           | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  Catalyst Pharmaceutical Partners, Inc. [ CPRX ] |   |   |                   |   |                                    |  |       |       | (Check all a   |  |                                |  | Person(s) to Issuer<br>10% Owner<br>Other (specify                |   |  |
|--|---|---------|------------------------------|--------------|---|---|---|-------------------|---|------------------------------------|--|-------|-------|--|--|--------------------------------|--|---|---|--|
| (Last) (First) (Middle) 335 ALHAMBRA PLAZA, SUITE 1370       |   |         |                              |              |   | 3. Date of Earliest Transaction (Month/Day/Year) 01/24/2008 |   |                   |   |                                    |  |       |       |  |  | belov                          |  |   | below)  |  |
| (Street) CORAL GABLES  | S FL  | . 3     | 33134                        |              | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |   |                   |   |                                    |  |       |       | Individual or Joint/Group Filing (Check Applical Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |  |                                |  |   | on  |  |
| (City)   | (St   | ate) (2 | Zip)                         |              |   |   |   |                   |   |                                    |  |       |       |  |  |                                |  |   |   |  |
|  |   | Tabl    | e I - Nor                    | -Deriv       | ative   | Se  | curitie   | s Acc             | quired,   | Dis                                | osed o                                     | f, or | Ben   | efici  | ally   | Owne                           | ed   |   |   |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D     |   |         |                              | Day/Year) if |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |   | Transaction Dispo |   | Disposed                           | rities Acquired (A<br>ed Of (D) (Instr. 3, |       |       | 4 and S  |  | Securities F<br>Beneficially ( |  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |         |                              |              |   | Code V Amount (A) or (D)                                    |   | Price             | :   | Transaction(s)<br>(Instr. 3 and 4) |  |       |       | (  |  |                                |  |   |   |  |
| Common   | Stock   |         |                              | 01/24        | 24/2008   |   |   |                   | P   |                                    | 5,000                                      |       | A \$3 |  | 3.05 58,776                                  |                                | 8,776  | D   |   |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)  |         |                              |              |   |   |   |                   |   |                                    |  |       |       |  |  |                                |  |   |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | Derivative decurity lenstr. 3)  Conversion or Exercise (Month/Day/Year)  Price of Derivative Security  Date (Month/Day/Year)  (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  (Month/Day/Year) |         | 4.<br>Transa<br>Code (<br>8) |              | . Deriv   | rative<br>rities<br>ired<br>r<br>osed<br>)                  | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Date |                   | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares |                                    | ount<br>nber                               | •     |       | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4)                          | Owner<br>Form<br>Direct<br>or Ind<br>(I) (In | :<br>t (D)<br>lirect           | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |   |  |

**Explanation of Responses:** 

/s/ Charles B. O'Keeffe

01/25/2008

\*\* 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.