| SEC Form 4 FORM 4 | UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | |
|---|--|--|--|--|--|--|--|
| | Washington, D.C. 20549 | | | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | | | | | |

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response. | 0.5 | | | | | | | |

| | ons may contin tion 1(b). | ue. See | | Filed p | ursuant or Sect | to Section ion 30(h) (| n 16(a of the | a) of the Secu Investment C | rities Exchar Company Act | nge Act of 1 of 1940 | 934 | | hours | per res | ponse: | 0.5 |
|---|--|------------|---|----------------|--|--|-------------------|---|------------------------------|---|--|---|--|---|--|---------------------------------------|
| 1. Name and Address of Reporting Person [*] INGENITO GARY | | | | 2 | 2. Issuer Name and Ticker or Trading Symbol <u>CATALYST PHARMACEUTICALS, INC.</u> [CPRX] | | | | | <u>.</u> [(Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (spe | | | ner | | |
| (Last) (First) (Middle) 355 ALHAMBRA CIRCLE, SUITE 1250 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/30/2020 | | | | | | X Oncer (give true Other (specify below) below) Chief Medical Officer | | | | | |
| (Street) CORAL GABLES (City) | S F. | L | 33134 (Zip) | 4 | . If Ame | endment, I | Date | of Original File | ed (Month/Da | ay/Year) | 6. Inc Line) 2 | Form fil | ed by One | e Repo | (Check Appl rting Person One Report | |
| (City) | (5 | , | ble I - Non | -Derivati | ve Se | curities | s Ac | quired, Di | isposed o | of, or Be | neficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date | | | 2. Transacti Date (Month/Day | Execution Date | | Code (Ins | on Dispose tr. | ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5 (A) or (D) Price | | Securities Form Beneficially (D) of | | Form | Direct I Indirect E str. 4) C | 7. Nature of ndirect Beneficial Ownership Instr. 4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| Derivative C Security o (Instr. 3) P | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Options to purchase common stock | \$3.42 | 12/30/2020 | | А | | 200,000 | | (1) | 12/30/2027 | Common Stock | 200,000 | \$ <u>0</u> | 1,071,3 | 334 | D | |

Explanation of Responses:

1. Options vest in equal tranches, 1/3rd on December 30, 2021, 1/3rd on December 30, 2022 and 1/3rd on December 30, 2023 disagreements with the Company on any matter relating to the Company's operations, policies and practices. Dr. Ingenito remains an officer of the Company.

/s/ Gary Ingenito

01/04/2021 ** 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.