## FORM 4

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

Washington, D.C. 20549

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OMB APPROVAL

OMB Number:	3235-0287
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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 Instruction 10.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*     Del Carmen Jeffrey					2. Issuer Name and Ticker or Trading Symbol CATALYST PHARMACEUTICALS, INC. [ CPRX ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify below)					
(Last) (First) (Middle) 355 ALHAMBRA CIRCLE SUITE 801						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2024										Delow)		nercia	below)	, ,
(Street) CORAL GABLES	S FI	. :	33134		4. li	f Ame	ndmer	nt, Date	of Oriç	ginal Fi	led	(Month/D	ay/Year)		6. Ind _ine) ✓	Form f	iled by One	e Repo	g (Check Apporting Person	n
(City)	(Si	•	Zip)																	
		Tab	le I - Nor	1-Deriv	ative	e Se	curit	ies Ac	quir	ed, D	isp	osed o	of, or Be	enefic	ially	/ Owned	t			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar)   i	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Ins			4. Secur Dispose 5)	ities Acquired (A) d Of (D) (Instr. 3, 4		and Securiti Benefic		es ally Following	Form (D) o	n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								С	ode	′	Amount	(A) c	Prio	се	Transact	Transaction(s) (Instr. 3 and 4)				
Common stock, par value \$0.001 per share 12/0					9/202	/2024			M		8,039 A		-   -	(1)	20,408		D			
Common stock, par value \$0.001 per share 12/				12/09	9/2024					F		2,35	5 D		(2)	18,	18,053		D	
		Т	able II - I										, or Ben ble sec			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Inst				6. Date Exercisal Expiration Date (Month/Day/Year			Amount of		of s ng e Securi	] 	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable		xpiration ate	Title	Amou or Numb of Share	er					
Restricted Stock Units	(1)	12/09/2024			M			8,039	(	(3)		(4)	Common Stock	8,03	9	\$0	950,34	12	D	

## **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of the Registrant's common stock upon vesting.
- 2. Shares withheld by the Registrant to satisfy applicable withholding taxes upon vesting of restricted stock units.
- 3. Derivative securities vest in equal tranches, 1/3rd on December 8, 2024, 1/3rd on December 8, 2025 and 1/3rd on December 8, 2026.
- 4. Shares of common stock are required to be delivered to the Reporting Person within sixty days of vesting. The first tranche of shares was delivered on December 9, 2024.

/s/ Jeffrey Del Carmen 12/11/2024 \*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.