Catalyst Pharmaceutical Partners, Inc. Form 4 June 06, 2008

June 06, 2008	5										
FORM Check this if no long subject to Section 10 Form 4 or Form 5	<b>4</b> UNITED S s box er STATEM	ENT OF (	S SECURITIES AND EXCHANGE COMN Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWNERS SECURITIES							rs per	
obligation may conti <i>See</i> Instru 1(b).	nue. Section 17(a	) of the Pu	blic Uti		ing Con	ipany	Act of	e Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> COELHO PHILIP H			2. Issuer Name <b>and</b> Ticker or Trading Symbol Catalyst Pharmaceutical Partners, Inc. [CPRX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				endment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City)	(State) (	Zip)	Table	I - Non-D	erivative	Secur	ities Acc	uired, Disposed o	f. or Beneficial	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Date 2A. Deemed				ties A ispose 4 and (A) or	cquired d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, par value \$0.001 per share	06/04/2008			Р	100	A	\$ 3.53	237,982	D		
Common Stock, par value \$0.001 per share	06/04/2008			Р	4,900	A	\$ 3.58	242,882	D		

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

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 control number.

 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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
					Date Exercisable	Expiration Date	Title	Amount or Number of		

Code V (A) (D)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
		Director	10% Owner	Officer	Other			
COELHO PHILIP H 355 ALHAMBRA CIRCLE CORAL GABLES, FL 331	Х							
Signatures								
/s/ Philip Coelho	06/05/2008							
<u>**</u> Signature of	Date							

<u>\*\*</u>Signature of Reporting Person

Explanation of Responses:

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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