FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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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).

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* ABEL DOUGLAS				<u> </u>	2. Issuer Name and Ticker or Trading Symbol MANHATTAN PHARMACEUTICALS INC [MHAN]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					ner
(Last) (First) (Middle) 810 SEVENTH AVENUE, 4TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 09/11/2008							X	Officer (give title Other (specify below) President and CEO				
(Street) NEW Y(itate)	10019 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							Line) X	′				
			ble I - Non-De							-							
1. Title of Security (Instr. 3) 2. Trans Date (Month/					2A. Deemed Execution Date if any (Month/Day/Ye		Code (In	tion Disp		urities Acquired (A) o sed Of (D) (Instr. 3, 4 a		5. Amount Securities Beneficial Owned Fo	illy	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code			V Amo	unt (A) or (D)		ce	Reported Transaction (Instr. 3 ar	ion(s)					
			Table II - Der (e.g					quired, Di					wned				
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)	ate, 4. Transa		5. Number of		6. Date Exerc Expiration Da (Month/Day/)	ate	able and 7. Title and A		ing	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities	1	10. Ownership Form:	Beneficial Ownership (Instr. 4)
						(A) or Dispose of (D) (II	ed ed nstr.		(ear)					Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	Direct (D) or Indirect (I) (Instr. 4)	Ownership
				Code	v	(A) or Dispose of (D) (II	ed ed nstr.	Date Exercisable	Expiration	(Instr. 3 a		or		Beneficiall Owned Following Reported Transactio	ly	Direct (D) or Indirect	Ownership
Stock Options	\$1.5			Code	v	(A) or Dispose of (D) (II 3, 4 and	ed nstr.	Date	Expiratio	n Title	Amount	or of		Beneficiall Owned Following Reported Transactio	on(s)	Direct (D) or Indirect	Ownership
	\$1.5 \$0.95			Code	v	(A) or Dispose of (D) (II 3, 4 and	ed nstr.	Date Exercisable	Expiration Date	n Title 5 Common Stock	Amount Number Shares	t or of		Beneficiall Owned Following Reported Transactio (Instr. 4)	on(s)	Direct (D) or Indirect (I) (Instr. 4)	Ownership
Options Stock				Code	v	(A) or Dispose of (D) (II 3, 4 and	ed nstr.	Date Exercisable	Expiration Date	n Title 1.5 Common Stock 1.7 Common Common Common Stock	Amount Number Shares 2,923,9	900 900		Beneficiall Owned Following Reported Transactio (Instr. 4)	on(s)	Direct (D) or Indirect (I) (Instr. 4)	Ownership

${\bf Explanation\ of\ Responses:}$

- 1. 974,634 shares vest on 11/1/05; 974,633 shares vest on each of 11/1/06 and 11/1/07.
- 2. 83,334 shares vest on 4/25/08; 83,333 shares vest on each of 4/25/09 and 4/25/10.
- $3.\,433,\!333 \text{ shares vest as of the date of grant, } 3/25/08, \text{ an additional } 433,\!334 \text{ vest on } 03/25/09 \text{ and an additional } 433,\!334 \text{ vest on } 3/25/10.$
- 4. Immediately

/s/ Douglas Abel

09/15/2008

** 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.