## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	<b>OF CHANG</b>	<b>ES IN BENEFIC</b>	CIAL OWNER	SHIP

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Herskowitz Neil				<u>M</u>	2. Issuer Name and Ticker or Trading Symbol  MANHATTAN PHARMACEUTICALS  INC [ MHTT ]									ationship of k all applica Director Officer ( below)	ing Person(s) to Issue  10% Owr  Other (sp below)		Owne	er		
(Last) (First) (Middle) 2109 BROADWAY, SUITE 206				3. Date of Earliest Transaction (Month/Day/Year) 04/27/2005									bclowy			belo	**)			
(Street) NEW YO			10023		=   4. If =	4. If Amendment, Date o				e of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(City) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				ction	tion 2A. Exe y/Year) if a		A. Deemed execution Date, any Month/Day/Year)		3. 4. Sec Transaction Dispos Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 an		5 S	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)		Indirect		
				ľ		,		Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and			)   (		(Instr. 4)		
Common Stock			04/27/2	2005				P		5,000	A	\$1.21	L	7,500		I I		By Riverside Contracting, LLC <sup>(1)</sup>		
	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		ise (Month/Day/Year)	3A. Deer Execution if any (Month/I	on Date,	4. Transa Code ( 8)		5. Number on of		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and of Securiti Underlying Security (I	ies g Derivativ	nt 8. Price of Derivative Security		9. Num derivat Securi Benefi Owned Follow Report Transa (Instr.	tive Country C		ship D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amount of Number of Shares							
Series A Convertible Preferred Stock	(2)								(3)		(4)	Common Stock	44,168	(2)		4,8	59 <sup>(2)</sup>	I R		Held by ReGen Capital II <sup>(5)</sup>
Stock Options	\$0.97								(6)		09/27/2014	Common Stock	80,000	0		80	,000	D		
Director Stock Option <sup>(7)</sup>	\$1								(8)		01/11/2015	Commn Stock	11,010	0		11	,010	D		

## **Explanation of Responses:**

- $1.\ A\ limited\ liability\ company\ of\ which\ the\ Reporting\ Person\ is\ a\ member\ holding\ 50\%.$
- 2. 4,859 shares of Series A Convertible Preferred Stock, which is convertible into 44,168 shares of Common Stock without additional consideration.
- 3. Immediately
- 4. Does not expire.
- 5. An entity of which the Reporting Person is a 50% owner.
- 6. 26,667 shares vest on each of 9/27/04 and 9/27/05 and 26,666 shares vest on 9/27/06.
- 7. Under the 2003 Stock Option Plan
- 8. 3,670 shares vest on each of 1/11/05, 1/11/06, and 1/11/07.

/s/ Neil Herskowitz

04/28/2005

\*\* 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.