FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	DC	205/19
vvasilliquui,	D.C.	20349

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

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

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* ROSENWALD LINDSAY A MD					2. Issuer Name and Ticker or Trading Symbol MANHATTAN PHARMACEUTICALS INC [MHTT]							Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify)						
(Last) 787 SEVI	ENTH AVI	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/08/2005									N)		belo	w)
(Street) NEW YC			10019 (Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) <mark>X</mark> Form	n filed by 0	oup Filing (Check Applic One Reporting Person More than One Reportin		erson
(City)	(5)			on-Deriva	ative	Secu	rities Ac	auirea	I. Dis	sposed o	f. or B	enefic	ciall	v Owne	-d			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,	3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			ed (A) or	or 5. Amount		nt of s lly ollowing	Form: I (D) or I		7. Nature of Indirect Beneficial Ownership				
							Code V A		Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock													2,682	2,318		I	Owned by certain trusts for the benefit of the Reporting Person. ⁽¹⁾
Common	Common Stock										80				Owned by Spouse.			
Common	Stock													3	8		I	Owned by June Street Company. ⁽²⁾
Common	Stock													3	8		I	Owned by Huntington Street Company. ⁽²⁾
Common Stock												33			I	Owned by the Reporting Person's children. ⁽³⁾		
Common	Stock			04/08/2	005			P		5,000	A	\$1	.6	2,574	,321		D	
		Ta	able II -							osed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/N		on Date,	4. Transactio Code (Inst		5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		. Price of erivative ecurity nstr. 5)	ative derivative		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership ect (Instr. 4)		
-vnlanation					Code	v	(A) (D)	Date Exercis	able	Expiration Date		Amount or Number of Shares						

- 1. Shares owned by three trusts for the benefit of the Reporting Person; however, Lester Lipshultz, and not the Reporting Person, has voting and dispositive control over the shares owned by these three trusts. Accordingly, the Reporting Person disclaims beneficial ownership of these shares, except as to any pecuniary interest therein.
- 2. A corporation of which the Reporting Person is the sole shareholder.
- 3. Does not include 5,387,450 shares of common stock and 25,524 shares of Series A Convertible Preferred Stock (which is convertible into 232,036 shares of Common Stock), which are owned by certain trusts for the Benefit of the Reporting Person's children. The Reporting Person disclaims beneficial ownership of these shares, except to any pecuniary interest therein. The shares owned by the trusts are reported on a separate Form 4, prepared by the trustee/investment manager.

** 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.