SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer su | bject to |
|--------------------------------|----------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | è |
| 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

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours ner response. | 0.5 | | | | | | | | |

7. Nature

| (Last) (First) (Middle) | | | 2. Issuer Name and Ticker or Trading Symbol <u>MANHATTAN PHARMACEUTICALS</u> <u>INC</u> [MHTT] | | ionship of Reporting Pe all applicable) Director Officer (give title | rson(s) to Issuer 10% Owner Other (specify | |
|-------------------------|----|-------|--|-------------------------|---|--|--|
| | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/27/2004 | 1 | below) | below) | |
| (Street) NEW YORK NY | NY | 10017 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person | | |
| (City) (State) (Zip) | | | erivative Securities Acquired Disposed of or Bene | ficially (| Form filed by More than One Reporting Person | | |

1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership

| | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | | Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) |
|--------------|--------------------------|---|-----------------------------------|---|-------------------------------------|--|--|---|---|--|
| | | | Code | v | Amount | | | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | | | | | | | | 0 | D | |

| 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Options | \$0.97 | 09/27/2004 | | Α | | 80,000 | | (1) | 09/27/2014 | Common Stock | 80,000 | \$ 0 | 80,000 | D | |

Explanation of Responses:

1. Options vest as follows: 26,667 shares each vest on 9/27/04, 9/27/05 and 26,666 shares vest on 9/27/06.

/s/ Malcolm Hoenlien

09/27/2004

Date

** Signature of Reporting Person

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.