FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------|-------------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| l = | la constant | | | | | | | | |

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

37 Estimated average burden hours per response: 0.5

| | | | | | or S | Secti | ion 30(h) c | of the I | nvestme | nt Cor | npany Act | of 19 | 40 | | | | | | |
|---|-------|--------|------------|---|--------------|--|-------------|------------------------------------|---------|-----------|---------------------|---------------|----------|--|--|----------------|--|--|---------|
| 1. Name and Address of Reporting Person [*] Steinhart Richard I | | | | 2. Issuer Name and Ticker or Trading Symbol MANHATTAN PHARMACEUTICALS | | | | | | | | | (Ch | elationship eck all appli X Directo | | | on(s) to Iss | | |
| | | | | | INC [MHTT] | | | | | | | | | | | (give title | | Other (s | specify |
| (Last) (First) (Middle) 125 ELM STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2005 | | | | | | | | | | below) | | | below) | | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW CANAAN CT 06840 | | | | | | | | | | | | | - 1 | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | Persor | | e man | Опе керо | rung |
| | | Tab | le I - Nor | -Deriva | ative | Se | curities | s Acc | quired, | Dis | posed c | f, o | r Ben | eficiall | y Owned | | | | |
| Date | | | | /Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | | | | | Securitie Benefici | neficially ned Following | | nership : Direct · Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount (/ | | (A) or (D) | Price | Transact (Instr. 3 | ction(s) | | | (111501. 4) | |
| Common | Stock | | | | | | | | | | | | | | | 0 | D | | |
| | | - | Table II - | | | | | | | | osed of, onverti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion On Exercise Price of Derivative Security (Month/Day/Year) 3. Transaction Date Execution Date, (Month/Day/Year) (Month/Day/Year) | | | Date, Tr | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date E Expiratio (Month/D | n Date | ! | of Securities | | security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | | | | - [| Amount | | | | | |

Date Exercisable

(1)

(3)

Expiration Date

09/27/2014

01/11/2015

Title

Commo

Commn

Stock

Explanation of Responses:

Stock

Stock

Option⁽²⁾

Option Director

 $1.\,26,\!667$ shares vest on each of 9/27/04 and 9/27/05 and $26,\!666$ shares vest on 9/27/06.

01/11/2005

2. Under the 2003 Stock Option Plan

\$0.97

\$1

3. 3,670 shares vest on each of 1/11/05, 1/11/06, and 1/11/07.

/s/ Richard I. Steinhart

of Shares

80,000

11,010

\$<mark>0</mark>

02/17/2005

80,000

11,010

D

D

** 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).

Code

(A)

11,010

(D)

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.