FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person*     McGuinness Michael			2. Date of Event Requiring Staten Month/Day/Year 07/10/2006	nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol  MANHATTAN PHARMACEUTICALS INC [ MHA ]						
(Last) (First) (Middle) 810 SEVENTH AVENUE, 4TH FLOOR						tionship of Reporting Perso all applicable) Director	on(s) to Issue 10% Owne			Amendment, Da hth/Day/Year)	ate of Original Filed
(Street) NEW YORK	NY	10019			X	Officer (give title below)  Chief Financial C	Other (spe below) Officer	cify		icable Line) Form filed b	t/Group Filing (Check  y One Reporting Person  y More than One erson
(City)	(State)	(Zip)									
		Т	able I - Non	-Derivati	ive Se	ecurities Beneficiall	y Owned				
1. Title of Security (Instr. 4)							3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Securi	ty (Instr. 4)					nt of Securities ally Owned (Instr. 4)	Form: Direct or Indirect	ct (D)			Beneficial Ownership
Common Stock							Form: Direct or Indirect	ct (D)			Beneficial Ownership
		(e. <u>(</u>		Derivative	e Secu	ally Owned (Instr. 4)	Form: Direct or Indirect (Instr. 5)	et (D) (I)			Beneficial Ownership
	k			Perivative s, warrantisable and	e Secunts, o	ally Owned (Instr. 4)  0  urities Beneficially	Form: Direct or Indirect (Instr. 5)  D  Owned securities	et (D) (I)	rsion rcise		6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

/s/ Michael McGuinness

07/11/2006

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).