FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0287 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).

## 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

1. Name and Address of Reporting Person* <u>Herskowitz Neil</u>					<u>M</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol  MANHATTAN PHARMACEUTICALS  INC MHA								Relationship oneck all application	orting Person(s) to Issuer 10% Owner					
(Last) (First) (Middle) 2109 BROADWAY, SUITE 206					Date o		Trans	saction (	Month	n/Day/Year)		Officer below)	(give ti	itle	Oth belo	ier (spo ow)	ecify			
(Street) NEW YORK NY 10023				4.1	4. If Amendment, Date 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							
(City)	(S	tate)	(Zip)										Person							
		Tab	le I - N	on-Deri	vativ	e Se	curities	s Ac	quire	l, Di	sposed o	f, or Be	neficia	lly Owned						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar 5)			Beneficially Owned Followi		Form: Dir (D) or Ind		Indire Benef Owne	ficial ership				
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Ins		4)	
Common Stock													44,168		I		By ReGer Capital II			
Common Stock														21,700		I	I F		By Riverside Contracting, LLC <sup>(2)</sup>	
Common Stock <sup>(4)</sup> 01/30.				/2007				A 6,338 A (3) 16,33		8	D									
		-	Table II								posed of, converti			/ Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	ned n Date,	4. Transa Code ( 8)	ction	5. Number of		6. Date Exerc Expiration Da (Month/Day/Y		isable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	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 Exercis	able	Expiration Date	Title	Amount or Number of Shares							
Stock Options	\$0.97								(5)		09/27/2014	Common Stock	80,000		80	0,000	D			
Director Stock Option <sup>(4)</sup>	\$1								(6)		01/11/2015	Commn Stock	11,010		11	11,010				
Director Stock	\$0.71	01/30/2007			A		50,000		(7)		01/30/2017	Common Stock	50,000	\$0	50	0,000	D			

## **Explanation of Responses:**

Option<sup>(4)</sup>

- 1. An entity of which the Reporting Person is a member holding 50%.
- 2. A limited liability company of which the Reporting Person is a 50% owner.

- 3. Stock issued in lieu of Director's fees due; based on closing stock price on January 30, 2007.
- 4. Under the 2003 Stock Option Plan
- 5. 26,667 shares vest on each of 9/27/04 and 9/27/05 and 26,666 shares vest on 9/27/06.
- 6. 3,670 shares vest on each of 1/11/05, 1/11/06, and 1/11/07.
- 7. 16,667 shares vest on each of 1/30/07 and 1/30/08; 16,666 shares vest on 1/30/09.

01/31/2007 /s/ Neil Herskowitz

\*\* 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.