Tran Pierre V Form 3 October 16, 2007

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

3235-0104

0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005

Estimated average burden hours per

response...

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

15231 BARRANCA PKWY

Person \*

Tran Pierre V

(Last)

(First)

(Street)

(Middle)

Statement

(Month/Day/Year)

10/16/2007

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

CORTEX PHARMACEUTICALS INC/DE/ [COR]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

6. Individual or Joint/Group

Filed(Month/Day/Year)

(Check all applicable)

Director \_X\_\_ Officer Other (give title below) (specify below)

Chief Medical Officer

Filing(Check Applicable Line) 10% Owner \_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting Person

IRVINE, CAÂ

(City) (State) (Zip)

1. Title of Security

(Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Direct (D) or Indirect (I)

(Instr. 5)

SEC 1473 (7-02)

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

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 control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of

5. Ownership Form of Derivative

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable

Expiration Date

Amount or Title Number of Shares

Derivative Security: Security Direct (D) or Indirect (I)

(Instr. 5)

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### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Tran Pierre V

15231 BARRANCA PKWY Â Â Chief Medical Officer Â

IRVINE, CAÂ

# **Signatures**

Pierre V. Tran 10/16/2007

\*\*Signature of Date

Reporting Person

## **Explanation of Responses:**

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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