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CORTEX PHARMACEUTICALS INC/DE/

Form 4 June 02, 2008

FORM 4

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

OMB Number: 3235-0287

Estimated average

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

Form 4 or Form 5 obligations may continue. See Instruction

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

burden hours per response... 0.5

OMB APPROVAL

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Johnson Steven Andrew			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
			CORTEX PHARMACEUTICALS INC/DE/ [COR]						(Check all applicable)			
(Last) (First) (Middle) 15241 BARRANCA PARKWAY			3. Date of Earliest Transaction (Month/Day/Year) 05/30/2008						Director 10% OwnerX_ Officer (give title Other (specify below) VP, Preclinical Development			
	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
IRVINE, CA 92618									Form filed by More than One Reporting Person			
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deen (Month/Day/Year) Execution any (Month/D			Date, if Transaction(A Code (I					Securities Ownership Indirect Beneficially Form: Beneficially Owned Direct (D) Owner		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/30/2008			A(1)	1	1,012	A	\$ 0.78	22,012	D		
Common Stock									2,350	I	Consists of shares beneficially owned by spouse.	
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 (9-02)												

required to respond unless the form

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displays a currently valid OMB control number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Tumber Expiration Date		Amount of		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	·		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities				3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	of			
				C-J- V	(A) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Johnson Steven Andrew 15241 BARRANCA PARKWAY IRVINE, CA 92618

VP, Preclinical Development

Signatures

Maria S. Messinger, Attorney in fact 05

05/30/2008

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- Represents the issuance of common stock in exchange for the cancellation of accrued paid time off in excess of fifty (50) days as of the (1) end of May 2008, based on the officer's current rate of compensation per day and the closing price per share of the Company's common stock on May 30, 2008.

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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