### Edgar Filing: CORTEX PHARMACEUTICALS INC/DE/ - Form 4

#### CORTEX PHARMACEUTICALS INC/DE/

Form 4 April 16, 2014

### FORM 4

#### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

if no longer subject to Section 16.

Check this box

January 31, Expires: 2005

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* WEINGARTEN ROBERT N

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

CORTEX PHARMACEUTICALS INC/DE/ [CORX]

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction

X Director 10% Owner Other (specify \_X\_\_ Officer (give title

(Month/Day/Year) 04/14/2014

below) VP and CFO

C/O CORTEX PHARMACEUTICALS, INC., 126 VALLEY ROAD, SUITE C

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

GLEN ROCK, NJ 07452

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

4. Securities Acquired (A) Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

Ownership Form: Direct (D) or Indirect

Indirect Beneficial Ownership (Instr. 4)

7. Nature of

(A)

Reported Transaction(s) (Instr. 3 and 4)

(I)(Instr. 4)

Code V Amount (D)

Common 04/14/2014 Stock

Α 15,000,000 Α Price \$0

15,000,000 D

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.

**SEC 1474** (9-02)

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

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| 1. Title of Derivative | 2. Conversion                                     | 3. Transaction Date (Month/Day/Year) |                  | 4.<br>Transactio | 5.<br>orNumber   | 6. Date Exerc<br>Expiration D |                    | 7. Title at Amount of                  |                         | 8. Price of Derivative | 9. Nu<br>Deriv  |
|------------------------|---|--------------------------------------|------------------|------------------|--|-------------------------------|--------------------|--|-------------------------|------------------------|---|
| Security (Instr. 3)    | or Exercise<br>Price of<br>Derivative<br>Security | (monda, Day, Teal)                   | (Month/Day/Year) | Code (Instr. 8)  | of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |                               |                    | Underlyin<br>Securities<br>(Instr. 3 a | ng<br>s                 | Security<br>(Instr. 5) | Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                        |   |                                      |                  | Code V           | (A) (D)  | Date<br>Exercisable           | Expiration<br>Date | or<br>Title Nu<br>of                   | nount<br>umber<br>uares |                        |   |

# **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |            |       |  |  |  |
|--|---------------|-----------|------------|-------|--|--|--|
| 1  | Director      | 10% Owner | Officer    | Other |  |  |  |
| WEINGARTEN ROBERT N<br>C/O CORTEX PHARMACEUTICALS, INC.<br>126 VALLEY ROAD, SUITE C<br>GLEN ROCK, NJ 07452 | X             |           | VP and CFO |       |  |  |  |

## **Signatures**

Person

/s/ Robert N.
Weingarten

\*\*Signature of Reporting

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).

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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