FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIESM

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

## OMB APPROVAL

OMB Number: 3235-0104

December 31,

Expires: December 31, 2014

Estimated average burden hours per response 0.5

(Last) (First) (Middle) C/O THE VERRAZANO GROUP, LLC, 2204 MORRIS AVENUE, SUITE 203A (Street)  (Middle) 03/22/2013  to Issuer (Check all appli Director Officer (g title below	3. Issuer Name <b>and</b> Ticker or Trading Symbol CORTEX PHARMACEUTICALS INC/DE/ [CORX]			
(Last) (First) (Middle) C/O THE VERRAZANO GROUP, LLC, 2204 MORRIS AVENUE, SUITE 203A  (Street)  (Check all appli Director Officer (g	, , ,	5. If Amendment, Date of Original Filed (Month/Day/Year)		
UNION NJ 07083 (City) (State) (Zip)	10% Owner	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person		

Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)	2. Amount of Securities Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock	330,199	D					

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Securities Underlying Derivative Security (Instr. (Month/Day/Year)		ring	Conversion or Excercise	Form:	6. Nature of Indirect Beneficial Ownership		
	Date Exercisable	Expiration Date	Title	Amount or Number of SharesM	Price of Derivative Security	or Indirect (I) (Instr. 5)	(Instr. 5)	

**Explanation of Responses:** 

Steven Chizzik

04/01/2013

\*\* Signature of Reporting Person

Date

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 Number.

<sup>\*</sup> 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). Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.