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

**FORM 8-K**

**Current Report**

**Pursuant to Section 13 or 15(d) of  
the Securities Exchange Act of 1934**

**Date of Report (Date of earliest event reported): October 17, 2016**

**RESPIRERX PHARMACEUTICALS INC.**

**(Exact name of registrant as specified in its charter)**

**Delaware  
(State or other jurisdiction  
of incorporation)**

**1-16467  
(Commission  
File Number)**

**33-0303583  
(I.R.S Employer  
Identification No.)**

**126 Valley Road, Suite C  
Glen Rock, New Jersey  
(Address of principal executive offices)**

**07452  
(Zip Code)**

**Registrant's telephone number, including area code: (201) 444-4947**

**(Former name or former address, if changed since last report.)**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))
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**Item 7.01 Regulation FD Disclosure**

On October 17, 2016, RespireRx Pharmaceuticals Inc. (the “Company”) announced that the Company’s President, Chief Executive Officer and Vice Chairman of the Board of Directors, James S. Manuso, Ph.D., will present at the BIO Investor Forum on Tuesday, October 18, 2016 at 11:00 a.m. Pacific Time (2:00 p.m. Eastern Time). The Forum is being sponsored by the Biotechnology Innovation Organization and is being held at the St. Francis Hotel in San Francisco, California, on October 18 and 19, 2016.

The slide presentation that Dr. Manuso will be using at the conference is attached as Exhibit 99.1 and is being furnished and not filed pursuant to Item 7.01 of Form 8-K. A copy of the slide deck will also be available by clicking on the investors tab on the Company’s web-site ([www.respirerx.com](http://www.respirerx.com)) and following the links and instructions.

The press release announcing the Company’s participation in the conference is attached as Exhibit 99.2.

**Item 9.01 Financial Statements and Exhibits**

(d) Exhibits.

A list of exhibits that are furnished and filed as part of this report is set forth in the Exhibit Index, which is presented elsewhere in this document, and is incorporated herein by reference.

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Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: October 17, 2016

RESPIRERX PHARMACEUTICALS INC.

By: /s/ Robert N. Weingarten

Robert N. Weingarten

Vice President and Chief Financial Officer

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## EXHIBIT INDEX

Exhibit Number	Exhibit Description
99.1	Slide Presentation*
99.2	Press Release dated October 17, 2016*

\* Furnished herewith.

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**James S. Manuso, Ph.D., President & CEO**

BIO Investor Forum, 2016  
San Francisco, October 18-19, 2016

Medicines for Respiratory Diseases

## Forward Looking Statements



The matters discussed in this presentation that are not historical facts are "forward-looking statements" within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934 and we intend that such forward-looking statements be subject to the safe harbor created thereby. Forward-looking statements include, but are not limited to, statements containing the words "believes," "anticipates," "intends," "estimates," "plans," "expects," "projects" and words of similar import. Readers are cautioned not to place undue reliance on these forward-looking statements, which are based on the information available to management at this time and which speak only as of the date of this presentation. The Company undertakes no obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise. These forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause actual results, performance or achievements of the Company or its industry to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements. All forward-looking statements should be evaluated with the understanding of their inherent uncertainty and in the context of the Company's filings with the Securities and Exchange Commission, including the risk factors contained therein. While the Company believes the information contained herein is reliable, the Company makes no representations or warranties regarding the accuracy or completeness of this information.

"Breath is the universal factor of life. We are born the first time we inspire, and we die the last time we expire. Breath is life itself. In Sanskrit the same word means both breath and life."

.....Abbot George Burke

- **Sleep Apneas**
  - Dronabinol for Obstructive Sleep Apnea (**OSA**)
  - Ampakines for Central Sleep Apnea (**CSA**)
- **Drug-induced Respiratory Depression (RD) - Ampakines**
  - Acute use – surgical anesthesia/sedation
  - Semi-acute use – post-surgical pain management with opioids
  - Chronic use – outpatient pain management with opioids
- **Spinal Cord Injury – Ampakines**



- Two proprietary, small molecule platforms
- Three Phase 2 development programs
- Additional pre-clinical programs
- Focus on blockbuster markets with unmet clinical needs
- More than 120 + patents and patent applications
- Multiple opportunities for strategic collaborations
- Non-dilutive financing from NHLBI and NIDA
- Experienced and accomplished management team

# Respiratory Diseases Product Pipeline



Compound	Indication	Preclinical	Phase 1	Phase 2
Dronabinol	Obstructive Sleep Apnea			
CX1739	Central Sleep Apnea			
	Opioid-induced RD			
CX717	Spinal Cord Injury			
	Opioid-induced RD			
CX1942	Drug-induced RD (injectable)			

# Dronabinol for Obstructive Sleep Apnea



# Obstructive Sleep Apnea

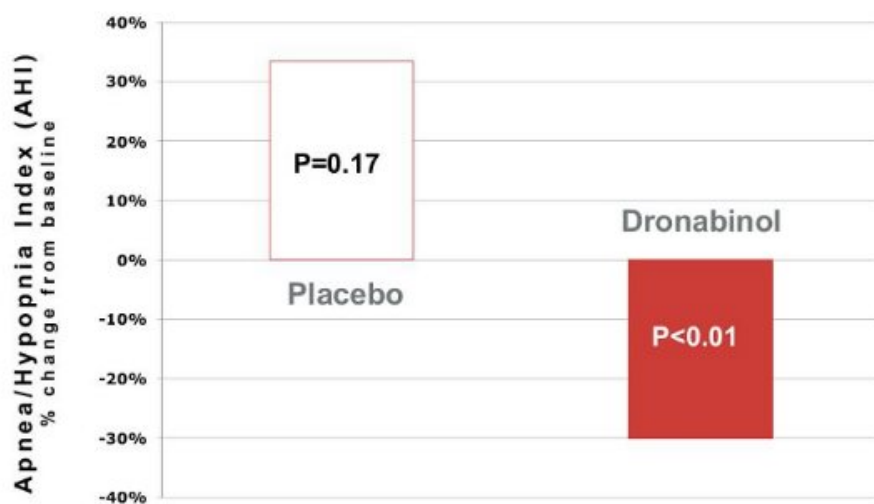
- **Sleep Apnea**
  - Repetitive episodes of airflow cessation (apnea) or reduction (hypopnea) for more than 10 seconds during sleep
  - Three types: Obstructive, Central & Mixed
- **The Sleep Apnea Market is Large**
  - 18 million U.S. adults suffer from moderate or severe sleep apneas
  - Market potential for sleep apneas is \$3 - 9 Billion/Year
- **Current Treatments**
  - CPAP device
  - Surgery
  - Dental devices
- **Clear Market Need**
  - Poor compliance with CPAP
  - No drug treatment available



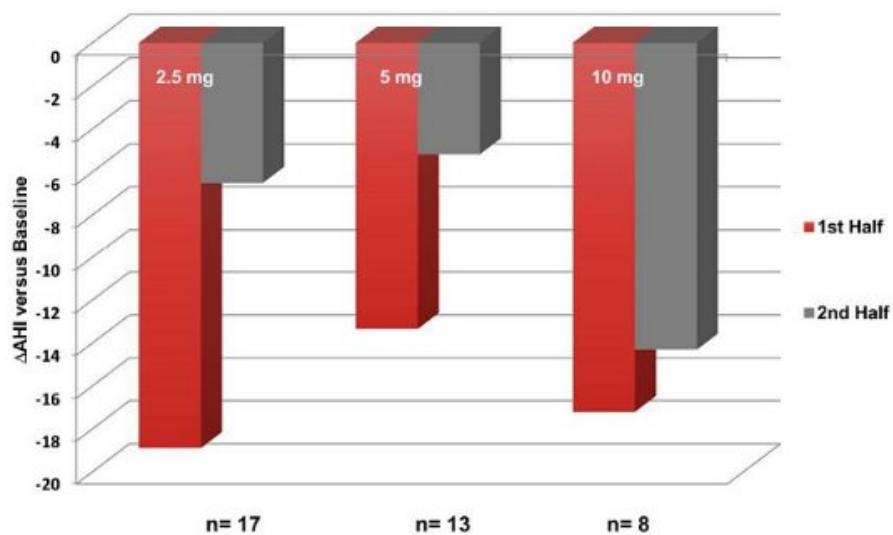
- **Randomized, double-blind, placebo-controlled dose escalation study in 22 patients with OSA**
- **Placebo (N=5) or dronabinol (N=17) for 21 days**
  - 2.5, 5 and 10 mg/night studied with weekly dose escalation
- **Overnight polysomnogram (PSG) at baseline, and after 7, 14 and 21 days of treatment**
- **FDA-accepted efficacy tests:**
  - Apnea-Hypopnea Time (AHT)
  - Apnea-Hypopnea Index (AHI)
  - Stanford Sleepiness Scale (SSS)

- **Mechanism of Action**
  - Dronabinol is (delta 9) THC, a cannabinoid agonist
- **Background**
  - Schedule III drug available by prescription, with a low risk of addiction
  - Approved for the treatment of anorexia in AIDS patients and nausea and vomiting in cancer patients undergoing chemotherapy
  - Phase 2A data demonstrated clear signal of activity in OSA
  - Phase 2B study completed and awaiting data
- **Intellectual Property**
  - License to issued method-of-use patent in the US for the use of dronabinol for treating OSA (expires 2025)
  - Pending patents on modified release formulations
- **Funding**
  - \$5MM NIH-funded grant for Phase 2B study in OSA

## Dronabinol Proven to Reduce Apnea in OSA Subjects



## Apnea Suppression as a Function of Dose and Time



The plasma half-life of dronabinol is 2 – 4 hours.



- Sponsored and led by U of Illinois
- 4 major centers, fully funded by NIH
- Doses: Placebo, 2.5 mg, 10 mg qd
- 6 weeks dosing
- Trial completed
- Data expected Q4/2016
- Meet with FDA after trial completion to determine registration path forward

# The Dronabinol Opportunity



Impact on Patient	Commercial Opportunity
First medicine available for OSA	Changes the nature of OSA treatment
Ease of Use/Better Patient Compliance	Broadly expands prescriber base from sleep specialists to include primary care physicians and cardiologists
Low cost	Recurring lifetime sales versus one time sale or ongoing rental of a device
Safe and effective	Market will expand into the currently undiagnosed/untreated population
Potential for better cardiovascular outcomes	Potential for reducing systemic healthcare costs by reduced cardiac re-hospitalizations

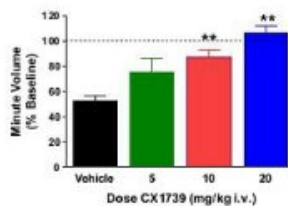
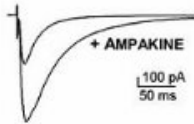
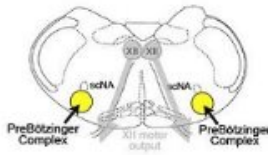
## Protecting Dronabinol in the Market



- Issued Method-of-Use patent for dronabinol in OSA
  - Expires in 2025
- Schedule III drug: off-label use monitored by US government, discouraging generic manufacturers from selling off-label
- Off-label use of generics and medical marijuana are not covered by insurers
- Market pricing and manufacturing protection

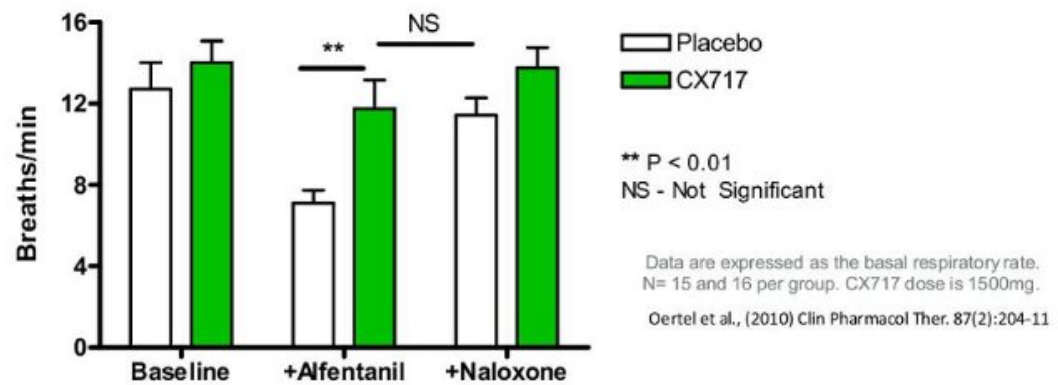
# **Ampakines for Opioid- Induced Respiratory Depression**





- Brain stem nuclei that regulate breathing contain opioid and AMPA glutamate receptors that inhibit and excite, respectively
- Ampakines act as positive, allosteric modulators of the AMPA-type glutamate receptor to enhance excitation and prolong and strengthen synaptic transmission
- In animal models, ampakines antagonize opiate-induced respiratory depression

## CX717 Prevents Opioid-induced Respiratory Depression in Humans – Target Engagement



Alfentanil reduced breathing rate & produced Respiratory Depression  
CX717 maintains respiratory rate in the presence of Alfentanil

## CX717 Does Not Interfere With the Analgesic Properties of Opioids

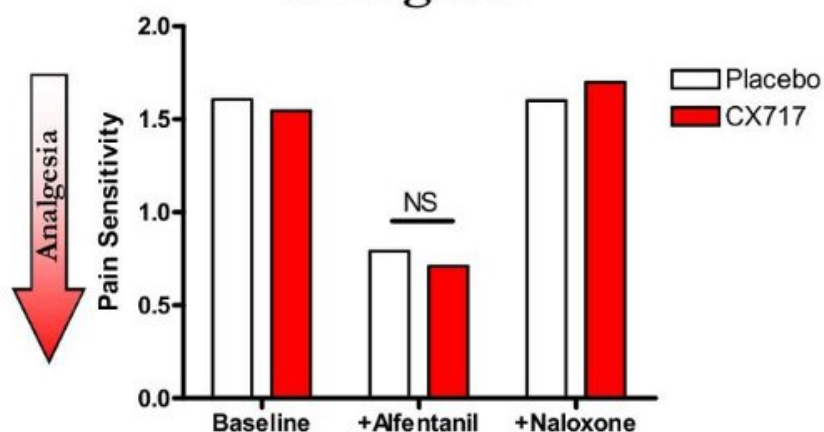


Delivery of a electrical stimulation to finger

Alfentanil reduced the pain sensitivity  
(produced analgesia)

Analgesia was unaffected by CX717

### Analgesia



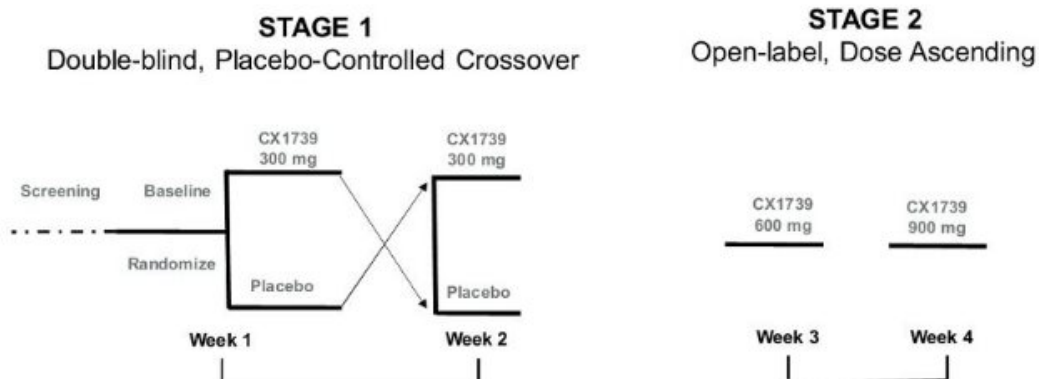
Data are expressed as the pain sensitivity, normalized to the Baseline measurement.  
N = 15 and 16 per group. CX717 dose is 1500mg.

- **Targeted Indications**
  - Central Sleep Apnea (CSA)
  - Reversal and prevention of opioid-induced Respiratory Depression
  - Combination formulation with an opioid for treatment of chronic pain
- **Stage of Development**
  - Successfully completed four Phase 1 and 2 Phase 2A studies
  - Phase 2A trial in opioid-induced RD completed at Duke University
  - Safe and well tolerating
  - Re-analyzing efficacy data resulting from un-blinding error
- **Intellectual Property Protection (owned and licensed)**
  - Issued Composition-of-Matter Patent (expires 2028), filed worldwide
  - Method-of-use patent (expires 2030)

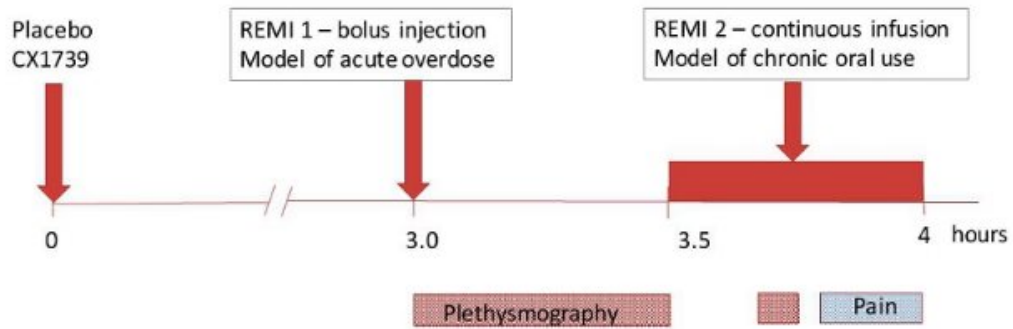


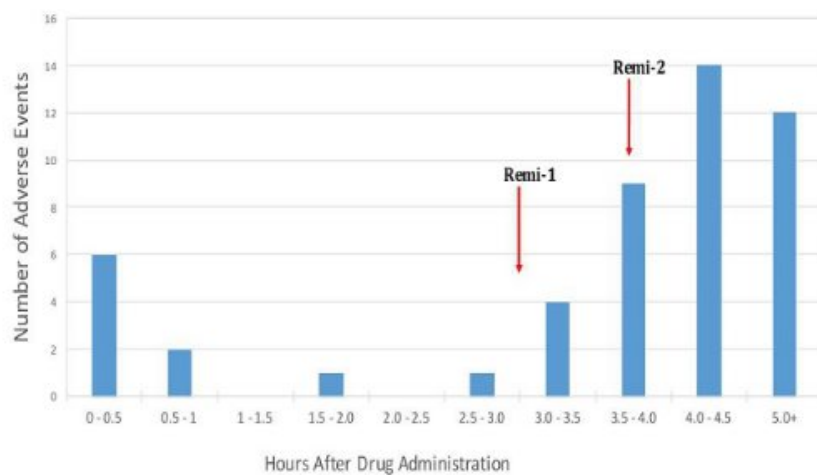
<b>Protocol</b>	Antagonism of Remifentanil-Induced Respiratory Depression by CX1739 in Two Clinical Models of Respiratory Depression
<b>Design</b>	Randomized, Blinded, Placebo-controlled, Cross-Over with Dose Escalation
<b>Dosing</b>	17 subject received and completed acute doses of placebo, 300 mg, 600 mg, and 900mg CX1739 (during separate weekly visits) followed by two protocols for remifentanil administration (REMI 1 and REMI 2)
<b>Study Objectives</b>	<p><u>Primary:</u> Time to respiratory recovery following remifentanil-induced RD during REMI 1 protocol Reduction in respiratory rate during REMI 2 protocol Safety when used in conjunction with remifentanil</p> <p><u>Secondary:</u> Impact on analgesic effects of remifentanil Impact on volunteer bispectral index (BIS) measure of sedation</p>

## CX1739: Phase 2A – Overall Study Design



## CX1739: Phase 2A – Daily Protocol





### SAFETY DATA

- CX1739 was safe and well tolerated with no SAEs
- Most frequent AEs were nausea, vomiting, headache and dizziness, all of which are common side effects of opioids
- 39 of 49 AEs occurred after remifentanyl
- 8 AEs occurred less than one hour after ampakine or placebo

# Ampakines for Central Sleep Apnea

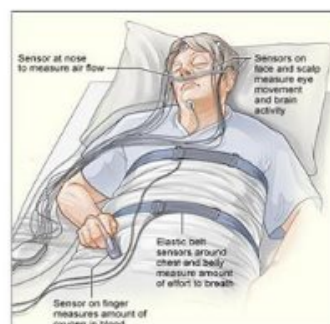
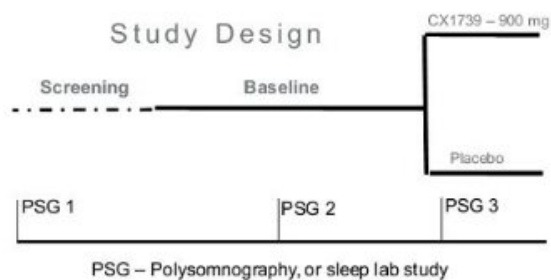


- **Lack of drive from the brain to breathe during sleep**
- **CSA Patients**
  - 70% of chronic narcotic users
  - Up to 40% of heart failure patients
  - 5% of sleep apnea patients are idiopathic
- **No medicine or device is approved for CSA**

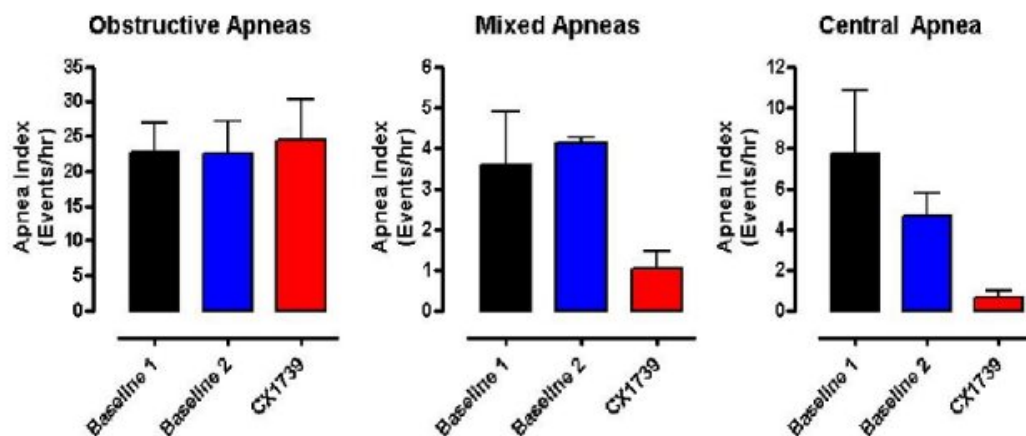
## CX1739: Completed Phase 2A in Sleep Apnea – Single Dose



Design	Randomized, double-blind, placebo-controlled study
Population	20 adults with all types of moderate to severe sleep apnea (16 given CX1739; 4 given Placebo)
Dosing	Each subject received either placebo or a <u>single</u> dose of 900mg CX1739 one hour before lights out
Primary Measures	Apnea-Hypopnea measures; Oxygen saturation; Sleep quality, measured by PSG (Apnea: no airflow for >10s; Hypopnea: reduced airflow for >10s)



## Patient Selection: CX1739 Was More Effective in Treating Mixed and Central Sleep Apneas



Oertel et al., (2010) Clin Pharmacol Ther. 87(2):204-11



## CX1739: Proposed Phase 2 in Sleep Apnea – Multiple Dose



<b>Protocol</b>	Evaluation of CX1739 for the Treatment of Central Sleep Apnea in Patients on Chronic Opioid Therapy
<b>Design</b>	<ul style="list-style-type: none"><li>• Randomized, Blinded, Placebo-controlled, Multiple Dose Study at Multiple Sites</li><li>• Subjects with a documented history of chronic opioid use for pain management and a diagnosis of Central Sleep Apnea (CSA) as confirmed by plethysmography and EEG</li></ul>
<b>Dosing</b>	28 days of BID doses
<b>Study Objectives</b>	<p>Primary: To evaluate the ability of daily, BID doses of CX1739 to reduce AHI, AHT and daytime sleepiness</p> <p>Secondary: To evaluate whether CX1739 reduces the analgesic effects of opioids for pain management To evaluate whether CX1739 improves Sleep Architecture To evaluate the safety of CX1739 when used in conjunction with oral opioids</p>

# **Ampakines for Breathing Disorders due To Spinal Cord Injury**



- **Targeted Indications**
  - Spinal Cord Injury
  - Combination formulation with an opioid for treatment of chronic pain
- **Stage of Development**
  - Completed 6 Phase 1 and 4 Phase 2 studies
  - Two positive Phase 2A trials in opioid-induced RD
  - Positive clinical effects in ADHD and cognition
- **Intellectual Property Protection**
  - Method-of-use patent (expires 2030)
  - Hatch/Waxman Amendment
  - Potential breakthrough status for SCI

### **Incidence**

- Estimated 276,000 people with SCI in the US, with 12,000 new cases per year
- ~92,000 with respiratory distress
- Eligible for Orphan Status

### **Breathing problems are substantial after SCI**

- Approximately half of all SCIs occur in the cervical region, leading to increased morbidity and mortality
- More than two-thirds of acute cervical SCI patients require respiratory support (usually mechanical ventilation) and 40% require continued ventilatory support after acute care discharge

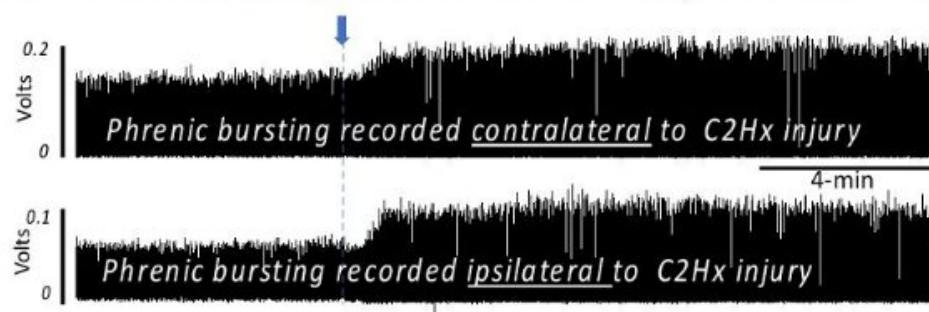
### **Current Treatments**

- Mechanical ventilation
- Resistive breathing exercises
- Diaphragm pacing using electrical nerve stimulation

### **Clear Market Need**

- Respiratory disorders are the leading cause of death for SCI patients
- There exists a significant and unmet need for translatable strategies to improve respiratory motor function after incomplete cervical SCI

Unilateral hemi-transections at the level of the 2<sup>nd</sup> cervical vertebra are performed on rats and electrical activity is recorded from phrenic nerves, which innervate the diaphragm and contribute to the regulation of breathing.



8 weeks following surgery, CX717 (15 mg/kg) increases amplitude in electrical recordings taken from rat phrenic nerves

<b>Protocol</b>	Evaluation of CX717 for the Treatment of Breathing Disorder in Patients with SCI
<b>Design</b>	Ascending Dose Study
<b>Dosing</b>	BID doses of 250 mg, 500mg and 750 mg CX717 daily for 28 days
<b>Study Objectives</b>	<p>Primary: To evaluate the ability of daily, BID doses of CX717 to improve breathing</p> <p>Secondary: To evaluate whether CX717 improves Sleep Architecture</p>

# Summary



## Respiratory Diseases Product Pipeline



Compound	Indication	Preclinical	Phase 1	Phase 2
Dronabinol	Obstructive Sleep Apnea			
CX1739	Central Sleep Apnea			
	Opioid-induced RD			
CX717	Spinal Cord Injury			
	Opioid-induced RD			
CX1942	Drug-induced RD (injectable)			



## Development Milestones



	4Q2016	1Q2017	2Q2017	3Q2017	4Q2017	1Q2018
CX1739						
RD Clinical Trial at Duke						
CSA Clinical Trial pending results of RD Trial						
Formulation, PK and ADME						
CX717						
FDA Regulatory						
Spinal Cord Injury Clinical Trial						
Ampakine/Opiate Combination Formulation						
Formulation Design						
Phase I Clinical Trials for Efficacy & PK						
Dronabinol						
FDA Regulatory						
Formulation						

## Capital Structure (rounded) & Market Metrics



	Total as of October 13, 2016
Common Stock	2,019,000
Common Stock Equivalents of Convertible Notes (estimated)	29,000
Common Stock Equivalents of all Options and Warrants Granted (excludes 371,000 reserved for equity plans)	1,745,000
Total	3,793,000

Closing Price range (high → low), October 1 – October 13, 2016	\$4.25 → \$2.60
Fully diluted market capitalization range October 1 – October 13, 2016 (rounded)	\$16,120,000 → \$9,862,000

## Management and Directors



James Manuso	President, CEO & Vice Chairman
Arnold Lipka	CSO & Chairman
Jeff Margolis	VP, Secretary/Treasurer, Director
Robert Weingarten	CFO, Director
Richard Purcell	Senior VP, R&D
Katie MacFarlane	Director Senior VP, Napo Pharmaceuticals
James Sapirstein	Director CEO, ContraVir Pharmaceuticals
John Greer	Chairman, Scientific Advisory Board Prof & Dir. Neuroscience Ctr., U. Alberta

- Two proprietary, small molecule platforms
- Three Phase 2 development programs
- Additional pre-clinical programs
- Focus on blockbuster markets with unmet clinical needs
- More than 120 + patents and patent applications
- Multiple opportunities for strategic collaborations
- Non-dilutive financing from NHLBI and NIDA
- Experienced and accomplished management team



**James S. Manuso, Ph.D., President & CEO**

BIO Investor Forum, 2016  
San Francisco, October 18-19, 2016

Medicines for Respiratory Diseases



**RespireRx Pharmaceuticals Inc. to Present at  
the BIO Investor Forum  
on Tuesday, October 18, 2016 at the  
St. Francis Hotel in San Francisco, California**

Glen Rock, N.J., October 17, 2016/Globe Newswire – RespireRx Pharmaceuticals Inc. (OTCQB: RSPI) (“RespireRx” or the “Company”), a leader in the development of medicines for respiratory disorders, including drug-induced respiratory depression and sleep apneas, announced that the Company’s President, CEO and Vice Chairman of the Board of Directors, James S. Manuso, Ph.D., will present at the BIO Investor Forum on Tuesday, October 18, 2016 at 11:00 A.M. Pacific Time. The Forum is sponsored by the Biotechnology Innovation Organization and is scheduled for Tuesday and Wednesday, October 18 and 19, 2016. Dr. Manuso will be available for one-on-one meetings with Forum attendees on both days.

Commented Dr. Manuso, “The presentation at the BIO Investor Forum will allow us to provide investors with an update on RespireRx’s recent reverse stock split, strategic initiatives and progress on research and development programs. In particular, I look forward to discussing our clinical progress in developing novel medicines, including dronabinol, for a variety of respiratory diseases.” Dr. Manuso concluded, “We are pleased to keep our shareholders and other stakeholders informed as to the continuing progress of RespireRx’s scientific, clinical and regulatory initiatives.”

Dr. Manuso’s live presentation and accompanying slides will be accessible on Tuesday, October 18, 2016 at 11:00 A.M. Pacific Time (2:00 P.M. Eastern Time) using the following link:

<http://www.veracast.com/webcasts/bio/investorforum2016/69113192151.cfm>.

The presentation and slides will be accessible after the presentation by clicking on the same link or on the investors tab on the RespireRx web-site at [www.respirerx.com](http://www.respirerx.com) and following the links and instructions. A copy of the slide presentation being presented at the Forum will be submitted in a Form 8-K filing with the U.S. Securities and Exchange Commission prior to the presentation.

**About RespireRx Pharmaceuticals Inc.**

RespireRx Pharmaceuticals Inc. is a leader in the development of medicines for respiratory disorders, with a focus on drug-induced respiratory depression and sleep apneas. The Company holds exclusive licenses and owns patents and patent applications for certain families of chemical compounds that claim the chemical structures and their uses in the treatment of a variety of disorders, as well as claims for novel uses of known drugs.

RespireRx has a pipeline of medicines in Phase 2 clinical development focused on pharmaceutical treatments for a variety of different breathing disorders. Clinical development in the area of respiratory disorders, particularly drug-induced respiratory depression and sleep apnea, has created opportunities for the development and commercialization of the Company’s compounds.

RespireRx Pharmaceuticals Inc., 126 Valley Road, Suite C, Glen Rock, New Jersey 07452  
[www.RespireRx.com](http://www.RespireRx.com)

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**Cannabinoids.** One platform being developed by RespireRx is the class of compounds known as cannabinoids, including dronabinol. Under a license agreement with the University of Illinois, the Company has rights to patents claiming the use of cannabinoids for the treatment of sleep-related breathing disorders. In a double-blind, placebo-controlled, dose-ascending Phase 2A clinical study conducted by the Company, dronabinol produced a statistically significant reduction in the Apnea-Hypopnea Index, the primary therapeutic end-point, and was observed to be safe and well-tolerated in a group of patients with Obstructive Sleep Apnea ("OSA"). The University of Illinois and three other centers conducted a six week, double-blind, placebo-controlled Phase 2B clinical trial investigating the effects of dronabinol in patients with OSA. The University of Illinois has indicated that recruitment for this clinical trial was completed during the second quarter of 2016. Final research results are expected to be published in the fourth quarter of 2016. This clinical trial was fully funded by the National Heart, Lung and Blood Institute of the National Institutes of Health and is being managed by University of Illinois researchers.

**Ampakines.** The other platform of proprietary medicines being developed by RespireRx are ampakines, which act to enhance the actions of the excitatory neurotransmitter glutamate at AMPA glutamate receptors. Several ampakines, in both oral and injectable forms, are being developed by the Company for the treatment of a variety of breathing disorders. In clinical studies, select ampakines have shown preliminary efficacy in central sleep apnea and in the control of respiratory depression produced by opioids, without altering the opioid analgesic effects. In animal models of orphan disorders, such as Pompe Disease, spinal cord injury and perinatal respiratory distress, it has been demonstrated that certain ampakines improve breathing function. The Company's compounds belong to a new class that does not display the undesirable side effects previously reported for other ampakines.

During March 2016, a Phase 2A clinical trial at Duke University School of Medicine was initiated with the Company's proprietary ampakine, CX1739, to determine the ability of its orally administered form to prevent the respiratory depression produced by remifentanyl, a potent opioid, without altering remifentanyl's analgesic properties. The dosing portion of the clinical trial was completed in June 2016 and the clinical trial was formally completed on July 11, 2016. The Company is working with the Duke University clinical research team to finalize data analysis and issue a final report on the results of the clinical trial by the end of December 2016.

Additional information about the Company and the matters discussed herein can be obtained on the Company's web-site at [www.RespireRx.com](http://www.RespireRx.com) or in the Company's filings with the U.S. Securities and Exchange Commission at [www.sec.gov](http://www.sec.gov).

#### **Cautionary Note Regarding Forward-Looking Statements**

*This press release contains certain forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934 and the Company intends that such forward-looking statements be subject to the safe harbor created thereby. These might include statements regarding the Company's financial position, business strategy and other plans and objectives for future operations, and assumptions and predictions about research and development efforts, including, but not limited to, preclinical and clinical research design, execution, timing, costs and results, future product demand, supply, manufacturing, costs, marketing and pricing factors, which are all considered forward-looking statements.*

RespireRx Pharmaceuticals Inc., 126 Valley Road, Suite C, Glen Rock, New Jersey 07452  
[www.RespireRx.com](http://www.RespireRx.com)

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*In some cases, forward-looking statements may be identified by words including "anticipates," "believes," "intends," "estimates," "expects," "plans," and similar expressions that include, but are not limited to, statements regarding (i) future research plans, expenditures and results, (ii) potential collaborative arrangements, (iii) the potential utility of the Company's proposed products, and (iv) the need for, and availability of, additional financing.*

*The forward-looking statements included herein are based on current expectations that involve a number of risks and uncertainties. These forward-looking statements are based on assumptions regarding the Company's business and technology, which involve judgments by management with respect to, among other things, future scientific, economic and competitive conditions, and future business decisions, all of which are difficult or impossible to predict accurately and many of which are beyond the Company's control. Although the Company believes that the assumptions underlying the forward-looking statements are reasonable, actual results may differ materially from those set forth in the forward-looking statements. In light of the significant uncertainties inherent in the forward-looking information included herein, the inclusion of such information should not be regarded as a representation by the Company or any other person that the Company's objectives or plans will be achieved.*

*Factors that could cause or contribute to such differences include, but are not limited to, regulatory policies or changes thereto, available cash, pre-clinical and clinical trial results, competition from other similar businesses, and market and general economic factors. This press release should be read in conjunction with the condensed consolidated financial statements (unaudited) and notes thereto included in Item 1 of the Company's most recently filed Quarterly Report on Form 10-Q and the Company's Annual Report on Form 10-K for the fiscal year ended December 31, 2015, including the section entitled "Item 1A. Risk Factors." The Company does not intend to update or revise any forward-looking statements to reflect new information, future events or otherwise.*

Company Contact:

Jeff Margolis  
Vice-President, Treasurer and Secretary  
Telephone: (917) 834-7206  
E-mail: [jmargolis@respirerx.com](mailto:jmargolis@respirerx.com)

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