
**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): June 14, 2017

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))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure

On June 14, 2017, 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 be presenting at the 2017 Marcum MicroCap Conference. Dr. Manuso is scheduled to present at 10:00 a.m. Eastern Time on Friday, June 16, 2017. The Conference is organized by Marcum LLP, an independent public accounting and advisory services firm and is being held at the Grand Hyatt Hotel in New York, New York on June 15 and 16, 2017.

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. The presentation will be available by live webcast that can be accessed by clicking on the investors tab on the Company’s website (www.respirerx.com) and following the links and instructions in the press release announcing this presentation, or by going to:

<http://www.wsw.com/webcast/marcum5/rspi>.

The webcast replay will be archived for 90 days. The press release announcing the Company’s participation in the conference is attached as Exhibit 99.2 to this Current Report on Form 8-K.

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.

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: June 16, 2017

RESPIRERX PHARMACEUTICALS INC.

By: /s/ Jeff E. Margolis

Jeff E. Margolis

Vice President, Treasurer and Secretary

EXHIBIT INDEX

Exhibit Number	Exhibit Description
99.1	Slide Presentation*
99.2	Press Release dated June 14, 2017*

* Furnished herewith.



OTC QB: RSPI

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

2017 Marcum Microcap Conference
New York, June 16, 2017

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

Innovative Medicines for Respiratory Diseases



- Cannabinoids – Dronabinol - Phase 3 ready for Obstructive Sleep Apnea (OSA)
- Ampakines – CX1739 & CX717 – 3 successful Phase 2A trials demonstrating target engagement and proof of concept for opioid induced respiratory depression (RD) and central sleep apnea
- Medicines that address blockbuster markets with unmet needs
- Multiple opportunities for strategic collaborations
- Publicly traded company (OTC QB:RSPI)
- Experienced and accomplished management team

Sleep Apnea

A National Health Epidemic



Over 35 Million Americans Stop Breathing Every Night

From 5 – 50 Times Per Hour

This Is Not Merely Snoring

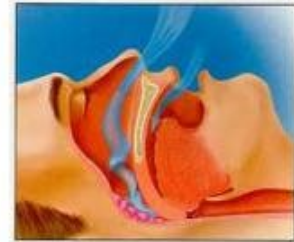
Sleep Apnea and its Measurement



- **Apnea** – Cessation of breathing for ≥ 10 seconds
- **Hypopnea** - Abnormal severe slowing of breathing for ≥ 10 seconds
- **Apnea - Hypopnea Index (AHI)** – An indicator of the severity of sleep apnea. AHI is the average number of apnea-hypopnea events per hour during sleep.
- **Severity of Sleep Apnea**
 - Normal: AHI < 5 incidents per hour
 - Mild: $5 \leq \text{AHI} < 15$ incidents per hour
 - Moderate: $15 \leq \text{AHI} < 30$ incidents per hour
 - Severe: AHI ≥ 30 incidents per hour

Three Types of Sleep Apnea

- **Obstructive** (OSA) - a peripheral phenomenon that occurs when throat muscles intermittently relax and block airway during sleep. OSA may be accompanied by snoring
- **Central** (CSA) - a brain-mediated phenomenon that occurs when breathing control centers in the brain reduce activity. Frequently caused by opioid consumption
- **Mixed** - a combination of OSA and CSA



During sleep apnea, air flow is completely blocked.



Company Focus: Apneas



- Dronabinol for Obstructive Sleep Apnea
- Ampakines to address:
 - Post-surgical Central Sleep Apnea
 - Chronic CSA
 - Spinal Cord Injury Related Apnea

Respiratory Diseases Product Pipeline

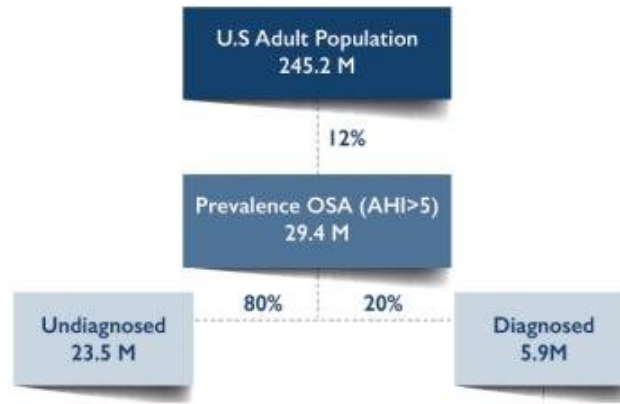


Compound	Indication	Preclinical	Phase 1	Phase 2
Dronabinol	Obstructive Sleep Apnea			
CX1739	Chronic CSA			
	Post-surgical CSA			
CX717	Opioid-induced RD			
	Spinal Cord Injury			
CX1942	Drug-induced RD (injectable)			

Dronabinol: Breakthrough Treatment for Obstructive Sleep Apnea



Obstructive Sleep Apnea: Epidemiology



Source: Primary research with experts, U.S. Census (2014), Peppard "Increased Prevalence of Sleep-disordered Breathing in Adults." American Journal of Epidemiology (2013)

© American Academy of Sleep Medicine 2016

OSA - Costs of the Problem in the US



<u>Disease State</u>	<u>Estimated US Prevalence</u>	<u>Annual Cost to US Economy</u>	<u>Annual Indicated Drug Therapy Expenditures</u>
OSA¹⁻⁵	29.4 Million	\$162.0 Billion	\$ 0
Asthma^{6,7}	16.4 Million	\$18.3 Billion	\$13.5 Billion
Hypertension⁸⁻¹⁰	43.2 Million	\$73.4 Billion	\$48.5 Billion
Diabetes^{11,12}	23.5 Million	\$174 Billion	\$20.6 Billion

¹ Obstructive sleep apnea and sleep. National Sleep Foundation Web site.

² Manufacturer Recommendations

³ Qualitative Market Research, Physician / Patient interviews, 2010

⁴ CPAP Supply USA.

⁵ American Sleep Apnea Association, 2001

⁶ Asthma & Allergy Foundation of America

⁷ Espiron Business Intelligence's New Drug Futures, 2008

⁸ Bart, V., et al., Hypertension, 2005

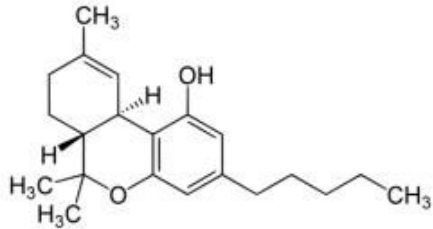
⁹ Lloyd-Jones, D., et al., Circulation 119:1330-36, 2009

¹⁰ Armitage Market Intelligence, 2008

¹¹ Aronow, J., Global Diabetes Market, 2006

¹² American Diabetes Assoc., 2007

Dronabinol: A Breakthrough Treatment for OSA



- Dronabinol is Δ9-THC
- Oral, small molecule
- Cannabinoid receptor agonist
- Reduces apnea by acting on spinal ganglia controlling muscle tone in throat
- Positive Phase 2A and 2B clinical trials in OSA

- **Dronabinol Background**

- FDA approved for the treatment of anorexia in AIDS patients and nausea and vomiting in cancer patients undergoing chemotherapy (Marinol®)
- Schedule III drug available by prescription, with a low risk of addiction

- **Intellectual Property**

- Exclusive worldwide license from the University of Illinois
- Patents issued for the use of dronabinol in the treatment of OSA
- Pending patents on dosage and modified release formulations

- **NIH Support**

- >\$5MM NIH-funded grant PACE Phase 2B trial in OSA

No Approved Medicines Exist for OSA



Current Approved Treatments

1. CPAP device
2. Surgery
3. Dental devices
4. Exercises
5. Stimulants for next day sleepiness

CPAP is the Standard Treatment for OSA

- 30% of patients prescribed CPAP never initiate treatment
- Over 50% of patients stop using CPAP in the first year of use; may use it only 3-4 hours each night



Successful Phase 2B PACE Trial in OSA



- Six week, double-blind, placebo controlled clinical study in patients with OSA
- Doses: Placebo, 2.5 mg and 10 mg at night
- Conducted by University of Illinois at Chicago and Northwestern University
- Fully funded by NIH - >\$5 million

Successful Phase 2B PACE Trial in OSA



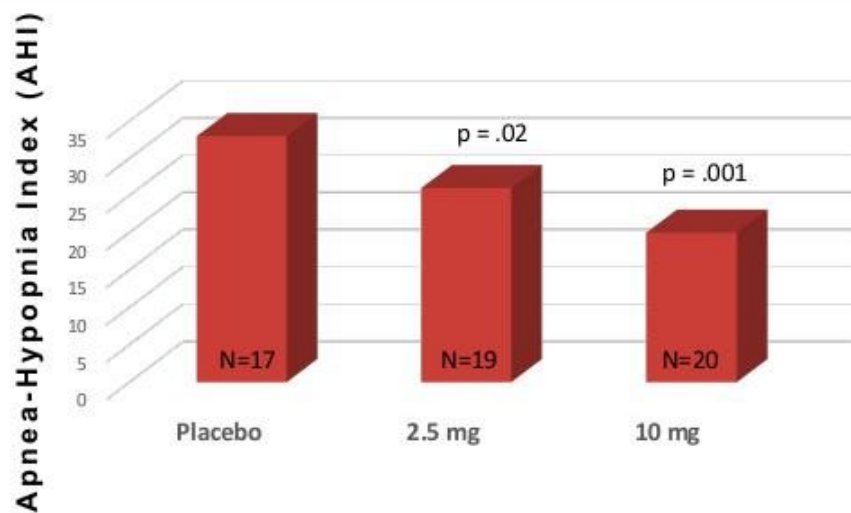
- **56 evaluable patients completed study**
 - Placebo, n = 17
 - 2.5 mg dronabinol, n = 19
 - 10 mg dronabinol, n = 20
- **Results revealed a statistically significant improvement in Primary Outcome Measures:**
 - Apnea-Hypopnea Index (AHI) (2.5 and 10 mg)¹
 - ESS Sleepiness Scale (10 mg)²
 - Overall Patient Satisfaction (10 mg)³

¹ p<.02 and p<.001, respectively, compared to placebo

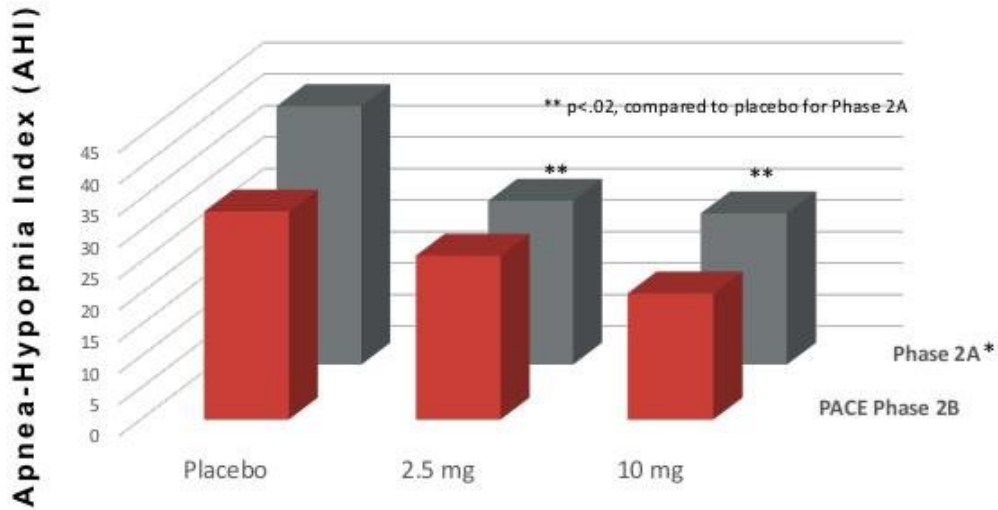
² p<.001, compared to placebo

³ p<.02, compared to placebo

PACE Phase 2B Clinical Trial: OSA After 6 Weeks of Dronabinol Treatment



PACE Phase 2B Trial Compared to Phase 2A



* Double blind, placebo controlled dose-ascending study in patients with OSA, n=19

Dronabinol – Phase 3 Regulatory Strategy



- Meet with FDA during H1/2017
- Finalize the Phase 3 trial plan required for approval
- Agree on a Special Protocol Assessment (“SPA”)
- Position dronabinol as a breakthrough medicine
- Seek fast track designation
- Facilitate and hasten the development path

Protecting Dronabinol in the Market



- Method-of-Use patents for dronabinol in OSA
- Hatch-Waxman protection – 3 years
- 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

The Dronabinol Opportunity



Impact on Patient	Commercial Potential
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

Ampakines for Opioid Induced Apneas



Chronic Opioid Use and Central Sleep Apnea

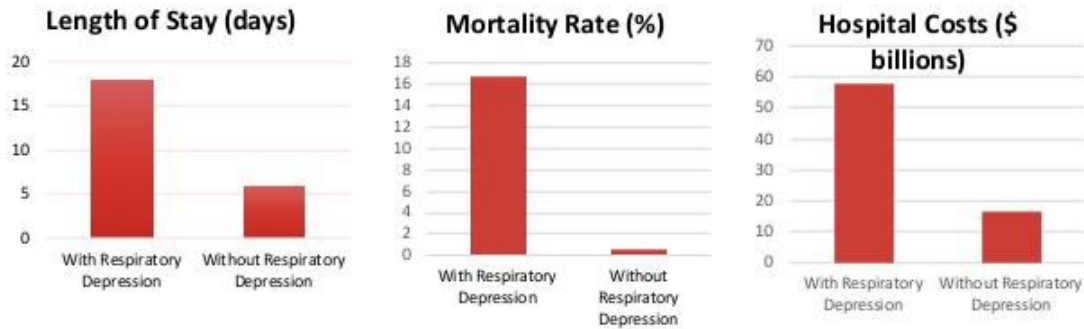


- Opioid Epidemic
 - U.S. pharmacies annually dispense 245 million Rx for opioid pain relievers
 - 10 - 11 million patients in the US on chronic opioid therapy for pain
- Opioid induced respiratory depression is manifested as CSA
- >50% of Chronic Opioid Users Have CSA (~6 million Patients)¹
- CSA is a primary risk factor for opioid overdose²

¹ Rose AR, Catcheside PG, McEvoy RD, Paul D, Kapur D, Peak E, Vakulin A, Antic NA. J Clin Sleep Med 2014;10(8):847-852

² Nora D, Volkow, M.D., and A. Thomas McLellan, Ph.D, National Institute of Drug Abuse, N Engl J Med 2016;374:1253-63.

Post-surgical Central Sleep Apnea: Outcomes



- 4 – 8% of in-patient surgical patients in U.S. experience respiratory depression
- Both clinical and financial outcomes are worse when respiratory depression occurs following surgery
- Large unmet clinical and pharmaco-economic needs

Ampakines for CSA

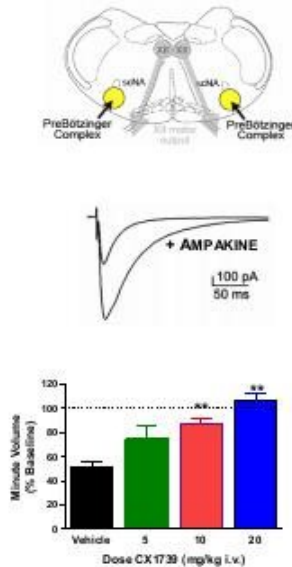


Current CSA Treatments

- No medicine or device is approved for CSA
- CPAP is contra-indicated

Ampakines for CSA

- Post-surgical CSA produced by opioid pain management
Short term use (<1 week)
- CSA caused by opioid use in patients with chronic pain
Chronic use - longer term project
Potential for proprietary opioid combination formulation



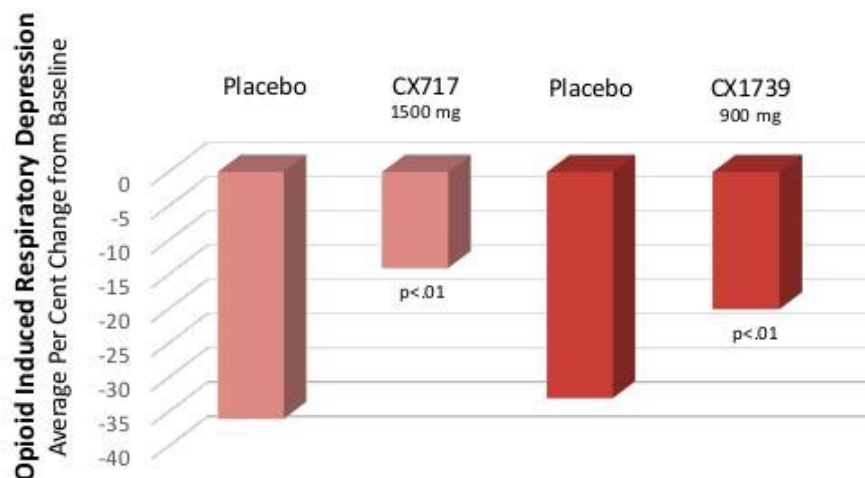
- Brain stem nuclei that regulate breathing contain opiate and AMPA glutamate receptors that inhibit and excite cell activity, respectively
- Ampakines act as positive, allosteric modulators of the AMPA-type glutamate receptor to enhance excitation and prolong and strengthen synaptic transmission
- In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

Development Status of the Ampakines



- **CX1739**
 - Successfully completed four Phase 1 Safety Trials
 - Successfully completed Phase 2A Trial in opioid-induced respiratory depression
- **CX717**
 - Successfully completed multiple Phase 1 Safety Trials
 - Successfully completed two Phase 2A Trials in opioid-induced respiratory depression
 - Improved breathing in animal models of spinal injury and Pompe Disease
- **CX1942**
 - Soluble compound for intravenous use
 - Antagonized opioid induced respiratory depression in preclinical studies

Ampakines Reduce Opioid Induced Respiratory Depression in Phase 2A Clinical Trials



Ampakines reduce opioid induced respiratory depression without altering analgesia

Ampakine Indications and IP



- **Targeted Indications**
 - Post-surgical, opioid-induced CSA
 - Chronic CSA
 - Spinal cord injury
 - Combination formulation with an opioid for treatment of chronic pain
- **Intellectual Property Protection (owned and licensed)**
 - Issued Composition-of-Matter Patents (expire 2028)
 - Method-of-use patents (expire 2030)

Summary



Respiratory Diseases Product Pipeline



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

Development Milestones



	3Q2017	4Q2017	1Q2018	2Q2018	3Q2018	4Q2018
Dronabinol						
FDA Regulatory - Prepare and submit IND						
Pivotal Clinical Trial			Total duration 18 - 24 months			
Proprietary Extended Release Formulation Development						
CX1739						
FDA Regulatory - Prepare and submit IND						
Central Sleep Apnea Clinical Trial in Post-surgical Patients						
Central Sleep Apnea Clinical Trial in Chronic Opioid Patients						
CX717						
FDA Regulatory - Prepare and submit IND						
Spinal Cord Injury Clinical Trial						
Ampakine plus Opioid Combination Formulation						
Formulation Design						
Phase 1 Clinical Trials for Safety and Pharmacokinetics						

* Pending Financing

Capital Structure and Market Metrics



	Pro Forma at March 31, 2017
Common Stock (including 140,000 shares issued in March 2017)	2,289,000
Common Stock Equivalents of Convertible Notes	31,000
Common Stock Equivalents of all Options and Warrants Granted (includes 140,000 warrants issued March 2017; excludes 355,000 shares reserved for equity plans)	2,394,000
Total	4,714,000
	Market Metrics at March 31, 2017
Closing price as of March 31, 2017	\$3.80
Fully diluted market capitalization as of March 31, 2017 (rounded)	\$17,913,000

Management and Directors



James Manuso	President, CEO & Vice Chairman
Arnold Lippa	CSO & Executive Chairman
Jeff Margolis	CFO, VP, Secretary/Treasurer, 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

Innovative Medicines for Respiratory Diseases



- Cannabinoids – Dronabinol - Phase 3 ready for Obstructive Sleep Apnea (OSA)
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- Multiple opportunities for strategic collaborations
- Publicly traded company (OTC QB:RSPI)
- Experienced and accomplished management team



OTC QB: RSPi

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

2017 Marcum Microcap Conference
New York, June 16, 2017

Medicines for Respiratory Diseases



**RespireRx Pharmaceuticals Inc. to Present at the 2017
Marcum MicroCap Conference**

**CEO to review: dronabinol, a Phase 3-ready medicine for the treatment
of obstructive sleep apnea; and ampakines, Phase 2 drug candidates
for multiple disrupted respiratory indications**

Glen Rock, N.J., June 14, 2017/Globe Newswire – RespireRx Pharmaceuticals Inc. (OTC QB: RSPI) (“RespireRx” or the “Company”), a leader in the development of medicines for the treatment of respiratory disorders for which there are no approved pharmaceuticals, particularly sleep apneas and respiratory depression resulting from pain management medicines and disabilities such as spinal cord injury, announces 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 2017 Marcum MicroCap Conference on Friday, June 16, 2017 at 10:00 AM Eastern Standard Time. The Conference is organized by Marcum LLP, an independent public accounting and advisory services firm. Presentations will be held at the Grand Hyatt Hotel in New York from June 15 - 16, 2017.

Dr. Manuso will discuss results from the successfully completed PACE Phase 2B trial, conducted by Dr. David Carley and colleagues at the University of Illinois at Chicago and Northwestern University, in which dronabinol (oral) was tested for the treatment of obstructive sleep apnea (“OSA”). In addition, Dr. Manuso will discuss results from a successfully completed Phase 2A trial, in which acutely administered CX-1739 (oral) reduced opioid-induced respiratory depression in a clinical model of chronic opioid consumption. Dr. Manuso will also provide a summary of near term plans and goals, background information and descriptions of other product pipeline candidates.

Dr. Manuso’s presentation will be available by live webcast streaming online and archived for 90 days. To access the webcast, go to <http://www.com/webcast/marcum5/rspi> or visit the RespireRx website at www.respirerx.com, click on the same link on the home page, or, click on the Investors tab and follow the links to this press release and click the webcast link.

A copy of the slide presentation to be presented at the conference will be submitted to the Securities and Exchange Commission in a Current Report on Form 8-K prior to the presentation and will also be available in the investors section of the RespireRx website.

Comments by the Company’s President and Chief Executive Officer

Dr. James S. Manuso, commented, “We are pleased to be represented at this very important microcap conference, especially after having the dronabinol and CX1739 opportunities presented at the Sleep 2017 meeting last week in Boston, MA, where our efforts were well received by the medical and research community. Obstructive sleep apnea and opioid induced respiratory depression, our most mature programs, as well as all of our other programs, all addressing neurologically controlled disordered breathing, are aimed at critically important poorly met or unmet medical needs. I look forward to reporting to you on our progress in the months ahead.”

RespireRx Pharmaceuticals Inc., 126 Valley Road, Suite C, Glen Rock, NJ 07452
www.RespireRx.com



About RespireRx Pharmaceuticals Inc.

RespireRx Pharmaceuticals Inc. is a leader in the development of medicines for respiratory disorders, with a focus on sleep apneas and drug-induced respiratory depression. The Company owns patents and patent applications, and holds exclusive licenses, for certain families of chemical compounds that claim the chemical structures and their use in the treatment of these and other disorders. Pending additional funding, during 2017, the Company plans to: 1) meet with the FDA to discuss its Phase 3 clinical trial program to test the safety and efficacy of dronabinol (oral) for the treatment of OSA; 2) file an IND and initiate a Phase 2 clinical trial investigating the ability of CX717 to improve breathing in patients with spinal cord injury; and 3) file an IND and initiate a Phase 2 clinical trial investigating the ability of CX1739 to reduce central sleep apnea in patients taking chronic opioids.

RespireRx's pharmaceutical candidates in development are derived from two platforms, as described below.

The first platform 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. As reported in a press release and on Form 8-K on December 23, 2016, Dr. David Carley and colleagues at the University of Illinois at Chicago and Northwestern University successfully completed the PACE (Pharmacotherapy of Apnea by Cannabimimetic Enhancement) trial, a potentially pivotal, six week, double-blind, placebo-controlled Phase 2B study of dronabinol for the treatment of OSA. Dronabinol significantly improved the primary outcome measures of Apnea Hypopnea Index ("AHI"), daytime sleepiness as measured by the Epworth Sleepiness Scale ("ESS") and overall patient satisfaction as measured by the Treatment Satisfaction Questionnaire for Medications ("TSQM"). This study was fully funded by the National Heart, Lung and Blood Institute of the National Institutes of Health. The Company did not manage or fund this clinical trial.

In an earlier placebo-controlled, dose-ascending Phase 2A clinical study conducted by the Company, dronabinol produced a statistically significant reduction in the AHI, the primary therapeutic end-point, and was observed to be safe and well-tolerated in a group of patients with OSA.

The second platform of medicines being developed by RespireRx is a class of proprietary compounds known as ampakines that act to enhance the actions of the excitatory neurotransmitter glutamate at AMPA glutamate receptor sites in the brain. Several ampakines in both oral and injectable form are being developed by the Company for the treatment of a variety of breathing disorders. In a recently completed Phase 2A clinical trial, acute administration of CX-1739 (oral) reduced the respiratory depression produced by remifentanyl, a potent opioid, in a clinical model of chronic opioid consumption, without altering its analgesic effects. Furthermore, ampakines have been demonstrated to improve breathing in animal models of disorders such as spinal cord injury, Pompe Disease, and perinatal respiratory distress. The Company's compounds belong to a new class of ampakines that do not display the undesirable side effects previously reported for earlier generations of ampakines.

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

RespireRx Pharmaceuticals Inc., 126 Valley Road, Suite C, Glen Rock, NJ 07452
www.RespireRx.com



Special Note Regarding Forward-Looking Statements : Certain statements included or incorporated by reference in this news release, including information as to the future financial or operating performance of the Company and its drug development programs, constitute forward-looking statements. The words “believe,” “expect,” “anticipate,” “contemplate,” “target,” “plan,” “intend,” “continue,” “budget,” “estimate,” “may,” “schedule” and similar expressions identify forward-looking statements. Forward-looking statements include, among other things, statements regarding future plans, targets, estimates and assumptions. Forward-looking statements are necessarily based upon a number of estimates and assumptions that, while considered reasonable by the Company, are inherently subject to significant business, economic and competitive uncertainties and contingencies. Many factors could cause the Company’s actual results to differ materially from those expressed or implied in any forward-looking statements made by, or on behalf of, the Company. Due to these various risks and uncertainties, actual events may differ materially from current expectations. Investors are cautioned that forward-looking statements are not guarantees of future performance and, accordingly, investors are cautioned not to put undue reliance on forward-looking statements due to the inherent uncertainty therein. Forward-looking statements are made as of the date of this news release and the Company disclaims any intent or obligation to update publicly such forward-looking statements, whether as a result of new information, future events or results or otherwise.

Company Contact:

Jeff Margolis
Vice-President, Treasurer and Secretary
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E-mail: jmargolis@respirerx.com

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