

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Lippa Arnold					RespireRx Pharmaceuticals Inc. [ RSPI ]											
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)						X Director 10% Owner					
(====)												X Officer (give title below) Other (specify below)  Exec Chairman, CSO				
C/O RESPIRERX						12/9/2017						an, CSO				
PHARMAC	CEUTICA	ALS INC	C., 126													
VALLEY R	OAD, SU	JITE C														
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)						6. Individual or Joint/Group Filing (Check Applicable Line)					
GLEN ROCK, NJ 07452 (City) (State) (Zip)											_ X _ Form filed by One Reporting Person _ Form filed by More than One Reporting Person					
	- 137			- Non-De	riva	ıtive Secı	ırities Ac	cquired,	Disposed	of, or Ben	neficially Owne	ed				
1.Title of Security (Instr. 3)  2. Trans. D				Trans. Date	Exe	Deemed ecution e, if any	3. Trans. C (Instr. 8)	or Disposed of (D)		D) F	. Amount of Securities Beneficially Owned following Reported Transaction(s) Instr. 3 and 4)			6. 7. Nature Ownership Form: Beneficial Direct (D) Ownership		
							Code	V Am	ount (A) o	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
	Tal			_	Ben						options, conve		-			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any	Code	5. Number Derivative Acquired (Disposed of (Instr. 3, 4)		Securities A) or f (D)	6. Date Ex Expiration		7. Title and Securities U Derivative S (Instr. 3 and	Inderlying Security	Derivative Security	Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Common Stock Options (to purchase shares of Common Stock)	\$1.45	12/9/2017		J (1)		559595		<u>(1)</u>	12/9/2022	Commn Stock	559595	(1)	559595	D		
Common Stock Options (to purchase shares of Common Stock)	\$1.45	12/9/2017		G (2)			559595	(1)	12/9/2022	Commmo Stock	n 559595	\$0	0	D		

#### **Explanation of Responses:**

- (1) On December 9, 2017, Dr. Lippa forgave all of the accrued but unpaid compensation to which, pursuant to his employment agreement, he was entitled as of September 30, 2017, an aggregate of \$807,497. On that date, the Company granted to Dr. Lippa options to purchase 559,595 shares of the Company's common stock, with a black-scholes value of \$1.44 per option and an aggregate value of \$807,497. These Common Stock Options vested upon issuance.
- (2) Dr. Lippa gifted these Common Stock Options into a family trust for estate planning purposes. He is not the trustee and does not exercise voting or investment control over shares held in the trust but he is a beneficiary of the trust.

### **Reporting Owners**

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Lippa Arnold C/O RESPIRERX PHARMACEUTICALS INC. 126 VALLEY ROAD, SUITE C GLEN ROCK, NJ 07452	X		Exec Chairman, CSO		

#### **Signatures**

/s/ Arnold Lippa 12/12/2017

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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.

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.