

Edgar Filing: MANHATTAN PHARMACEUTICALS INC - Form 4/A

MANHATTAN PHARMACEUTICALS INC

Form 4/A

April 14, 2003

OMB APPROVAL
OMB NUMBER 3235-0287
EXPIRES: JANUARY 31, 2005
ESTIMATED AVERAGE BURDEN
HOURS PER RESPONSE 0.5

U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(f) of the Investment Company Act of 1940

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

1. Name and Address of Reporting Person

Tanen	David	M.
-----	-----	-----
(Last)	(First)	(Middle)

95 Horatio Street, Apt. 410

(Street)

New York	NY	10014
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(City)	(State)	(Zip)

2. Issuer Name and Ticker or Trading Symbol

Manhattan Pharmaceuticals, Inc. (f/k/a Atlantic Technology Ventures) ATLC.OB

3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

4. Statement for Month/Day/Year

February 2003

5. If Amendment, Date of Original (Month/Day/Year)

February 2003

6. Relationship of Reporting Person to Issuer
(Check all applicable)

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[X] Director [] 10% Owner
 [] Officer (give title below) [] Other (specify below)

7. Individual or Joint/Group Filing (Check applicable line)

[] Form filed by one Reporting Person
 [X] Form filed by more than one Reporting Person

Table I -- Non-Derivative Securities Acquired, Disposed of,
 or Beneficially Owned

1. Title of Security (Instr. 3)	2. Trans- action Date (mm/dd/yy)	2A. Deemed Execution Date, if any (mm/dd/yy)	3. Transaction Code (Instr. 8) ----- Code V	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) ----- Amount or Price (A) (D)	5. Amo Sec Ben Own ing Tra (In and
Common Stock	02/21/03		J/1/	1,842,903 A -	1,

FORM 4 (continued)

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

2. Conver- 5. Number of 7. Title and Amount
 sion

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Note: File three copies of this Form, one of which must be manually signed.
If space provided is insufficient, see Instruction 6 for procedure.