

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2013-01-15** | Period of Report: **2013-01-14**  
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### REPORTING OWNER

#### **Galbraith Kenneth**

CIK: **1567045**

Type: **3** | Act: **34** | File No.: **000-54852** | Film No.: **13531162**

#### Mailing Address

*OCEAN PARK RPO PO BOX  
45025*

*12851 16TH AVE  
SURREY A1 V4A9L1*

### ISSUER

#### **Celator Pharmaceuticals Inc**

CIK: **1327467** | IRS No.: **000000000** | State of Incorporation: **DE** | Fiscal Year End: **1231**  
SIC: **2834** Pharmaceutical preparations

#### Mailing Address

*303B COLLEGE ROAD EAST  
PRINCETON NJ 08540*

#### Business Address

*303B COLLEGE ROAD EAST  
PRINCETON NJ 08540  
(609) 243-0123*

**FORM 3**

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

OMB APPROVAL	
OMB Number:	3235-0104
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**INITIAL STATEMENT OF BENEFICIAL  
OWNERSHIP OF SECURITIES**

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

1. Name and Address of Reporting Person  <u>Galbraith Kenneth</u>  (Last) (First) (Middle)  <u>303B COLLEGE ROAD EAST</u>  (Street)  <u>PRINCETON, NJ 08540</u>  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year)  <u>01/14/2013</u>	3. Issuer Name and Ticker or Trading Symbol  <u>Celator Pharmaceuticals Inc [NONE]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	5. If Amendment, Date Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> 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 Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

**Remarks:**

No securities are beneficially owned.

**Signatures**

/s/ Kenneth Galbraith

\*\* Signature of Reporting Person

01/15/2013

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 Number.**