

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

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

**DOVEY BRIAN H**

CIK: **1207786**

Type: **3** | Act: **34** | File No.: **000-54852** | Film No.: **13529964**

Mailing Address  
*ONE PALMER SQUARE  
PRINCETON NJ 08542*

### ISSUER

**Celator Pharmaceuticals Inc**

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

Mailing Address	Business Address
<i>303B COLLEGE ROAD EAST PRINCETON NJ 08540</i>	<i>303B COLLEGE ROAD EAST PRINCETON NJ 08540 (609) 243-0123</i>

# 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 <b>DOVEY BRIAN H</b> (Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC, ONE PALMER SQUARE (Street) PRINCETON, NJ 08542 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/14/2013	3. Issuer Name and Ticker or Trading Symbol <b>Celator Pharmaceuticals Inc [NONE]</b>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _____ Director <input checked="" type="checkbox"/> 10% Owner _____ Officer (give title below)    _____ 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 _____ 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)
Common Stock	2,222,175	I	By Domain Partners VI, L.P. <sup>(1)</sup>
Common Stock	16,733	I	By DP VI Associates, L.P. <sup>(1)</sup>
Common Stock	5,868	I	Domain Associates, LLC <sup>(1)</sup>

**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			
Warrant to Purchase Common Stock	12/15/2011	12/14/2018	Common Stock	26,600	\$5.2123	I	By Domain Partners VI, L.P.
Warrant to Purchase Common Stock	08/28/2012	08/27/2019	Common Stock	19,185	\$5.2123	I	By Domain Partners VI, L.P.

**Explanation of Responses:**

- The Reporting Person is a Managing Member of One Palmer Square Associates VI, LLC, which is the sole general partner of Domain Partners VI, L.P. and DP VI Associates, L.P., and Domain Associates, LLC. Pursuant to Instruction (5)(b)(iv) of Form 3, the Reporting Person has elected to report as indirectly beneficially owned the entire number of securities beneficially owned by each such entity. The Reporting Person disclaims

beneficial ownership of any securities, and any proceeds thereof, that exceed his or her pecuniary interest therein and/or that are not actually distributed to him or her.

### Signatures

/s/ Kathleen K. Schoemaker, Attorney-in-Fact

\*\* Signature of Reporting Person

01/14/2013

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.**