

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2013-01-15** | Period of Report: **2013-01-14**  
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(HTML Version on [secdatabase.com](http://secdatabase.com))

### REPORTING OWNER

#### **DOMAIN ASSOCIATES**

CIK: [1020733](#) | State of Incorporation: **NJ**  
Type: **3** | Act: **34** | File No.: [000-54852](#) | Film No.: **13529993**

Mailing Address  
*ONE PALMER SQUARE  
PRINCETON NJ 08542*

Business Address  
*ONE PALMER SQUARE  
PRINCETON NJ 08542*

### 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

<b>1. Name and Address of Reporting Person</b> <u>DOMAIN ASSOCIATES</u>  (Last)                      (First)                      (Middle)  <u>ONE PALMER SQUARE</u>  (Street)  <u>PRINCETON, NJ 08542</u>  (City)                      (State)                      (Zip)	<b>2. Date of Event Requiring Statement (Month/Day/Year)</b> 01/14/2013	<b>3. Issuer Name and Ticker or Trading Symbol</b> <u>Celator Pharmaceuticals Inc [NONE]</u>  <b>4. Relationship of Reporting Person(s) to Issuer (Check all applicable)</b> _____ Director <input checked="" type="checkbox"/> 10% Owner _____ Officer (give title below)                      _____ Other (specify below)	<b>5. If Amendment, Date Original Filed (Month/Day/Year)</b>    <b>6. Individual or Joint/Group Filing (Check applicable line)</b> <input checked="" type="checkbox"/> Form Filed by One Reporting Person _____ Form Filed by More than One Reporting Person
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**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)
<u>Common Stock</u>	<u>5,868</u>	<u>D</u>	

**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			

**Signatures**

/s/ Kathleen K. Schoemaker, Managing Member

\*\* 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.**