AXONYX INC Form SC 13G/A February 12, 2003

SEC 1745 (02-02)

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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## **SCHEDULE 13G**

OMB APPROVAL OMB Number: 3235-0145

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Under the Securities Exchange Act of 1934 (Amendment No. 2)\*

## **AXONYX INC.**

(Name of Issuer)

#### **Common Stock**

(Title of Class of Securities)

#### 05461R101

(CUSIP Number)

#### **Annual Filing Requirement**

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

- [ ] Rule 13d-1(b)
- [ ] Rule 13d-1(c)
- [X] Rule 13d-1(d)

\*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be filed for the purpose of Section 18 of the Securities Act of 1934 ( Act ) or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

## **CUSIP No.** 05461R101

1.	Names of Reporting Persons. I.R.S. Identification Nos. of above persons (entities only) Marvin Stanley Hausman, M.D.		
2.	Check the Appropriate Bo (a) (b)	ox if a Member of a	Group (See Instructions)
3.	SEC Use Only		
4.	Citizenship or Place of Org United States	ganization	
	5.		Sole Voting Power 2,944,939 shares
Number of Shares Beneficially Owned by	6.		<b>Shared Voting Power</b> 0 shares
Dwned by Each Reporting Person With	7.		Sole Dispositive Power 2,944,939 shares
	8.		<b>Shared Dispositive Power</b> 0 shares
9.	<b>Aggregate Amount Beneficially Owned by Each Reporting Person</b> 2,944,939 shares		
10.	Check if the Aggregate Amount in Row (9) Excludes Certain Shares (See Instructions) [ ]		
11.	Percent of Class Represented by Amount in Row (9) $12.1\%$		
12.	Type of Reporting Person IN	(See Instructions)	

Item 1.				
20011 20	(a)	Name of Issuer		
		Axonyx Inc.		
	<b>(b)</b>	Address of Issuer's Principal Executive Offices		
		825 Third Avenue, 40th Floor, New York, NY 10022		
Item 2.				
Item 2.	(a)	Name of Person Filing		
	(1)	Marvin Stanley Hausman, M.D.		
	<b>(b)</b>	Address of Principal Business Office or, if none, Residence		
	(~)	825 Third Avenue, 40 <sup>th</sup> Floor, New York, New York 10022		
	(c)	Citizenship		
		United States.		
	(d)	Title of Class of Securities		
	. ,	Common Stock, par value \$.001 per share		
	(e)	CUSIP Number		
		05461R101		
Item 3.	If this statement is filed pursuant to §§240.13d-1(b) or 240.13d-2(b) or (c), check whether the person filing is			
item 3.	a:			
Not Applicable				
T. 4	0 11			
Item 4.  Provide the following in	Ownership formation regarding the aggregate n	number and percentage of the class of securities of the issuer identified in		
Item 1.				
		Amount beneficially owned: Marvin S. Hausman, M.D.		
	(-)	beneficially owns 2,944,939 shares of Common Stock of		
	(a)	which 512,500 shares are issuable upon exercise of currently		
		vested stock options.		
	<b>(b)</b>	Percent of class: 12.1%		

(c) Number of shares as to which the person has:

(i) Sole power to vote or to direct the vote 2,944,939 shares

(ii) Shared power to vote or to direct the vote 0 shares.
Sole power to dispose or to direct the disposition of

(iii) 2,944,939 shares.

shares.

Item 5. Ownership of Five Percent or Less of a Class

Not Applicable.

Item 6. Ownership of More than Five Percent on Behalf of Another Person

None.

Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on By the Parent

**Holding Company or Control Person** 

Not Applicable.

Item 8. Identification and Classification of Members of the Group

Not Applicable.

Item 9. Notice of Dissolution of Group

Not Applicable.

**Item 10.** Not Applicable.

Certification

# **Signature**

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

February 10, 2003 **Date** 

/s/ Marvin S. Hausman, M.D. **Signature** 

Marvin S. Hausman, M.D. **Name/Title** 

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Signature 6