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

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

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02)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or 1 ype Responses)											
1. Name and Address of Reporting Person – BHONSLE SUNIL			2. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTNP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner		
(Last) (First) (Middle) 400 OYSTER POINT BLVD., SUITE 505			3. Date of Earliest Transaction (Month/Day/Year) 07/18/2016					X Officer (give title below) Other (specify below) President and CEO			
(Street) SO. SAN FRANCISCO, CA 94080			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)			Execution Date, if	Code (Instr. 8)		(A) or D	(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) or I (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock		07/18/2016		Р		10,000	A	\$ 4.955 <u>(1)</u>	135,578	D	
Common Stock									54,684	Ι	By Family Trust <mark>(2)</mark>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1474 (9-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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.1	Jumbe	r 6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	Der	ivativ	e (Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Sec	urities			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Aco	quired			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				(A)	or			4)			Following	Direct (D)	
					Dis	posed						Reported	or Indirect	
					of (D)						Transaction(s)	(I)	
					(Ins	str. 3,						(Instr. 4)	(Instr. 4)	
					4, a	nd 5)								
										Amount				
							Date	Evaluation		or				
							Exercisable	Expiration Date	Title	Number				
							Exercisable	Date		of				
				Code V	(A) (D)				Shares				

Reporting Owners

Description Operation Name (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BHONSLE SUNIL 400 OYSTER POINT BLVD., SUITE 505 SO. SAN FRANCISCO, CA 94080	Х		President and CEO				

Signatures

/s/ Sunil Bhonsle	07/19/2016
Signature of Reporting Person	Date

Explanation of Responses:

* 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).

(1) Represents the weighted average purchase price for the reported transactions. 5,000 of such shares were purchased at \$4.95 and 5,000 were purchased at \$4.96.

(2) The reporting person serves as trustee of the family trust.

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

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.