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(Drint or Type De

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 of Type Respons	(5)								•		
1. Name and Address of MACFARLANE M	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) C/O TITAN PHAR OYSTER POINT E		DIG 100	3. Date of Earliest Transaction (Month/Day/Year) 02/16/2017						ther (specify belo	ow)	
S SAN FRANCISC		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acqui				ired, Disposed of, or Beneficially Ow	vned			
1. Title of Security		2. Transaction	2A. Deemed	3. Transact	ion	4. Securi	ties Acq	uired	5. Amount of Securities Beneficially	6.	7. Nature
(Instr. 3)	5			Code		(A) or D	isposed of	of (D)	Owned Following Reported	Ownership	of Indirect
	(Month/Day/Year		any	(Instr. 8)		(Instr. 3,	4 and 5)		Transaction(s)	Form:	Beneficial
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership
										or Indirect	(Instr. 4)
							(A) or			(I)	
				Code	V	Amount	(D)	Price		(Instr. 4)	

Persons who res	nond t
port on a separate line for each class of securities beneficially owned directly or indirectly.	

Persons who respond to the collection of information SEC 1474 (9-02) 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			3A. Deemed								9. Number of		11. Nature		
	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if	Code								Derivative Security		Ownership Form of	Beneficial
2	Price of	· · · · ·	(Month/Day/Year)			Securitie					-		Derivative		
(Derivative		()	(Acquired				(Instr. 3 and 4)		· /	Owned		(Instr. 4)
	Security					(A) or						Following	Direct (D)		
						Dispose	d of				1	or Indirect			
						(D) (Instr. 3,	4						Transaction(s) (Instr. 4)	(1) (Instr. 4)	
						and 5)	.,				(IIISU: I)	(msu: i)			
											Amount				
								Date	Expiration		or				
									Date		Number				
				Code	v	(A)	ത				of Shares				
0.1				Coue	v	(A)	(D)		-		Shares		-		
Option															
to 1	¢ 2 00	02/16/2017				10.000		02/16/2017	02/16/2027	Common	10.000	¢ 0	10.000	D	
Purchase		02/16/2017		А		10,000		02/16/2017	02/16/202/	Stock	10,000	\$ 0	10,000	D	
Common															
Stock															

Reporting Owners

Γ	Reporting Owner Name / Address	Relationships						
	Reporting Owner Paulie / Pauliess	Director	10% Owner	Officer	Other			
(MACFARLANE M DAVID C/O TITAN PHARMACEUTICALS INC 400 OYSTER POINT BLVD S SAN FRANCISCO, CA 94080	Х						

Signatures

/S/ M. David MacFarlane	02/21/2017		
**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).

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.