FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|-------------------------|-----------|
| Estimated average burde | en |
| hours per response: | 0.5 |

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 10b5-1(c). Se | ee Instruction 10. | | | | |
|--------------------|--------------------------|----------------|--|---|-----------------------|
| 1. Name and Ad | ldress of Reporting Pers | on * | 2. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTNP] | S. Relationship of Reporting Person(s) to Is (Check all applicable) X Director 10 | ssuer % Owner |
| (Last) VILLA 1, 14 | (First) -43RD STREET | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 07/26/2023 | , X | Other (specify below) |
| JUMEIRAH (Street) | 2 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Individual or Joint/Group Filing (Check A X Form filed by One Reporting Per Form filed by More than One Rei | son |
| DUBAI (City) | C0 (State) | 00000 (Zip) | | To miles by more than one reg | Arting Forces |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 3. Transac Code (In 8) | | 4. Securities Ac Disposed Of (D) | | | Securities Beneficially Owned Following Reported | Form: Direct (D) | Beneficial Ownership |
|---------------------------------|--|-------------------------------------|---|-------------------------------------|---------------|-------|--|------------------|-------------------------|
| | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 07/26/2023 | A | | 100,000(1) | A | \$0 | 100,000 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3A. Deemed Execution Date, if any (Month/Day/Year) | ' | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|---|------|---|--|-----|--|--------------------|--|-------------------------------------|---|--|----------------------------------|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. The shares reported in this transaction represent Unrestricted Stock Awards pursuant to the Issuer's Fourth Amended and Restated 2015 Omnibus Equity Incentive Plan that vested immediately on the date of grant.

/s/ David E. Lazar

07/31/2023

** Signature of Reporting Person

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.