FORM 4

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

OMB APPROVAL
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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).

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 Ty	pe Response	es)												
1. Name and Address of Reporting Person * BHONSLE SUNIL			Symbol TITAN PHA	2. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [AMEX - TTP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X Director 10% OwnerX Officer (give title Other (specify below)				elow)	
400 OYS 505	TER POI		3. Date of Earliest Transaction (Month/Day/Year) 08/16/2004						Executive VP and COO					
(Street) SO. SAN FRANCISCO,, CA 94080			Filed(Month/Day	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)	(Sta	nte) (Zip)	Table I - N	on-Deri	ivati	ive Secur	ities	Acqui	red, Disposed o	of, or I	Beneficial	ly Owned	1	
1.Title of S (Instr. 3)	1.Title of Security (Instr. 3) 2. Train Date (Mont		Execution Date, if			Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D)	Benef	irect icial	
				Code	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	1	or Indire (I) (Instr. 4)	Ì	4)	
Common	Stock	08/16/2004		P		2,500	A	\$ 2.2	180,394		D			
Common	Stock								100,000		I	As truste for famil trust		
Reminder: directly or i		separate line for each	ch class of securities	benefici	ially	owned								
					info rec	ormatio quired to	n co res	ntaine pond	nd to the collect ed in this form unless the for control numb	are n	not	SEC (1474 9-02)	
			erivative Securities g., puts, calls, warn	-	- 1	-			•	I				
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative		3A. Deemed Execution Date, if any (Month/Day/Year	Code		5. Number of Derivat	er a	nd Exp	piration Date /Day/Year)	7. Title Amou Under Securi	int of I	Perivative ecurity	9. Number of Derivative Securities Beneficially Owned	10. Ownership Form of Derivative Security:

1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		Date Exer	rcisable	7. Tit	de and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Secur	rities			(Instr	r. 3 and		Owned	Security:	(Instr. 4)
	Security				Acqu	ired			4)			Following	Direct (D)	
					(A) o	r						Reported	or Indirect	
					Dispo	osed						Transaction(s)	(I)	
					of (D)						(Instr. 4)	(Instr. 4)	
					(Instr	. 3,								
					4, and	15)								
										Amount				
							ъ.	T		or				
							Date	Expiration Date	Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

Donouting Overnon Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	% Owner Officer				
BHONSLE SUNIL							
400 OYSTER POINT BLVD., STE. 505	X		Executive VP and COO				
SO. SAN FRANCISCO,, CA 94080							

Signatures

Sunil R. Bhonsle 08/17/2004

Signature of Reporting Person	Date
-Signature of Reporting Person	

Explanation of Responses:

- * If the form is filed by more than one reporting person, \emph{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.