FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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	s)												
1. Name and Address of Reporting Person * BHONSLE SUNIL				2. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTP]					']	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O TITAN PHARMACEUTICALS INC, 400 OYSTER POINT BLVD., SUITE 505				3. Date of Earliest Transaction (Month/Day/Year) 08/16/2004						X Officer (give title below) Other (specify below) EVP and COO				
SO. SAN FRANCISCO, CA 94080				4. If Amendment, Date Original Filed(Month/Day/Year) 08/18/2004					6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)			Form:	7. Nature of Indirect Beneficial		
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock 08/10		08/16/2005		P		2,500	A	\$ 2.20	19,500 (1)		D			
Common Stock									60,894		I	As Trustee for Family Trust		
Reminder:	Report on a s	separate line fo	r each class of secur	ities beneficially ov		Pers cont the f	ons who ained in orm dis	respor this for plays a	m are curre	e not requ ntly valid	ction of inf uired to res OMB conf	spond unle	ess	C 1474 (9-02)
Т	ı	Τ	(e.g., puts, calls, wa	rrants, op	tions	, converti	ble secu	rities)			1		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\footnote{\text{Nonth/Day/}\footnon{\text{Nonth/Day/}\footnote{\text{Nonth/Day/}\text{No	Year) Execution Da	te, if Transaction Code (ear) (Instr. 8)	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) wative rities irred rossed) 3,		Ame Und Secu	itle and ount of lerlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	Beneficial Ownershij (Instr. 4)	
				Code V	(A) (D)	Date Exe		Expiration Date	n Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BHONSLE SUNIL C/O TITAN PHARMACEUTICALS INC 400 OYSTER POINT BLVD., SUITE 505 SO. SAN FRANCISCO, CA 94080	X		EVP and COO			

Signatures

/s/	11/09/2005
**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).
- The original filing mistakenly indicated that the reporting person directly beneficially owned 180,394 shares of common stock after acquiring the shares indicated and (1) 100,000 shares pursuant to a family trust. This amendment is being filed to reflect the reporting person's actual direct beneficial ownership of 19,500 shares and indirect beneficial ownership of 60,894 shares.

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.