longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Symbol TITAN PH	IARMA			Ü	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
3. Date of Earliest Transaction (Month/Day/Year) 02/12/2014					below)		
		e Oı	riginal		Applicable Line) _X_ Form filed by One Repo	orting Person	
Table I -	Non-Dei	rivat	tive Secur	ities Acqu	ired, Disposed of, or l	Beneficially	Owned
ution Date, if	Code)	Acquired Disposed (Instr. 3,	(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
ass of securiti	es benefic	ially	owned				
		ini re	formatio quired to	n contain respond	ed in this form are r unless the form dis	not	SEC 1474 (9-02)
	Symbol TITAN PH [TTNP.OE 3. Date of Et (Month/Day) 02/12/2014 4. If Amend: Filed(Month/I) Table I - Deemed ution Date, if nth/Day/Year)	Symbol TITAN PHARMA [TTNP.OB] 3. Date of Earliest Tra (Month/Day/Year) 02/12/2014 4. If Amendment, Dat Filed(Month/Day/Year) Table I - Non-Det Deemed ution Date, if Transact Code (Instr. 8) Code	Symbol TITAN PHARMACE [TTNP.OB] 3. Date of Earliest Transac (Month/Day/Year) 02/12/2014 4. If Amendment, Date Or Filed(Month/Day/Year) Table I - Non-Derivar Deemed ution Date, if Transaction Code (Instr. 8) Code V ass of securities beneficially	Symbol TITAN PHARMACEUTICAL [TTNP.OB] 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2014 4. If Amendment, Date Original Filed(Month/Day/Year) Table I - Non-Derivative Secur Deemed Ution Date, if Transaction Code (Instr. 3) Code V Amount ass of securities beneficially owned Persons w informatio required to	TITAN PHARMACEUTICALS INC [TTNP.OB] 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2014 4. If Amendment, Date Original Filed(Month/Day/Year) Table I - Non-Derivative Securities Acqu Deemed 3.	Issuer (Check all XDirector Officer (give title below)	Issuer (Check all applicable) Check all applicable Check all a

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned $(\textit{e.g.}, \, \text{puts}, \, \text{calls}, \, \text{warrants}, \, \text{options}, \, \text{convertible securities})$

1. Title of	2.	Transaction	3A. Deemed	4.		Numb	er	Date Exerci	isable and	Title and	Amount	8. Price of	Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transac	tion	of		Expiration Da	ite	of Underlyi	ing	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivati	ve	(Month/Day/	Year)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securitie	es			(Instr. 3 and	14)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquire	d						Owned	Security:	(Instr. 4)
	Security					(A) or							Following	Direct (D)	
						Dispose	d of						Reported	or Indirect	
						(D)							Transaction(s)	(I)	
						(Instr. 3	, 4,						(Instr. 4)	(Instr. 4)	
						and 5)								ĺ	
											Amount			ĺ	
								.			or				
									Expiration	Title	Number			ĺ	
								Exercisable	Date		of			ĺ	
				Code	V	(A)	(D)				Shares				
Option															
to															
Purchase	\$ 0.66	02/12/2014		Α		25,000		02/12/2014	02/12/2024	Common Stock	25,000	\$0	25,000	D	
Common		,		_		- ,000		, , , , , , , , , , , , , , , , , , , ,	, , , , , ,	Stock	- ,0 0 0		- ,		
Stock															

Reporting Owners

Barrandina Orania Nama / Addina	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BAUER VICTOR J PHD								
C/O TITAN PHARMACEUTICALS INC	X							
400 OYSTER POINT BLVD, SUITE 505	Λ							
SO. SAN FRANCISCO, CA 94080								

Signatures

/S/ Victor J. Bauer Phd	02/14/2014
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.