FORM 4	1
--------	---

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

<sub>(D</sub>

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL Washington, D.C. 20549 OMB 32

•		
	OMB	3235-
	Number:	0287
	Estimated aver	
	burden hours p	er
	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

1. Name and Addres BHONSLE SUN (Last) C/O TITAN PHA INC, 400 OYSTE SUITE 505	2. Issuer Na Symbol TITAN PH [TTNP.OB 3. Date of Ea (Month/Day/ 02/12/2014	IARMA 5] rliest Tra 'Year)	.CE	UTICAL	C		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner X_ Officer (give title Other (specify below) below) President				
SO. SAN FRANC		4. If Amendment, Date Original Filed(Month/Day/Year)						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 Acquired, Disposed of, or Beneficially Owned								Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Exect any	Deemed ution Date, if nth/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Common Stock	02/12/2014			Code A	V	Amount 100,000 (1)	· · /	Price \$ 0.66	215,500 ( <u>3)</u>	D	
Common Stock									300,757	Ι	By Family Trust <sup>(2)</sup>
Reminder: Report or directly or indirectly.		ach cla	ass of securitie	es benefic	Pe	ersons w			d to the collection d in this form are n		SEC 1474 (9-02)

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)

1 754 6	2		24 D	4		-				7	1 1	0 D	0 N	10	11 Materia
1. Title of			3A. Deemed	4.		5.		6. Date Exer					9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Num		and Expirati		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	ities			(Inst	: 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) 0	r						Reported	or Indirect	
						Dispo	osed						Transaction(s)	(I)	
						of (D	)						(Instr. 4)	(Instr. 4)	
						(Instr	. 3,								
						4, and	15)								
											Amount				
								Date	Emination		or				
								Date Exercisable	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Keporting 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	v		President					

# Signatures

-Signature of Reporting Person

02/14/2014 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).
- (1) 25,000 restricted shares vested on the grant date and the balance vest on the first anniversary of the grant date.
- (2) The reporting person is the trustee of the family trust owning the indicated shares.
- (3) Does not include 10,000 shares held by his adult son.

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.