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

FORM 8-K
CURRENT REPORT

Pursuant to Section 13 or 15(d) of The Securities Exchange Act of 1934

Date of Report (Date of Earliest Event Reported): September 10, 2014

Titan Pharmaceuticals, Inc.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of incorporation)

0-27436	**94-3171940**
(Commission File Number)	(IRS Employer Identification No.)

400 Oyster Point Blvd., Suite 505, South San Francisco, CA 94080

(Address of principal executive offices and zip code)

650-244-4990

(Registrant's telephone number including area code)

(Registrant's former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12(b) under the Exchange Act (17 CFR 240.14a-12(b))

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD Disclosure.

On September 10, 2014, Titan Pharmaceuticals, Inc. (the “Company”) will present at a conference and post on its website a corporate presentation, a copy of which is attached hereto as Exhibit 99.1 and incorporated herein by reference.

The foregoing information, including the presentation attached hereto as Exhibit 99.1, is being furnished pursuant to Item 7.01 of this Current Report and shall not be deemed "filed" for the purposes of Section 18 of the Securities and Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that Section. This information shall not be incorporated by reference into any registration statement pursuant to the Securities Act of 1933, as amended.

Item 9.01. Financial Statement and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Corporate Presentation

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

TITAN PHARMACEUTICALS, INC.

By: /s/ Sunil Bhonsle
Name: Sunil Bhonsle
Title: President

Dated: September 9, 2014

Exhibit 99.1

TITAN PHARMACEUTICALS

PRESENTER(S): Sunil Bhonsle

DATE(S): Sept. 2014

TITLE: Corporate Presentation

Safe Harbor

The presentation may contain "forward-looking statements" within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Reference is made in particular to the description of our plans and objectives for future operations, assumptions underlying such plans and objectives and other forward-looking terminology such as "may," "expects," "believes," "anticipates," "intends," "projects," or similar terms, variations of such terms or the negative of such terms. Forward-looking statements are based on management's current expectations. Actual results could differ materially from those currently anticipated and such statements involve risks and uncertainties, including, but not limited to, those risks and uncertainties relating to availability of financing, difficulties or delays in development, testing, regulatory approval, production and marketing of the Company's drug candidates, adverse side effects or inadequate therapeutic efficacy of the Company's drug candidates that could slow or prevent product development or commercialization and the uncertainty of patent protection for the Company's intellectual property or trade secrets.

Company Overview

Titan Pharmaceuticals specializes in the development of treatments for select chronic diseases utilizing its proprietary ProNeura™ technology platform

- ProNeura: Proprietary Long-Term Drug Delivery Platform
  - Provides non-fluctuating medication levels over periods of six months to a year
  - Ideal for use in the treatment of chronic diseases for which maintenance of non-fluctuating medication levels may offer advantages over oral administration
- Probuphine® for the Treatment of Opioid Dependence
  - Long-acting formulation of buprenorphine providing steady-state levels
  - Phase 3 clinical study requested by FDA in progress
  - Resubmission of NDA expected in late 2015
- ProNeura for Parkinson's Disease (ropinirole)
  - Ideal application for Parkinson's Disease
  - Demonstrated proof of concept in non-clinical study
  - IND expected to be filed in 2015

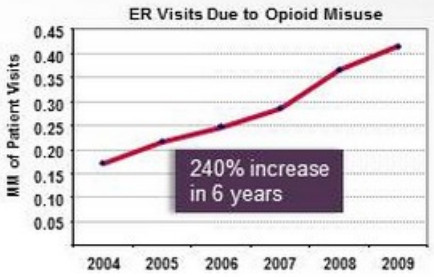
Probuphine: The First of its Kind

Expected to be the first long-acting buprenorphine product on the market for the treatment of opioid dependence

- Six month sustained release of buprenorphine
- Peak sales potential: $300-$500 million
- U.S. and Canadian partnership with Braeburn Pharmaceuticals
  - Upfront: $15.75 mil; Approval: $15 mil; Sales Milestones: $165 mil; Tiered Royalties: mid teens-low 20s
- U.S. patent to 2024
- Regulatory Status:
  - NDA accepted for Priority Review in January 2013
  - Positive advisory committee vote in March 2013
  - Receipt of CRL in April 2013 requesting additional clinical testing
  - Phase 3 clinical study in progress with completion by mid 2015; potential resubmission of NDA later in the year
- Pursuing ex-U.S. opportunities for approval and commercialization
- Potential application in treating chronic pain

The Epidemic of Opioid Dependence

- Increasingly recognized as a global epidemic by world health authorities
- Addiction- a primary, chronic disease of brain reward, motivation, memory and neurobiological circuitry
  - Cravings, accompanied by lack of impulse control
  - Abstinence is rarely a successful therapeutic approach
  - Cycles of relapse and remission
  - Progressive, and often results in disability or premature death if untreated



Source: American Society of Addiction Medicine, Inc., 2011

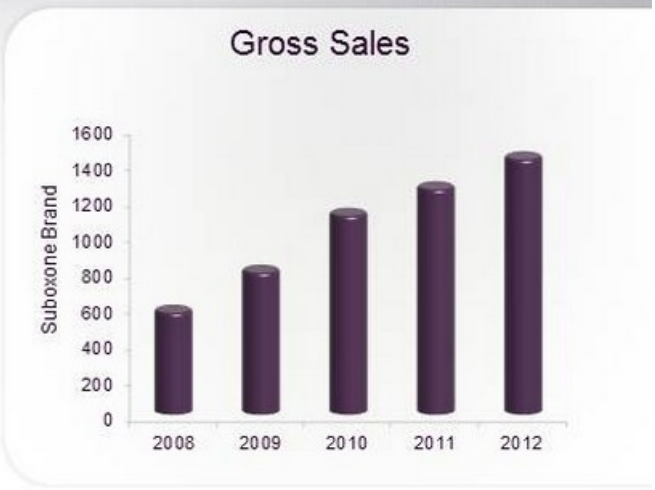
Opioid Dependence: Treatment Overview

Buprenorphine is the Gold Standard in the U.S., Replacing Methadone

- Buprenorphine pharmacology makes it an effective, safer and more convenient treatment option
  - Controls withdrawal symptoms and cravings without inducing opioid euphoria in patients
  - Convenient outpatient treatment allowing take home medication, unlike methadone
  - Low risk of respiratory depression compared to other opiates

Treatment of Opioid Dependence: Expanding the Market

- Daily buprenorphine dominates the current market
  - U.S. sales of daily oral formulations of buprenorphine (Suboxone®) exceeded $1.4B in 2012
  - U.S. buprenorphine prescriptions have exceeded those of methadone since 2006
- Challenges with oral buprenorphine
  - Compliance
  - Sublingual dosing results in variable levels of medication in blood
  - Diversion and abuse associated with current daily dosed formulations



Sources: IMS Health

Proprietary ProNeura Technology: Probuphine Implant

- Implant contains 80 mg of buprenorphine HCl, uniformly distributed throughout the ethylene vinyl acetate co-polymer (EVA) matrix
- No reservoir, therefore no risk of drug dumping
- Following sub-dermal placement Probuphine implant delivers non-fluctuating, stable blood levels of buprenorphine for 6 months; expected to enhance patient compliance and retention

Probuphine Clinical Summary

- Six clinical studies completed to date with final Phase 3 study under way
  - Initial small dose finding study
  - Two well-controlled Phase 3 safety and efficacy studies showing clinical and statistical superiority over placebo and non-inferiority to Suboxone published in *Journal of American Medical Association* and in the journal *Addiction*
  - Two open label long-term treatment safety studies
  - Relative bioavailability study
- Mild-to-moderate adverse events typical of the safety profile of buprenorphine; low number of serious adverse events similar to placebo
- Well-tolerated implant procedure
- No evidence of implant diversion or misuse

Phase 3 Clinical Study in Progress (Pro-814)

The clinical study is a randomized, double blind and double dummy design that will provide information for a non-inferiority comparison of a six-month treatment with a dose of four Probuphine implants to treatment with 8 mg or less of an approved daily dosed sublingual formulation of buprenorphine. Completion of patient enrolment expected by the end of 2014 with study completion by mid year 2015.

R Randomization takes place on Day 1 (day of implant)

SL BPN = sublingual buprenorphine or sublingual buprenorphine/naloxone

Probuphine Value Proposition

Probuphine is the first and only potential treatment for opioid dependence that provides non-fluctuating blood levels of buprenorphine around-the-clock for a period of six months

Efficacy	Effective in reducing illicit opioid use
Safety	Non-fluctuating drug exposure over six months may provide superior safety and tolerability
Compliance	Treatment with implant expected to enhance compliance
Ease of Use	Patients dosed once every six months in an outpatient setting
Diversion	Limited access to implants

Titan: Adding Value Beyond Probuphine

Proprietary ProNeura Technology Platform

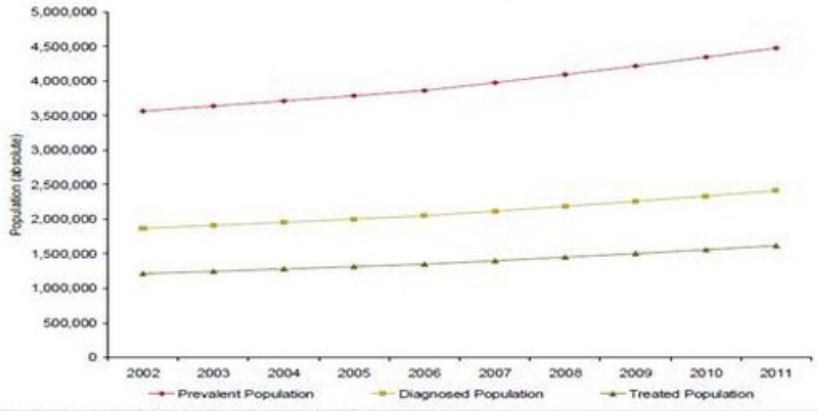
- Long-term drug delivery technology validated through the Probuphine program
- Potential for the treatment of select chronic diseases for which low dose long-term delivery and stable drug levels may offer advantages over oral administration
- Product development program in Parkinson's disease (PD) in progress
- Evaluation of additional compounds in other chronic disease settings under way

Parkinson's Disease Overview

Definition	Characterized by the loss of dopaminergic neurons which alters activity in the brain region impacting movement and motor function
Treatment	Treated with drugs designed to replace or mimic dopamine in the brain Following several years of chronic treatment, these drugs lose their benefit and trigger serious side effects
Research	Pulsatile dopaminergic stimulation from current oral treatment may cause motor side effects Continuous dopaminergic stimulation (CDS) by subcutaneous infusion of dopamine agonists may palliate these motor complications and also delay or prevent the onset of dyskinesias
Product Opportunity	Titan's ProNeura drug delivery technology has the potential to deliver continuous non-fluctuating levels of dopamine agonists and provide CDS for six months or longer from a single treatment

Treated Population Increasing Worldwide

Figure 18: PD Therapeutics Market, Global, Treatment Usage Patterns, 2002-2011



Source: GlobalData, GlobalData Epidemiology-based Market Forecasting Model

Therapeutics Market

- About 1.5 million people in the U.S. have Parkinson's disease according to the Parkinson's Disease Foundation. The number is expected to double by 2030 because of the aging population.

SALES OF DOPAMINE AGONISTS, US

YEAR	TOTAL PD SALES	% DA	$ DA
2012	$1.1 bil	26%	$286 m.
2022	$2.3 bil	18%	$414 m.

Sources: GlobalData

Based on information from Titan and other sources believed to be reliable and prepared exclusively for Titan. Woodside Capital Partners is not responsible for any use that Titan may make of this material.

ProNeura Parkinson's Disease Program

Non-clinical Proof of Concept

- Ropinirole (Requip®), a generic dopamine agonist marketed by GSK for PD, was evaluated in a Parkinsonian primate model using ProNeura technology
- Results demonstrated:
  - Sustained plasma ropinirole levels for several months following implantation
  - No local skin irritation at implant site
  - Controlled PD symptoms without triggering dyskinesias

ProNeura Parkinson's Disease Program

Next Steps

- Optimize implant formulation of ropinirole; develop non-clinical study plan to support Investigational New Drug (IND) application
- Design proof of concept clinical study with assistance of a Scientific Advisory Board
- Conduct a pre-IND meeting with the FDA
- Complete non-clinical studies to enable IND filing in late 2015
- Plan initiation of clinical studies

Titan Pharmaceuticals Summary

- Titan Pharmaceuticals specializes in the development of treatments for select chronic diseases, utilizing its innovative ProNeura technology platform
- Probuphine, a long-acting controlled-release buprenorphine product for opioid dependence; expected completion of Phase 3 patient enrollment by end of 2014 with results in mid 2015; resubmission of NDA expected later in 2015
  - U.S. and Canadian partnership with Braeburn Pharmaceuticals
    - Upfront: $15.75 mil; Approval: $15 mil; Sales milestones: $165 mil; Tiered-royalties: mid-teens – low-20s
  - Pursuing ex-U.S. opportunities for approval and commercialization
  - Potential for treatment of chronic pain
- ProNeura for Parkinson's (ropinirole) has potential to significantly enhance Titan value
- Active evaluation of ProNeura long-term drug delivery for other chronic diseases

Titan Executive Management

- Marc Rubin, M.D, *Executive Chairman and Director*
  - Seven years with Titan Pharmaceuticals. Former Head of Global Research & Development and member of the Board of Management at Bayer Pharma. Executive R&D and commercial responsibilities at GSK for 13 years. Twenty-four years in the pharmaceutical industry following seven years at NIH.
- Sunil Bhonsle, M.B.A., *President and Director*
  - Eighteen years with Titan Pharmaceuticals. Twenty years with Bayer Corporation in Biological and Pharmaceutical operations management.
- Katherine Glassman Beebe, Ph.D., *Executive Vice President, Chief Development Officer*
  - Seven years with Titan Pharmaceuticals. Eighteen years in pharmaceutical industry, with senior positions in clinical development and medical affairs at GSK and Merck. Ten years in academic medicine.

TITAN PHARMACEUTICALS

PRESENTER(S): Sunil Bhonsle

DATE(S): Sept. 2014

Thank You