FORM 3

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

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL			
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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 Type Responses)								
1. Name and Address of Reportin Person * Akers Joseph A	lress of Reporting 2. Date of Ever Statement (Month/Day/Y		TITAN PHARMACEUTICALS INC [TTNP]					
(Last) (First) (Mic 102 W. GLENHAVEN DRI	ddle)	11/10/2014					5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) PHOENIX, AZ 85045				(Check all applicable)X Director 10% Owner Officer (give Other (specify title below) below)		Filing(Chec _X_ Form fil Form fil	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Z	Zip)	Tab	le I - Non-	-Derivat	ive Securities	S Beneficially	Owned	
	ho respond o respond ur	s of securities to the collected less the form	beneficially tion of info n displays	owned dir	Ownership Form: Direct (D) or Indirect (I) (Instr. 5) ectly or indirect contained in ntly valid OMI	this form are n	SEC 1473 (7-02)	
1. Title of Derivative Security 2. Date (Instr. 4) Expira		Exercisable and ion Date 3. T		Amount of Underlying Security	of 4.	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Exercisable Date Title Amount or Number of Shares Security	Direct (D) or Indirect (I) (Instr. 5)						
						(Instr. 5)		

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Akers Joseph A					
102 W. GLENHAVEN DRIVE	X				
PHOENIX, AZ 85045					

Signatures

/s/ Joseph A. Akers.	11/11/2014
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.