# FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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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 *- MCNAB JAMES R	States (Mor	nth/Day/Year)		3. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTNP]					
(Last) (First) (Mi 4 MAGUIRE ROAD	ddle)	0/2014		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) LEXINGTON, MA 02421				(Check all applicable)X Director 10% Ow Officer (give title below) below)			Dilin more than the state of th		
(City) (State) (2	Zip)	Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock	Common Stock			350,000		JR & MW Operating LP			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.  Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
Title of Derivative Security	isable and	3. Title and			5.		6. Nature of Indirect		
(Instr. 4)	Expiration Da (Month/Day/Year	ite	Securities Underlying Derivative Security (Instr. 4)			sion Or cise Fo	Ownership Form of Derivative	Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount of Number of Shares		O (1	Security: Direct (D) or Indirect (I) (Instr. 5)		
Stock Option (Right to Buy)	11/10/2015	11/10/2024	Common Stock	25,000	\$ 0.45		D		
<b>Reporting Owner</b>	·s								

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director 10% Owner O		Officer	Other		
MCNAB JAMES R						
4 MAGUIRE ROAD	X					
LEXINGTON, MA 02421						

## **Signatures**

By:/s/ James R. McNab, Jr.	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.