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): March 9, 2015

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 March 9, 2015, Titan Pharmaceuticals, Inc. will present at a conference and post on its website a corporate presentation and fact sheet, copies of which are attached hereto as Exhibits 99.1 and 99.2, respectively, and incorporated herein by reference.

The foregoing information, including the presentation and fact sheet attached hereto as Exhibits, 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
99.2	Corporate Fact Sheet

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: March 9, 2015

Exhibit 99.1

TITAN™ PHARMACEUTICALS

PRESENTER(S): Sunil Bhonsle

DATE(S): Mar 2015

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 six months of steady-state levels
  - FDA requested Phase 3 clinical study fully enrolled with results expected by mid 2015
  - Resubmission of NDA expected in the second half of 2015 with potential approval in first half of 2016
- ProNeura for Parkinson's Disease (ropinirole)
  - ProNeura technology is ideal for Parkinson's Disease
  - Demonstrated proof of concept in non-clinical study
  - Planned non-clinical studies in 2015 in support of IND with the goal to commence clinical testing in 2016

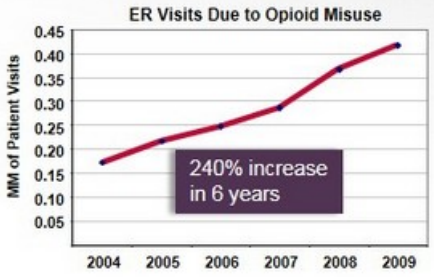
Probuphine: The First of its Kind

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 (10-4 for approval) in March 2013
  - Receipt of CRL in April 2013 requesting additional clinical testing
  - Phase 3 study fully enrolled with results expected 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

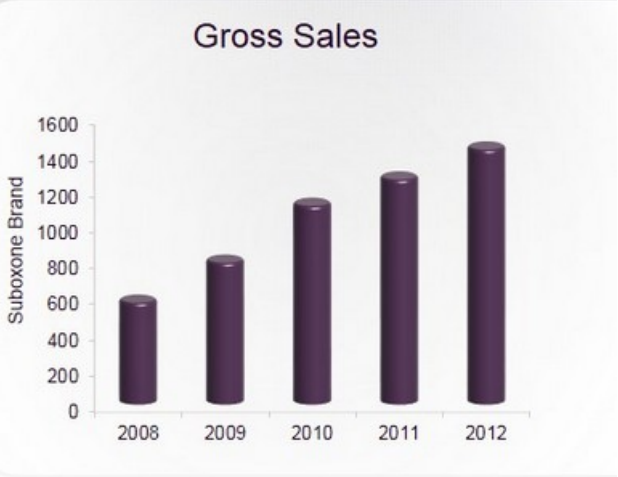
Buprenorphine is the Gold Standard in the U.S., Replacing Methadone

- 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

American Society of Addiction Medicine, Inc., 2011

Treatment of Opioid Dependence: Expanding the Market

- Daily buprenorphine dominates the current market
  - U.S. sales of daily oral formulations of buprenorphine estimated at $1.5B in 2013
  - U.S. buprenorphine prescriptions have exceeded those of methadone since 2006
  - Market growth (units) continues ~ 15%
- Challenges with sublingual buprenorphine
  - Compliance
  - Sublingual dosing results in variable levels of medication in blood
  - Diversion and abuse associated with current daily dosed formulations



Sources: IMS Health, Wolters Kluwer

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 subdermal 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)

Randomized, double blind and double dummy design. Primary efficacy endpoint based on a non-inferiority comparison of 'responders' following six months of treatment with either a dose of four Probuphine implants or treatment with 8 mg or less of an approved daily dosed sublingual tablet formulation of buprenorphine. Patient enrollment completed in November 2014.

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

SL BPN = sublingual buprenorphine or sublingual buprenorphine/naloxone

Probuphine Regulatory Timeline

- PRO-814 study completion: Q2, 2015
- Probuphine NDA resubmission: H2, 2015
- FDA Review completion expected within six months

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

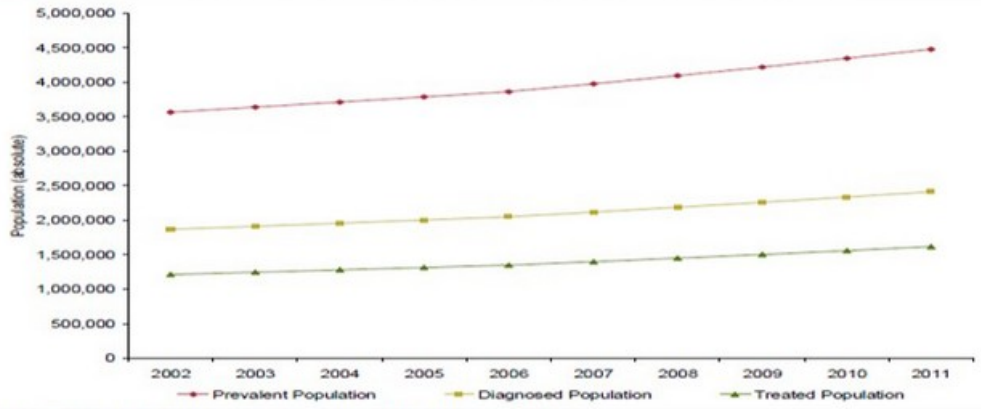
- Long term drug delivery technology validated through the Probuphine program
- Potential for the treatment of select chronic diseases for which low dose long term delivery and stable drug levels may offer advantages over oral administration
- Product development program in Parkinson's disease (PD) in 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 in up to 80% of patients
Research	Pulsatile dopaminergic stimulation from current oral treatment may cause motor side effects Continuous dopaminergic stimulation (CDS) by subcutaneous infusion of dopamine agonists has been shown to 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

- As many as one million people in the US affected by Parkinson's disease
- The number expected to almost double by 2030 because of the aging population
- About 60,000 newly diagnosed for Parkinson's disease annually
- More than 23,000 die from Parkinson's disease each year

SALES OF DOPAMINE AGONISTS, US*

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

COST TO AMERICAN SOCIETY**

$14.4 billion annually

Treatment Costs $8.1 billion

Indirect Costs $6.3 billion

If costs continue to rise they double by 2040

*Sources: * GlobalData; **Parkinson's Action Network, National Center for Health Statistics; "The Current and Projected Economic Burden of Parkinson's Disease in the United States" Movement Disorders, March 2013*

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

In consultation with the Scientific Advisory Board:

- Optimize implant formulation of ropinirole
- Develop non-clinical study plan to support Investigational New Drug (IND) application
- Design a proof of concept clinical study
- Conduct a pre-IND meeting with the FDA
- Complete non-clinical studies to enable timely submission of IND and commence 'proof of concept' clinical study in 2016

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; Patient enrolment in Phase 3 study completed in November 2014 with study results expected by mid 2015; resubmission of NDA expected later in 2015 with potential product approval in the first half of 2016
  - 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
  - Goal is to commence 'proof of concept' clinical study in 2016
- Active evaluation of ProNeura long-term drug delivery for other chronic diseases

Titan Executive Management

- Marc Rubin, M.D, *Executive Chairman and Director*
  - Eight 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-five years in the pharmaceutical industry following seven years at NIH.
- Sunil Bhonsle, M.B.A., *President and Director*
  - Nineteen years with Titan Pharmaceuticals. Twenty years with Bayer Corporation in Biological and Pharmaceutical finance and operations management.
- Kate Glassman Beebe, Ph.D., *Executive Vice President, Chief Development Officer*
  - Eight years with Titan Pharmaceuticals. Nineteen 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): Mar 2015

Thank You

TITAN™ PHARMACEUTICALS

COMPANY FACT SHEET

INNOVATIONS IN MEDICINE™

Titan Pharmaceuticals Overview

Titan Pharmaceuticals Inc. (TTNP.OB), based in South San Francisco, CA, is a specialty pharmaceutical company developing proprietary therapeutics utilizing its ProNeura™ implant drug delivery technology. ProNeura provides non-fluctuating levels of medication continuously over periods of six months to a year and is ideal for use in the treatment of select chronic diseases for which subdermal delivery may offer advantages over oral administration.

Titan's lead product candidate is Probuphine®, a novel, subdermal implant formulation of buprenorphine designed to provide six months of medication for the maintenance treatment of opioid dependence following a single administration. Titan is also in the early stages of developing a ProNeura-based product for the treatment of Parkinson's disease, and also investigating opportunities with other chronic treatments.

The ProNeura Platform

Titan's ProNeura platform offers a simple, practical method to provide continuous drug administration on an outpatient basis over periods of 6-12 months. Such long-term, linear release characteristics are generally desired to avoid the peak- and trough-level dosing that poses problems for many diseases, especially diseases of the central nervous system.

The ProNeura drug delivery system consists of a small, solid rod made from a mixture of ethylene-vinyl acetate ("EVA") and a drug substance. The product is a solid matrix that is placed subdermally, normally in the inner part of the upper arm, during a simple office procedure, and is removed in a similar manner at the end of treatment. The drug substance is released continuously through the process of dissolution, resulting in a stable blood level similar to intravenous administration. Titan has issued patents and patent applications covering the use of this platform technology in the treatment of certain chronic diseases, such as opioid dependence and Parkinson's disease among others.

Probuphine for the Treatment of Opioid Dependence: The First of Its Kind

Opioid Dependence & Treatment

Addiction is a complex and chronic disease of brain circuitry, and involves cycles of relapse and remission, often requiring long-term care and treatment. Without treatment, opioid dependence is progressive and can lead to disability and even premature death.

In the U.S., treatment with daily sublingual buprenorphine is the gold standard for treating opioid dependence. Buprenorphine is a mixed partial agonist at the mu receptor and an antagonist at the kappa receptor. These characteristics enhance the safety profile of this compound as compared to methadone, making it particularly suitable for opioid dependence treatment. In 2013, U.S. sales of daily dosed sublingual formulations of buprenorphine were approximately $1.5B. However, some of the key challenges with the daily dosed buprenorphine formulations include:

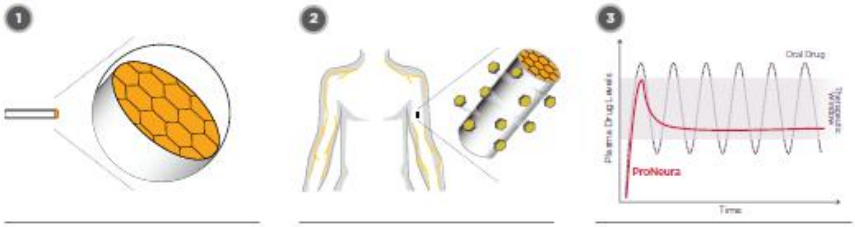
- Poor patient compliance
- Fluctuating blood levels during treatment
- Drug diversion and abuse
- Accidental ingestion and overdose in vulnerable populations, especially children

Probuphine

Probuphine is capable of delivering continuous, potentially therapeutic levels of buprenorphine for six months following a single treatment. The characteristics of the implant may address all the significant challenges of treatment with oral buprenorphine while providing around the clock medication for maintenance treatment of opioid dependence.

Probuphine Clinical Development & Commercialization Program

A final Phase 3 trial of Probuphine is in progress, with results expected by mid-2015. Patient enrollment is complete in this two-arm double blind, double dummy, non-inferiority study in stable patients receiving maintenance treatment with ≤8 mg/day of buprenorphine therapy. Successful completion is expected to provide the clinical data requested by the FDA in the complete response letter, and permit resubmission of the NDA later in 2015. Probuphine has the potential to be approved in the U.S. in the first half of 2016.



Probuphine® is a subdermal implant of buprenorphine HCL embedded within a polymer matrix. It provides discrete, long-term delivery of a potential medical treatment for opioid dependence.

Probuphine is designed to release sustained therapeutic drug levels in patients with opioid dependence for up to six months.

ProNeura implants provide stable, non-fluctuating drug levels for 6-12 months v. daily oral delivery.

Titan's partner, Braeburn Pharmaceuticals, has exclusive rights to market Probuphine in the U.S. and Canada. Under terms of the license agreement, Titan received $15.25 million as an upfront payment, and will receive $15 million upon U.S. approval of Probuphine, additional potential sales milestones of up to $165 million and a tiered royalty based on a percentage of net sales from the mid-teens to the low twenties. Titan is evaluating opportunities for Probuphine in other countries for the treatment of opioid dependence and potentially chronic pain, with the goal of establishing one or more partnerships.

ProNeura for Parkinson's Disease

Parkinson's Disease and Treatment

About one million people in the U.S. have Parkinson's disease and that number is expected to double by 2030 due to the aging population, according to the Parkinson's Disease Foundation. Parkinson's disease is characterized by the loss of dopaminergic neurons in the brain, which alters activity in regions that impact movement and motor function. To counter the loss of dopamine, current drugs for Parkinson's disease are designed to replace or mimic dopamine in the brain. While these drugs can be effective, after several years of treatment they often lose their benefit and may trigger serious side effects. Research indicates that the pulsatile dopaminergic stimulation from current oral treatments may be responsible for the motor side effects and that continuous dopaminergic stimulation (CDS) by subcutaneous infusion of dopamine agonists may palliate these motor complications.

ProNeura for Parkinson's Development Program

ProNeura has the potential to deliver continuous, non-fluctuating levels of dopamine agonists and provide CDS for six months or longer with a single treatment. Titan evaluated Ropinirole (Requip®), a generic dopamine agonist, in a Parkinsonian primate model using its ProNeura technology. The non-clinical proof-of-concept study demonstrated sustained levels of Ropinirole in the blood for several months following implantation and controlled Parkinson's disease symptoms without dyskinesia. Titan is consulting closely with expert scientific advisors and the FDA, and anticipates completing non-clinical studies and filing an Investigational New Drug application in time to commence a proof of concept clinical study in 2016, following potential approval of Probuphine.

Management

Marc Rubin, M.D.
Executive Chairman

Sunil Bhonsle, M.B.A.
President

Kate L. Glassman Beebe, Ph.D.
Executive Vice President
& Chief Development Officer

Board of Directors

Marc Rubin, M.D.
Executive Chairman

Sunil Bhonsle, M.B.A.
President; Secretary

Joseph A. Akers
Audit Committee

Victor J. Bauer, Ph.D.
Audit Committee;
Compensation Committee

Eurelio M. Cavalier
Compensation Committee;
Corporate Governance
& Nominating Committee

M. David MacFarlane, Ph.D.
Audit Committee;
Corporate Governance
& Nominating Committee

James McNab Jr.
Corporate Governance
& Nominating Committee

Ley S. Smith
Audit Committee;
Corporate Governance
& Nominating Committee

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