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): November 16, 2016

Titan Pharmaceuticals, Inc.

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation)

001-13341

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)

eck the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of registrant under any of 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.

Commencing November 16, 2016, Titan Pharmaceuticals, Inc. will present and post on its website an updated 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 an exhibit, 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.

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(d)	Exhibits.	

Exhibit No.	Description
99.1	Corporate Presentation
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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: November 16, 2016



FORWARD-LOOKING STATEMENTS

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 f-rom 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 SNAPSHOT

- · Focus on proprietary therapeutics for select chronic diseases
- ProNeura[™] drug delivery platform provides long-term, continuous, non-fluctuating medication levels
- Probuphine® (buprenorphine) implant six-month maintenance treatment of opioid addiction
 - FDA approval May 2016
 - · Large and growing market opportunity, significant unmet medical need
- · Product pipeline: Ropinirole implant for Parkinson's disease and T3 implant for Hypothyroidism
- · Strong Cash Position to Support Near-term Development Activities



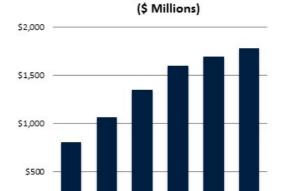


- · Increasingly recognized as a global epidemic by world health authorities
- · Primary, chronic disease of brain reward, motivation, memory and neurobiological circuitry
- · Characterized by cravings, accompanied by a lack of impulse control, cycles of relapse and remission
- · Requires long-term treatment plans and medical care; abstinence is rarely a successful approach
- · Buprenorphine current gold standard for medication-assisted therapy in US



OPIOID ADDICTION: TREATMENT OVERVIEW

- 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 allows take-home medication, unlike methadone
 - · Low risk of respiratory depression versus other opiates
- · U.S. buprenorphine sales in 2015 almost \$2 billion
- · Challenges with daily dosed formulations
 - Compliance
 - · Sublingual dosing results in variable blood levels
 - · Diversion and abuse



2011

2012

2009

2010

U.S. Buprenorphine Sales



2014

2013

PROBUPHINE® (BUPRENORPHINE) 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

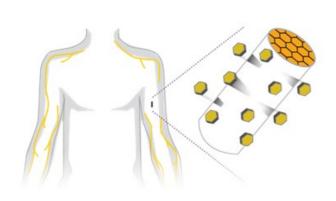


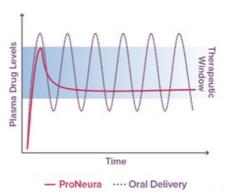
 Probuphine recognized as one of the "12 Most Important Innovations of the Year" in the Health category in Popular Science's annual "Best of What's New" Issue of 2016



PROBUPHINE® ADMINISTRATION

- · Inserted subdermally in the inner side of the upper arm by a certified health care provider
- · Drug is released continuously into patient's body through the process of dissolution
- · Results in a stable level of medication in the blood, avoiding peaks and troughs of oral dosing





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PROBUPHINE® (BUPRENORPHINE) IMPLANT

Probuphine® is the first and only **FDA-approved** maintenance 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 - distribution controlled via a REMS program
MARKET	Uniquely positioned as a maintenance therapy for patients already in recovery



PROBUPHINE®: RISK EVALUATION & MITIGATION STRATEGY

- Training and Certification Providers who prescribe and implant Probuphine will:
 - · Attend Live Training: Lecture and Practicum
 - Complete the Probuphine REMS Program Knowledge Assessment
 - Be enrolled in the Probuphine REMS program
 - Providers who will perform Probuphine surgical procedures must meet criteria for procedural competency

TITAN

- Recertification will be required after 12 months, prior to placement of any additional orders.
- Patient Counseling Patients will be counseled regarding risks of accidental overdose, misuse, and abuse, and when they might need to contact their healthcare provider
- Closed Distribution Probuphine will only be available to healthcare providers who have been certified in the Probuphine REMS Program

PROBUPHINE®: COMMERCIALIZATION

Partnership with Braeburn Pharmaceuticals, Inc. for development and commercialization of Probuphine in U.S. and Canada*

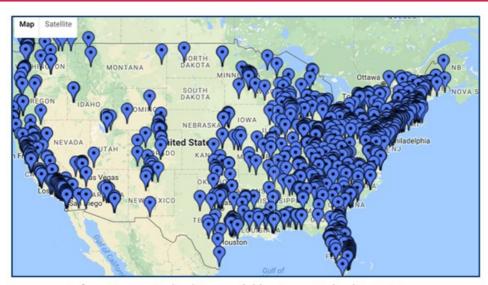
Milestone payments:

10

- Upfront: \$15.75 million
- Approval Milestone: \$15 million
- Sales Milestones: \$165 million
- . Tiered Royalties on net sales: mid-teens to low 20s (%)
 - · U.S. Patent term to April 2024
- Commercialization Update:
 - · Since FDA approval in May 2016, Braebum has focused on two key activities: training and certifying healthcare providers and obtaining third-party payor coverage for treatment with Probuphine
 - · More than 2,400 health care providers certified under the Probuphine REMS program
 - Third-party payor coverage for Probuphine obtained from large and regional insurance companies, as well as coverage under Medicare, Medicaid and the Veterans Administration plans
 - · While Probuphine is gaining strong early acceptance by the medical community, the paperwork required to be reviewed from initiation to final treatment is currently time-consuming, resulting in a longer-than-desired sales cycle. Braeburn is devoting resources to streamline the process and minimize delays
 - · Braeburn is planning for a full-scale commercial launch of Probuphine with a fully-deployed field force of about 60 addiction sales representatives, clinical educators, and national account executives TITAN

* Braeburn has sublicensed Canadian rights to Knight Therapeutics

PROBUPHINE®: U.S. CERTIFIED HEALTH CARE PROVIDERS



Information on Probuphine available at www.ProbuphineREMS.com



PROBUPHINE®: EX - U.S. PARTNERING PLANS

- · Pursuing ex-U.S. opportunities in opioid addiction treatment
 - Due diligence by interested companies in select regions is in progress
 - · Scientific and regulatory discussions with select European countries scheduled in late fourth quarter of 2016
- · Opportunity to further develop Probuphine® for treatment of chronic pain





PRONEURA: ADDING VALUE BEYOND PROBUPHINE®

- · 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 other forms of administration
- · Product development programs in progress:
 - · Ropinirole implant for the treatment of Parkinson's disease (PD)
 - · Triiodothyronine (T3) implant for the treatment of hypothyroidism
- Conducting feasibility evaluation of additional compounds in other chronic disease settings to add to the product pipeline
- Goal is to pursue commercial partnerships for product candidates at appropriate stages of development, and potential licensing agreements with other pharmaceutical companies for ProNeurabased technology





PARKINSON'S DISEASE OVERVIEW

- Characterized by the loss of dopamine, which alters activity in the brain region impacting movement and motor function
 - · Treated with drugs designed to replace or mimic dopamine in the brain
 - · After several years of treatment, these drugs lose benefit and trigger serious side effects in up to 80% of patients
- Titan's ProNeura[™] technology has the potential to deliver continuous non-fluctuating levels of dopamine agonists for three months or longer from a single treatment



PARKINSON'S DISEASE - THERAPEUTICS MARKET

- · As many as 1 million people in the US affected
- That number is expected to almost double by 2030 due to aging of population
- · About 60,000 newly diagnosed for PD annually
- · More than 23,000 die from PD each year

Sale	s of Dopamin	e Agonist	s, U.S.*
Year	Total Sales	% DA	\$ DA
2012	\$1.1 Billion	26%	\$286 Million
2022	\$2.3 Billion	18%	\$414 Million

Cost to Americ	can Society **
\$14.4 Billio	on Annually
Treatment Costs \$8.1 Billion	Indirect Costs \$6.3 Billion
If costs continue to rise	e they will double by 2040

^{*} Global Data; **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
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

- · Ropinirole (Requip®), a dopamine agonist marketed by GSK for PD
- Evaluated in a Parkinsonian animal model using ProNeura™ drug delivery platform
 - · Results presented in June 2015 19th International Congress of Parkinson's Disease and Movement Disorders
 - · Sustained plasma ropinirole levels for several months following implantation
 - · No local skin irritation at implant site
 - · Controlled PD symptoms without triggering dyskinesias
- · Ropinirole implant program status
 - · Implant formulation selected for clinical development
 - · Non-clinical development program defined and initial clinical study design established
 - · FDA feedback received on pre-IND meeting briefing material
 - All required non-clinical studies to support IND have been successfully completed and the reports are being finalized and integrated into the IND document
 - The IND is expected to be filed by the end of 2016 or early January 2017, to be followed by the initial
 pharmacokinetic and proof of concept clinical study, once the IND is accepted by the FDA





- Thyroid gland does not make enough thyroid hormone to meet body's need
 - Typical treatment consists of synthetic prohormone thyroxine (T4) given orally once a day, which is converted by the body to the active triiodothyronine (T3)
 - · Oral T3 treatment is effective, but comes with potential side effects caused by blood level fluctuations
- ProNeura[™] platform has potential to deliver continuous, non-fluctuating levels of T3 and provide a stable blood level for several months following a single treatment



PRONEURA™ HYPOTHYROIDISM PROGRAM STATUS

- Completed initial formulation development of the implant and conducted in-vitro and in-vivo drug release studies to further define implant formulation
- In-vivo non-clinical studies in progress evaluating implant formulations for drug release characteristics
 - · Demonstrated non-fluctuating release of T3 over several months in small and large animal models
 - · Successful testing in a non-clinical model of hypothyroidism completed recently
- · Next steps
 - · Refine manufacturing process and prepare implants for stability testing and non-clinical studies
 - · Finalize the non-clinical study plan that will provide safety data for the IND
 - · Request pre-IND meeting with FDA in early 2017
 - · Complete non-clinical toxicology and other safety testing in support of the IND
 - Goal is to file IND in Q4 2017 and start a proof of concept clinical study once the IND is accepted by the FDA

PHARMACEUTICALS

TITAN PRONEURA PRODUCT PIPELINE

CANDIDATE	INDICATION	DEVELOPMENT STAGE
Probuphine [®]	Opioid Addiction	PRECLINICAL PHASE 1 PHASE 2 PHASE 3 MARKET
Ropinirole Implant	Parkinson's Disease	PRECLINICAL PHASE 1 PHASE 2 PHASE 3 MARKET
T3 Implant	Hypothyroidism	PRECLINICAL PHASE 1 PHASE 2 PHASE 3 MARKET



TITAN EXECUTIVE MANAGEMENT

- · Marc Rubin, M.D. · Executive Chairman & Director
 - · 9 years with Titan
 - · Former Head of Global R&D and member of the Board of Management at Bayer Pharma
 - · Executive R&D and commercial responsibilities at GSK for 13 years
 - · 25 years in the pharmaceutical industry following 7 years at NIH
- · Sunil Bhonsle, M.B.A. · President, CEO & Director
 - · 20 years with Titan
 - · 20 years with Bayer Corporation in Biological and Pharmaceutical finance and operations management
- · Kate Beebe, Ph.D. Executive Vice President, Chief Development Officer
 - · 9 years with Titan
 - 20 years in industry, with senior positions in clinical development and medical affairs at GSK, Merck, and Corcept Therapeutics
 - · 10 years in academic medicine



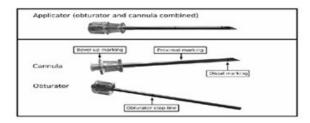


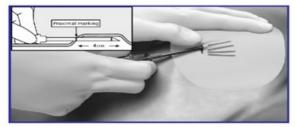
- ProNeura[™] Unique and compelling long-term drug delivery platform
- Probuphine® Only product on market to provide six month, continuous, non-fluctuating blood levels
 of buprenorphine for maintenance treatment of opioid addiction
 - · Attractive U.S. partnership in place and pursuing ex-U.S. opportunities
- ProNeura™ implants for Parkinson's Disease and Hypothyroidism could significantly enhance Titan's value
 - Product pipeline: Conducting feasibility evaluation of additional compounds in other chronic disease settings
- · September 30, 2016: Strong cash position of \$16.5 million funds activities into early 2018
- · November 4, 2016: Common shares outstanding 21.2 million (25.1 million fully diluted)





PROBUPHINE®: RISK EVALUATION & MITIGATION STRATEGY











Medical Specialties of REMS-Trained Healthcare Providers

