FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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 Respo	onses)									
Name and Addres MACFARLANE	2. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [AMEX - TTP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 10% Owner Officer (give titleOther (specify below)				
400 OYSTER PO 505	3. Date of Earliest Transaction (Month/Day/Year) 09/24/2007					below)				
SO. SAN FRANC)	4. If Amendment, Date Original Filed(Month/Day/Year)					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)	Table I - Non-Derivative Securities Acqui					quired, Disposed of, or	Beneficially	Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execu any	Deemed 3. ution Date, if Transactic Code nth/Day/Year) (Instr. 8)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Report or directly or indirectly		ach cla	ass of securition	es benefi	Pe in	ersons v formatic equired t	n conta o respoi	oond to the collection ined in this form are nd unless the form di IB control number.	not	SEC 1474 (9-02)
	Table II - I)eriva	itive Securitie	es Acani	red	Disnoser	l of or B	eneficially Owned		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owne (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	Transaction	3A. Deemed	4.		5. Numb	er	Date Exe	rcisable and	7. Title and	Amount	8. Price of	Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transac	tion	of		Expiration I	Date	of Underlyi	ing	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Derivativ	ve	(Month/Day	y/Year)	Securities		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	(3)	Securitie	s			(Instr. 3 and	d 4)	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquired	d						Owned	Security:	(Instr. 4)	
	Security					(A) or							Following	Direct (D)		
						Dispose	d of						Reported	or Indirect		
						(D)							Transaction(s)	(I)		
						(Instr. 3,	4,						(Instr. 4)	(Instr. 4)		
						and 5)										
											Amount					
								Data	Expiration		or					
								Date Exercisable		Title	Number					
								Exercisable	Date		of					
				Code	V	(A)	(D)				Shares					
Option																
to										C						
Purchase	\$ 2.04	09/24/2007		Α		10,000		<u>(1)</u>	09/24/2017	Common	10,000	\$0	10,000	D		
Common		52.2.72007				22,000				Stock	22,000	+ 0	22,000			
Stock																

Reporting Owners

Denouting Orynon Name / Adduses	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
MACFARLANE M DAVID 400 OYSTER POINT BLVD., SUITE 505 SO. SAN FRANCISCO, CA 94080	X						

Signatures

/s/ M. David Macfarlane	09/24/2007
Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(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).

(1) Options vest in twelve equal monthly installments commencing on the date of grant.

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.