Form 5 obligations

may continue. See

Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

longer subject to Section 16. Form 4 or

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per response...

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	nses)											
1. Name and Addres SMITH LEY S	2. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [AMEX - TTP]						5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  Director 10% Owner Officer (give title Other (specify below)					
400 OYSTER PO	3. Date of Earliest Transaction (Month/Day/Year) 09/24/2007						below)					
(Street) SO. SAN FRANCISCO, CA 94080			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)	(State) (Zip)		Table I -	Non-De	riva	tive Secur	rities A	Acqui	ired, Disposed of, or	Beneficially	Owned	
(Instr. 3) Date Execu (Month/Day/Year) any		Deemed ntion Date, if th/Day/Year)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			)	5. Amount of Securities Beneficially Owned Following Reported	Ownership Form: Direct (D)	Beneficial Ownership			
				Code	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Reminder: Report or directly or indirectly	a separate line for e	ach cla	ass of securition	es benefi	cially	y owned						
					in re	formatio	n con o resp	taine	nd to the collection ed in this form are unless the form di control number.	not	SEC 1474 (9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned  $(\textit{e.g.}, \, \text{puts}, \, \text{calls}, \, \text{warrants}, \, \text{options}, \, \text{convertible securities})$ 

1. Title of	2.	<ol><li>Transaction</li></ol>	3A. Deemed	4.		5. Numb	er	<ol><li>Date Exe</li></ol>	rcisable and	7. Title and	Amount	8. Price of	<ol><li>Number of</li></ol>	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	)	Securitie	s			(Instr. 3 and	d 4)	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquired	f						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					
								ъ.	E : .:		or					
								Date Exercisable	Expiration	Title	Number					
								Exercisable	Date		of					
				Code	V	(A)	(D)				Shares					
Option																
to										<b>C</b>						
Purchase	\$ 2.04	09/24/2007		Α		15.000		<u>(1)</u>	09/24/2017	Common	15,000	\$0	15,000	D		
Common		02.2.72007				12,300			05,2.,2017	Stock	10,000	Ψ 0	12,000			
Stock																

### **Reporting Owners**

D	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
SMITH LEY S 400 OYSTER POINT BLVD., SUITE 505 SO. SAN FRANCISCO, CA 94080	X						

# **Signatures**

/s/ Ley S. Smith	09/25/2007
**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.