longer subject to

Form 5 obligations

may continue. See

Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or **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 Responses) 5. Relationship of Reporting Person(s) to 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading BAUER VICTOR J PHD Symbol (Check all applicable) TITAN PHARMACEUTICALS INC X Directo \_ Director \_\_\_\_\_ 10% Owner \_\_\_\_ Officer (give title \_\_\_\_\_ Other (specify below) [AMEX - TTP] (First) (Middle) 3. Date of Earliest Transaction 400 OYSTER POINT BLVD., SUITE (Month/Day/Year) 05/30/2008 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) SO. SAN FRANCISCO, CA 94080 Form filed by More than One Reporting Person (State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security 2. Transaction 2A. Deemed 5. Amount of Securities Transaction (Instr. 3) Execution Date, if Acquired (A) or Securities Ownership of Indirect (Month/Day/Year) Code Disposed of (D) Beneficially Owned Form: Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Following Reported Direct (D) Ownership Transaction(s) or Indirect (Instr. 4) (A) (Instr. 3 and 4) (T) or (Instr. 4) Code (D) Price Reminder: Report on a separate line for each class of securities beneficially owned

directly or indirectly. Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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

1. Title of	2.	3. Transaction	3A. Deemed	4.		<ol><li>Numb</li></ol>	er	6. Date Exe	rcisable and	7. Title and	Amount	8. Price of	9. 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	//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	i						Owned	Security:	(Instr. 4)
	Security					(A) or								Direct (D)	
				Disposed of							Reported	or Indirect			
				(D)							Transaction(s)	* *			
					(Instr. 3, 4,							(Instr. 4)	(Instr. 4)		
					and 5)										
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
									Dute		of				
				Code	V	(A)	(D)				Shares				
Option															
to										C					
Purchase	\$ 1.52	05/30/2008		Α		15,000		<u>(1)</u>	05/30/2018	Common Stock	15.000	\$0	15.000	D	
Common						- ,				Stock	- ,0 0 0		- , , , ,		
Stock															

## **Reporting Owners**

D	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BAUER VICTOR J PHD 400 OYSTER POINT BLVD., SUITE 505 SO. SAN FRANCISCO, CA 94080	X					

### **Signatures**

/s/ Victor J. Bauer	06/02/2008			
**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) The options vest in twelve equal monthly installments commencing on the grant date.

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.