## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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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

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 Ty	pe Respo	onses)																
Name and Address of Reporting Person *  Kapp Joachim Friedrich  **  **  **  **  **  **  **  **  **				2. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [AMEX - TTP]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  _X_ Director					à				
(Last) (First) (Middle) 400 OYSTER POINT BLVD., SUITE 505				3. Date of Earliest Transaction (Month/Day/Year) 12/11/2008						below		· titte		iner (spec	ily 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 PersonForm filed by More than One Reporting Person								
(City)		(State) (Zip	))	Table I -	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of S (Instr. 3)	Security	2. Transaction Date (Month/Day/Year)	Execu any	Deemed ation Date, if th/Day/Year)	3. Transac Code (Instr. 8		4. Secur (A) or I (D) (Instr. 3	, 4 an	d 5)	See Be Fo Tra (In	Amount of curities eneficially Collowing Reansaction(s astr. 3 and 4	Owned ported	6. Owner Form: Direct or India (I) (Instr.	rship of Be (D) Ov rect (Ir	Nature Indirect eneficial wnershipstr. 4)			
Common	Stock	12/11/2008			P		800,00	0 A	\$ 0.035	5 1,0	000,000		D					
Reminder: directly or		n a separate line for	each cl	ass of securit	ies benef	Po in re	ersons format equired	who ion c to re	ontaine spond	ed in unle	the colle this form ess the fo	n are r rm dis	ot		EC 147 (9-02			
				ative Securiti	-	- 1	•				•	l						
1. Title of Derivative Security (Instr. 3)		3. Transaction Date ise (Month/Day/Yo	3A Ex	outs, calls, wa A. Deemed secution Date, y Month/Day/Ye	4. Trar Cod	nsactio	5. Num of	ber vative rities rired or osed o) : 3,	6. Date	Exer pirati /Day	rcisable on Date on/Year)	4) Title I	ant of all plants of the state		tive Dec ty Sec 5) Ber Ow Fol Rej Tra	Number of rivative curities neficially vned lllowing ported insaction(s) str. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
					Co	de '	V (A)	(D)	2/(01013		2 aic		of Shares					

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Kapp Joachim Friedrich 400 OYSTER POINT BLVD., SUITE 505 SO. SAN FRANCISCO, CA 94080	X						

### **Signatures**

/s/ Joachim Friedrich Kapp	12/11/2008
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).

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.