| OMB APPROVAL |  |
| :--- | ---: |
| OMB | $3235-$ |
| Number: | 0104 |
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| burden hours per |  |
| response... | 0.5 |

# INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES 

or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person ${ }^{*}$ <br> MACFARLANE M DAVID | 2. Date of Event Requiring Statement (Month/Day/Year) 03/15/2010 |  | 3. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTNP:PK] |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 400 OYSTER POINT BLVD., SUITE 505 |  |  |  |  |  | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| (Street) ${ }^{\text {SO. SAN FRANCISCO, CA } 94080}$ |  |  | $\left\lvert\, \begin{aligned} & -X_{--} \text {Direc } \\ & \begin{array}{l} \text { title below } \end{array} \\ & \hline \text { and } \end{aligned}\right.$ | $\text { ive } \frac{---\quad \text { Other }}{\substack{\text { below) }}}$ | (specify | 6. Individual or Joint/Group <br> Filing(Check Applicable Line) <br> _X_Form filed by One Reporting Person <br> -_- Form filed by More than One <br> Reporting Person |
| (City) (State) (Zip) | Table I - Non-Derivative Securities Beneficially Owned |  |  |  |  |  |
| 1.Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) |  |  | 3. <br> Ownership <br> Form: Direct <br> (D) or <br> Indirect (I) <br> (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |  |
| Common Stock, \$0.001 par value per share |  | 122,500 |  | D |  |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
SEC 1473 (7-02)
Persons who respond to the collection of information contained in this form are not
required to respond unless the form displays a currently valid OMB control
number.
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| $\begin{array}{l}\text { 1. Title of Derivative Security } \\ \text { (Instr. 4) }\end{array}$ | $\begin{array}{l}\text { 2. Date Exercisable and } \\ \text { Expiration Date } \\ \text { (Month/Day/Year) }\end{array}$ |  | $\begin{array}{l}\text { 3. Title and Amount of } \\ \text { Securities Underlying } \\ \text { Derivative Security } \\ \text { (Instr. 4) }\end{array}$ | $\begin{array}{l}\text { 4. } \\ \text { Conversion } \\ \text { or Exercise } \\ \text { Price of } \\ \text { Derivative } \\ \text { Security }\end{array}$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  | $\begin{array}{l}\text { Date } \\ \text { Exercisable }\end{array}$ | $\begin{array}{l}\text { Expiration } \\ \text { Date }\end{array}$ | $\begin{array}{l}\text { Title } \\ \text { Ownership } \\ \text { Form of } \\ \text { Derivative } \\ \text { Security: } \\ \text { Direct (D) } \\ \text { Number of } \\ \text { Shares }\end{array}$ | $\begin{array}{l}\text { 6. Nature of Indirect } \\ \text { Beneficial Ownership } \\ \text { (Instr. 5) }\end{array}$ |
| (I) |  |  |  |  |
| (Instr. 5) |  |  |  |  |$]$.


| Option to Purchase <br> Common Stock | $\underline{(2)}$ | $05 / 17 / 2019$ | Common <br> Stock | 20,000 | $\$ 0.79$ | D |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

## Reporting Owners

| Reporting Owner Name / Address | Relationships |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Director | 10\% Owner | Officer | Other |
| MACFARLANE M DAVID |  |  |  |  |
| 400 OYSTER POINT BLVD., SUITE 505 |  |  |  |  |
| SO. SAN FRANCISCO, CA 94080 |  |  |  |  |$\quad$ X

## Signatures



## Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. $78 \mathrm{ff}(\mathrm{a})$.
(1) These options vest in 48 equal monthly installments beginning on August 29, 2006.
(2) These options vest in 12 equal monthly installments beginning on May 17, 2009.

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.

