Check this box if no

longer subject to

Section 16. Form 4 or

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 **SECURITIES**

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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 Responses) 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading 1. Name and Address of Reporting Person * Kapp Joachim Friedrich (Check all applicable) TITAN PHARMACEUTICALS INC Officer (give title 10% Owner [TTNP.OB] __ Other (specify below) (Middle) 3. Date of Earliest Transaction 400 OYSTER POINT BLVD., SUITE (Month/Dav/Year) 505 10/13/2010 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Applicable Line) Filed(Month/Day/Year) _X_ Form filed by One Reporting Person __Form filed by More than One Reporting Person SO. SAN FRANCISCO, CA 94080 (City) (State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of Security 2A. Deemed 2. Transaction 4. Securities Acquired 5. Amount of (Instr. 3) Date Execution Date, if Transaction (A) or Disposed of Securities Ownership of Indirect (Month/Day/Year) Code (D) Beneficially Owned Form: Beneficial any (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) (I) or (Instr. 4) Code Amount (D) Price Common Stock 10/13/2010 P D 86,000 D 1.429 Р D Common Stock 10/14/2010 181,188 D 1.304 Common Stock 10/15/2010 P 39,460 \$1.3 D Common Stock 25,987 \$ 1.3 D 10/18/2010 P D Common Stock P \$ 1.3 D 10/19/2010 14,925 מו D Common Stock 10/20/2010 P 97,700 D 1.315 Common Stock 10/21/2010 P 113,400 D 546,339 D 1.31 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 (9-02)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

$(e.g., \, \mathrm{puts}, \, \mathrm{calls}, \, \mathrm{warrants}, \, \mathrm{options}, \, \mathrm{convertible} \, \mathrm{securities})$

| Security (Instr. 3) | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | of Deriv Secur Acqu (A) o Dispo of (D (Instr | eative rative rities ired r osed) | 6. Date Exet and Expirati (Month/Day | on Date //Year) | Amo Unde Secu | unt of erlying | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial |
|---------------------|------------|--------------------------|-------------------------------------------------------------|------|---|-------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------|--------------------|---------------------|------------------------|--------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------|
| | | | | | | 4, and | | Date | Expiration | | Amount | | | | |
| | | | | Code | v | (A) | | Zirer elisticite | Expiration Date | | Number of Shares | | | | |

Reporting Owners

| Domouting Overnor Name / Address | | Relationsh | ips | |
|-----------------------------------|----------|------------|---------|-------|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other |
| Kapp Joachim Friedrich | | | | |
| 400 OYSTER POINT BLVD., SUITE 505 | X | | | |

| SO. SAN FRANCISCO, CA | A 94080 | | | |
|-----------------------------------------------------------|---------|--------------------|--|--|
| Signatures | | | | |
| /s/ Joachim Freidrich Kapp Signature of Reporting Person | | 10/26/2010 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.