FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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INITIAL STATEMENT OF 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

Name and Address of Reporting Person* Choong Choon Hau		Sta	Date of Event Retement (Month/I	_ ' " .	3. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTNP]								
(Last) NO. 23 LORON PAYA TERUBO (Street) GEORGE TOWN (City)	(First) IG TERUBONG ONG N8 (State)	(Middle) RIA 2, 11060 (Zip)				onship of Reporting Pers all applicable) Director Officer (give title below)	x	to Issuer 10% Owner Other (speci	fy	(Mont 6. Ind	th/Day/Year) lividual or Joint/Cable Line) Form filed by	e of Original Filed Group Filing (Check One Reporting Person More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)					t of Securities ly Owned (Instr. 4)	F			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock						3,747,968(1)		D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	Derivative Security (Instr. 4) Conver			cise (D) or		6. Nature of Indirect Beneficial Ownership (Instr. 5)				
		Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Price of Derivative Security		Indirect (I) (Instr. 5)			

Explanation of Responses:

1. The shares were purchased pursuant to a Share Transfer Agreement dated June 21, 2023.

/s/ Choon Choong Hau

07/20/2023

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

 $^{^{\}star}$ 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. 78ff(a).