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 T	ype Respon	ses)																
1. Name and Address of Reporting Person * BUCALO LOUIS R MD				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 10% OwnerX Officer (give title Other (specify below)									
(Last) (First) (Middle) 400 OYSTER POINT BLVD., STE. 505				3. Date of Earliest Transaction (Month/Day/Year) 08/16/2004					below) President and CEO									
(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)	(S	(Zip)		Table I - I	Non-De	rivat	ive Secu	rities	Acqui		Disposed of					•		
(Instr. 3)		2. Transaction Date (Month/Day/Year)	Execu any			Code (Instr. 8)		ities d (A) d of (, 4 and or	D) d 5)	5. Amount of Securities Beneficially Ov Following Rep Transaction(s) (Instr. 3 and 4)		orted	6. Owner Form: Direct or India (I) (Instr.	ship of In Ben (D) Own rect (Ins	eficial nership			
Commor	n Stock	08/16/2004			P	V	2,500	(D)	Price \$ 2.2		4,486		D					
Reminder: directly or		a separate line for ea	ach clas	ss of securitie	s benefic	Pe inf	ersons w formatio quired to	n co o res	ntaine pond	ed in unle	o the colle this form ess the fo	are r	ot		C 1474 (9-02)			
				tive Securities	-	red,	Disposed	l of, o	r Ben	eficia	ally Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	3. Transaction Date	3A. Deer Execution	ts, calls, warr Deemed cution Date, if onth/Day/Y ear	4. Trans Code	4. Transactio Code		er a	o. Date	Exercisable piration Date //Day/Year)		4)	nt of lying ties (Ir 3 and		Deri Secu Bend Owr Folld Repo	Beneficially Owned Following Reported	Ownership Form of	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
									Date Evercis		Expiration		Amount or Number					

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director 10% Owner		Officer	Other				
BUCALO LOUIS R MD 400 OYSTER POINT BLVD., STE. 505 SO. SAN FRANCISCO,, CA 94080	X		President and CEO					

Signatures

Louis R. Bucalo	08/17/2004
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.