FORM 4

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

OMB APPRO	VAL
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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 Typ														
1. Name and Address of Reporting Person* MACFARLANE M DAVID				2. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTNP.OB]				ומו	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner					
(Last) (First) (Middle) 400 OYSTER POINT BLVD., SUITE 505			3. Date of Earliest Transaction (Month/Day/Year) 02/10/2021					Officer (give	title below)	Other	(specify below)			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				_X_1	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person uired, Disposed of, or Beneficially Owned						
SO. SAN FRANCISCO, CA 94080 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu				Acquired.							
1.Title of So (Instr. 3)	1.Title of Security 2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, if r) (Code (Instr. 8) (Instr. 3, 4 and 5) (A) or Disposed of (Instr. 8) (A) or Disposed of (Instr. 3, 4 and 5)		ired 5. Ar C(D) Own Tran	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		neficially 6. OF	wnership orm: Be irect (D) Ov Indirect (Ir	eneficial wnership				
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Reminder: I	eport on a se	•	Table II				in this fo a current quired, Dispos	rm are not re tly valid OMB ed of, or Benefi	quired to control n	respond u umber.				74 (9-02)
	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	5. Num of Der Securi Acquir or Disj of (D) (Instr.	nber ivative ties red (A) posed	in this fo a current quired, Dispos s, options, con 6. Date Exerc	orm are not re tly valid OMB ed of, or Benefi vertible securit isable and ite	quired to control n icially Own ies)	respond u umber. ned d Amount ying	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	5. Num of Der Securi Acquir or Disp of (D)	nber ivative ties red (A) posed	in this fo a current quired, Dispos s, options, con 6. Date Exerc Expiration Da	orm are not re tly valid OMB ed of, or Benefi vertible securit isable and ite	quired to control n icially Own ies) 7. Title an of Underly Securities	respond u umber. ned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia Ownersh

Reporting Owners

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

Signatures

/S/ M. David MacFarlane	02/10/2021
**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.