FORM 4

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

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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

	e Responses													
1. Name and Address of Reporting Person – MACFARLANE M DAVID				2. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTNP.OB]) DI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner				
400 OYSTER POINT BLVD., SUITE 505				3. Date of Earliest Transaction (Month/Day/Year) 01/05/2022						Officer (give	title below)	Other	(specify below)	
(Street) SO. SAN FRANCISCO, CA 94080				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ F	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				
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					s Acquired,						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year		eemed ion Date, i	f Code (Inst	e (A			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		O F	6. 7. Natur Ownership Form: Benefic	Indirect eneficial	
				(Month	n/Day/Yea		ode V A	(A) or (D)	Price	(Instr. 3 and 4)		oı (I	r Indirect (Ir	vnership str. 4)
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1. Title of	2. Conversion or Exercise Price of	3. Transaction	Table II 3A. Deemed Execution Date, if	4. Transac Code	tive Secur its, calls, v 5. Nu of De Secur Acqu	mber rivative ities ired (A	in this f a current a curr	orm are not rently valid OMB sed of, or Benefit vertible securions is able and late	equired to r B control nu ficially Own	respond unber. ed d Amount	8. Price of	9. Number of Derivative Securities Beneficially	s	11. Natur of Indire Beneficia
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction	Table II 3A. Deemed Execution Date, if any	4. Transac Code	tive Secur its, calls, v 5. Nu of De Secur Acqu	mber rivative rities ired (A sposed) . 3, 4,	in this f a current a curr	orm are not rently valid OMB sed of, or Benefit vertible securions is able and late	ficially Own ties) 7. Title and of Underly Securities	respond unber. ed d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II 3A. Deemed Execution Date, if any	4. Transac Code	tive Secur its, calls, v 5. Nu secur Acqu or Di of (D (Instr	mber rivative ities ired (A sposed) . 3, 4,	in this f a currer equired, Dispo ts, options, cor 6. Date Exer Expiration D (Month/Daya) Date Exercisable	orm are not rently valid OMB sed of, or Benefit vertible securions is able and late	ficially Own ties) 7. Title and of Underly Securities	respond unber. ed d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici 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	01/05/2022
**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.