FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB 3235

Number: 0287 Estimated average burden hours per response... 0.5

(Instr. 4)

15,000

Amount

Number

Shares

15,000

\$0

of

(Instr. 4)

D

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 Ty	pe Respons	es)						_						
1. Name and Address of Reporting Person * SMITH LEY S				2. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTP]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% OwnerOfficer (give titleOther (specify below)			:low)			
(Last) (First) (Middle) C/O TITAN PHARMACEUTICALS INC, 400 OYSTER POINT BLVD				3. Date of Earliest Transaction (Month/Day/Year) 08/09/2005				below)						
(Street) S 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 Person Form filed by More than One Reporting Person						
(City) (State) (Zip)			1	Table I - Non-Derivative Securities Acqu				ired, Disposed of, or Beneficially Owned						
(Instr. 3) Date Exec (Month/Day/Year) any		Execu any	nth/Day/Year)	Pransaction A Code I Instr. 8)	A. Securities Acquired (A) of (Disposed of (E Instr. 3, 4 and (A) or (Disposed of	5) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefic Owner	rect cial ship				
Reminder: I directly or i		separate line for e	each cla	ass of securities	Per	sons who re	ntain	and to the collection	not	SEC 1	1474			
								d unless the form d B control number.	ispiays a					
				ative Securities outs, calls, warr	- '	• '		neficially Owned						
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Ye.	Ex ar) any	A. Deemed ecution Date, if y Jonth/Day/Year)	Code	5. Number of Derivative Securities Acquired (A) or Disposed of	Expi	ate Exercisable and iration Date onth/Day/Year)	7. Title and A of Underlying Securities (Instr. 3 and	g	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

(Instr. 3, 4,

Date

Exercisable

(1)

Expiration

08/09/2015

Title

Common

Stock

and 5)

(A)

15,000

Code

A

Reporting Owners

\$ 2.05

Donastina Comana Nama / Addinga	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
SMITH LEY S							
C/O TITAN PHARMACEUTICALS INC	X						
400 OYSTER POINT BLVD	Λ						
S SAN FRANCISCO, CA 94080							

08/09/2005

Signatures

Stock Option

(Right

to Buy)

/s/ Ley S. Smith	08/10/2005
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).

(1) These options vest in equal installments over a 12-month period commencing on the date of grant.

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.