### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB 3235-Number: 0287 Estimated average burden hours per response...

OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

(Print or Type Respo 1. Name and Addres FARRELL ROBI	2. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTP]						5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  Director 10% Owner Officer (give title Other (specify below)				
C/O TITAN PHA INC, 400 OYSTE	LS	3. Date of Earliest Transaction (Month/Day/Year) 10/13/2005						below)  Executive VP and CFO			
S SAN FRANCIS		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)		Table I - I	Non-Der	ivat	ive Secur	ities 1	Acqui	ired, Disposed of, or	Beneficially	Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D)	Beneficial Ownership				
				Code	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	10/13/2005			P		800	A	\$ 1.64	48,580	D	
Common Stock	10/13/2005			P		14,900	A	\$ 1.65	63,480	D	
Common Stock	10/14/2005			P		100	A	\$ 1.68	63,580	D	
Common Stock	10/17/2005			P		8,200	A	\$ 1.7	71,780	D	
Reminder: Report on directly or indirectly.	a separate line for ea	nch cla	ass of securitie	s benefic	ially	owned					
and the second					inf red	ormation quired to	res	ntaine pond	nd to the collection ed in this form are unless the form di control number.	not	SEC 1474 (9-02)
			tive Securities	-	ed,	Disposed	of, o	r Ben	eficially Owned		
1 Title of 2	3 Transaction		Deemed		Pul	5				le and 8 E	Price of 0 N

1. Title of	2.	<ol><li>Transaction</li></ol>	3A. Deemed	4.	5.		6. Date Exer	rcisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction	Num	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative				Secu	rities			(Inst	r. 3 and		Owned	Security:	(Instr. 4)	
	Security				Acqu	ired			4)			Following	Direct (D)		
					(A) c	r						Reported	or Indirect		
					Disp	osed						Transaction(s)	(I)		
					of (D	)						(Instr. 4)	(Instr. 4)		
					(Instr	: 3,									
					4, and	d 5)									
										Amount					
							Date	Expiration Date	Title	Number					
							Exercisable	Date		of					
				Code V	(A)	(D)				Shares					

### **Reporting Owners**

Box outing Owner Name / Address		Relationships							
	Reporting Owner Name / Address		10% Owner	Officer	Other				
C/40	ARRELL ROBERT EDWARD O TITAN PHARMACEUTICALS INC O OYSTER POINT BLVD SAN FRANCISCO, CA 94080			Executive VP and CFO					

### **Signatures**

/s/ Robert E. Farrell	10/17/2005
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).

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.