

INITIAL STATEMENT OF 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 Type Responses)

1. Name and Address of Reporting Person * BAUER VICTOR J PHD		2. Date of Event Requiring Statement (Month/Day/Year) 03/15/2010	3. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTNP:PK]	
(Last) (First) (Middle) 400 OYSTER POINT BLVD., SUITE 505	(Street) SO. SAN FRANCISCO, CA 94080		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)
(City) (State) (Zip)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person			

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$0.001 par value per share	11,144	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Option to Purchase Common Stock	08/28/2000	08/28/2010	Common Stock	15,000	\$ 43.625	D	
Option to Purchase Common Stock	01/08/2001	01/08/2011	Common Stock	30,000	\$ 22.98	D	
Option to Purchase Common Stock	08/09/2001	08/09/2011	Common Stock	33,750	\$ 11.63	D	
Option to Purchase Common Stock	01/16/2002	01/16/2012	Common Stock	55,000	\$ 8.77	D	
Option to Purchase Common Stock	08/16/2002	08/16/2012	Common Stock	15,000	\$ 1.71	D	
Option to Purchase Common Stock	03/01/2003	03/01/2013	Common Stock	25,000	\$ 1.5	D	
Option to Purchase Common Stock	09/01/2004	09/01/2014	Common Stock	15,000	\$ 2.37	D	
Option to Purchase Common Stock	01/03/2006	01/03/2016	Common Stock	5,000	\$ 1.4	D	

Option to Purchase Common Stock	(1)	08/29/2016	Common Stock	20,000	\$ 2.35	D	
Option to Purchase Common Stock	05/30/2008	05/30/2018	Common Stock	15,000	\$ 1.52	D	
Option to Purchase Common Stock	(2)	05/17/2019	Common Stock	15,000	\$ 0.79	D	
Option to Purchase Common Stock	05/17/2009	05/17/2019	Common Stock	100,000	\$ 0.79	D	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BAUER VICTOR J PHD 400 OYSTER POINT BLVD., SUITE 505 SO. SAN FRANCISCO, CA 94080	X			

Signatures

/s/ Victor J. Bauer		03/15/2010
<small>**Signature of Reporting Person</small>		<small>Date</small>

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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 48 equal monthly installments beginning on August 29, 2006.

(2) These options vest in 12 equal monthly installments beginning on May 17, 2009.

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.