

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

OMB APPROVAL					
OMB Number:	3235-0104				
Estimated average burden					
nours per respons	e 0.5				

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)										
Name and Address of Report NATAN DAVID	rting Person*	2. Date of Event Requiring Statement (Month/Day/Year) 08/15/2022			3. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTNP]					
(Last) (First) C/O TITAN PHARMAC INC., 400 OYSTER POI SUITE 505	,			Issuer (Chec	(Check all applicable)			5. If Amendment, Date Original Filed(Month/Day/Year)		
SOUTH SAN FRANCIS	SCO, CA 94080			below)				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 - Non-Derivative Securities Beneficially Owned								
(Instr. 4) Benefic			ially Owned)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock			0	0 (1)			D			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. 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)	an (N	Date Exer nd Expirati fonth/Day/Ye ate xercisable	on Date	Securitie Security (Instr. 4)		tive	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)	
	E	xercisable	Date	Sł	nares			()		

Reporting Owners

	Relationships				
Reporting Owner Name / Address		10% Owner	Officer	Other	
NATAN DAVID C/O TITAN PHARMACEUTICALS, INC. 400 OYSTER POINT BLVD., SUITE 505 SOUTH SAN FRANCISCO, CA 94080	X				

Signatures

/s/ David Natan	08/25/2022
**Signature of Reporting Person	Date

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) No securities are beneficially owned.

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.