FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-0287
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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 Typ	e Responses)												
1. Name and Address of Reporting Person – MCNAB JAMES R				2. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTNP]						S. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 4 MAGUIRE ROAD			3. Date of Earliest Transaction (Month/Day/Year) 01/05/2022											
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_						
LEXINGTON, MA 02421 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					s Acquired						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	Executi any	A. Deemed xecution Date, if		(A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficial		C	ally 6. 7. No Ownership Form: Bene		
				(Month	/Day/Year)	Co	de V At	(A) or (D)	(Instr. 3 and 4)		o (1	Direct (D) Or or Indirect (I) (Instr. 4)		
Reminder: F							in this fo	who respond orm are not re tly valid OMB	quired to	respond u				74 (9-02)
	Report on a se	eparate line for each	class of securities b	eneficially	y owned di	ectly o								
1. Title of	2.	3. Transaction	3A. Deemed	(<i>e.g.</i> , pu	5. Nun	arrant aber	in this for a current quired, Dispose, options, con	orm are not re tly valid OMB sed of, or Benef vertible securi- sisable and	icially Owties) 7. Title a	respond unumber. red and Amount	8. Price of	form display 9. Number of	10.	11. Natur
1. Title of	2. Conversion		3A. Deemed Execution Date, if	4. Transact	5. Num of Der Securi	nber ivative ies ed (A)	in this for a current quired, Dispose, options, con	orm are not re tly valid OMB sed of, or Benef evertible securi- cisable and ate	quired to control i icially Ow ties)	respond unumber. red and Amount elying s	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	5. Nun of Der Securi Acquii or Disp of (D) (Instr.	nber ivative ies ed (A)	in this for a current quired, Dispose, options, con 6. Date Exercise Expiration Description Descriptio	orm are not re tly valid OMB sed of, or Benef evertible securi- cisable and ate	required to control in ficially Owties) 7. Title a of Under Securitie	respond unumber. red and Amount elying s	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. Natur of Indired Beneficia Ownersh

Reporting Owners

P (O N)	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
MCNAB JAMES R 4 MAGUIRE ROAD LEXINGTON, MA 02421	X				

Signatures

/S/ James R. McNab	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.