Kapp Joachim Friedrich Form 3 September 13, 2005

## FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**SECURITIES** 

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement TITAN PHARMACEUTICALS INC [TTP] A Kapp Joachim Friedrich (Month/Day/Year) 08/31/2005 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 400 OYSTER POINT (Check all applicable) BLVD., SUITE 505 (Street) 6. Individual or Joint/Group 10% Owner \_X\_\_ Director Officer \_Other Filing(Check Applicable Line) (give title below) (specify below) \_X\_ Form filed by One Reporting Person SO. SAN Form filed by More than One FRANCISCO. CAÂ 94080 Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities Beneficially Owned Ownership (Instr. 4) Ownership (Instr. 5) (Instr. 4) Form: Direct (D) or Indirect (I) (Instr. 5) Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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

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

currently valid OMB control number.

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		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares  Price of Derivative Security	Derivative Security: Direct (D) or Indirect		
						(I)	

(Instr. 5)

Stock Option (Right to Buy)  $\hat{A} \stackrel{(1)}{=} 09/01/2015 \stackrel{Common}{Stock} 10,000 $1.99$  D  $\hat{A}$ 

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Kapp Joachim Friedrich

400 OYSTER POINT BLVD. SUITE 505

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SO. SAN FRANCISCO, CAÂ 94080

## **Signatures**

/s/ Joachim Friedrich Kapp 09/09/2005

\*\*Signature of Reporting Date
Person

## **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 on 9/1/06.

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.

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