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TITAN PHARMACEUTICA Form 4 February 14, 2014	ALS INC									
									PPROVAL	
UNITEL		ECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB Number:	3235-0287		
Section 16. Form 4 or Form 5 Filed pu	rsuant to S (a) of the H	Section Public U	SECUI 16(a) of th	RITIES ne Securi lding Cor	ties E	Exchai y Act	WNERSHIP OF nge Act of 1934, of 1935 or Sectio 940	Expires: Estimated burden hot response n	urs per	
(Print or Type Responses)										
Cavalier Eurelio M System TI			2. Issuer Name and Ticker or Trading Symbol TITAN PHARMACEUTICALS INC [TTNP.OB]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) C/O TITAN PHARMACEU INC, 400 OYSTER POINT SUITE 505			of Earliest T Day/Year) 2014	ransaction			X Director Officer (give below)		% Owner her (specify	
			Amendment, Date Original d(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 				
SO. SAN FRANCISCO, CA	A 94080						Person	Aore than One R	eporting	
(City) (State)	(Zip)	Tab	le I - Non-l	Derivative	Secur	ities A	cquired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D) and and (A) or)	SecuritiesHBeneficially(Owned(5. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report on a separate lin	ne for each cla	ass of sec	urities bene	ficially ow	ned di	rectly o	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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock	\$ 0.66	02/12/2014		A	25,000	02/12/2014	02/12/2024	Common Stock	25,000

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Reporting Owners

Reporting Ow	Relationships					
Troporting of the	Director	10% Owner	Officer	Other		
400 OYSTER POIN	Cavalier Eurelio M C/O TITAN PHARMACEUTICALS INC 400 OYSTER POINT BLVD, SUITE 505 SO. SAN FRANCISCO, CA 94080					
Signatures						
/S/ Eurelio M. Cavalier	02/14/2014					
<u>**</u> 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.