FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] HAUMANN BRETT K						2. Issuer Name and Ticker or Trading Symbol <u>Theravance Biopharma, Inc.</u> [TBPH]									5. Relationship of Reporting Person(s) t (Check all applicable) Director 10%			o Issuer Owner
(Last)	(Fir	st) (N	3. Date of Earliest Transaction (Month/Day/Year) 02/06/2017									x	icer (give title ow)	Othe belo	r (specify v)			
C/O THERAVANCE BIOPHARMA US, INC.														SV	P Clin Dev a	& Chief Med	Ofc	
901 GATEWAY BLVD					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)															X Form filed by One Reporting Person			
	SOUTH SAN FRANCISCO CA 94080															m filed by Mo son	re than One R	eporting
(City)	(Sta	ate) (Z	۲ip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day,						Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. and 5)				Secu Bene Own	nount of prities eficially ed owing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price	Repo Tran	orted saction(s) r. 3 and 4)	(1130.4)	(1130.4)
Ordinary Shares 02/06/20					2017	017		Α		9,000	0	Α	\$ <mark>0</mark>		191,905	D		
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)	ive Conversion Date Executi y or Exercise (Month/Day/Year) if any		emed ion Date, ı/Day/Year)	Code (Ir	ansaction de (Instr.		umber vative rities uired r osed) r. 3, 4 5)	6. Date Exerciss Expiration Date (Month/Day/Yea		e	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		str.	8. Price of Derivative Security (Instr. 5)	Beneficially	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	of	nber res				

Explanation of Responses:

Brett A. Grimaud, Attorney-in-02/08/2017

Fact

** Signature of Reporting Person Date

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

* 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.

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 Number.