FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB Number:	3235-0287							
l	Estimated average burden								
	hours per response:	0.5							

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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).

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* Shafer Bradford J						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Theravance Biopharma, Inc. [ TBPH ]										Check	all app	p of Reportin blicable) ctor er (give title	1	0% O	suer wner (specify
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 02/06/2017										X	belov					
(Street) SOUTH SAN FRANCISCO CA 94080  (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)										. Indivine)	Form	dual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Tabl	e I - Non	-Deriva	ative	Se	curitie	es Ac	qui	red, D	isp	osed o	f, o	r Bene	eficia	ally	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Day/Year) Exec		Execution if any	A. Deemed xecution Date, any Month/Day/Year)		3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									-	Code	V	Amount		(A) or (D)	Price	,	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Ordinary Shares 02/06/						/2017				Α		9,000	A		\$	0	200,722		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, T	4. Transaction Code (Instr				Exp	Date Exe piration I onth/Day	Date		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		str. 3	Deriv Secu	rice of ivative urity tr. 5)	9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code V				(A)	(D)	Dat Exe	te ercisable		xpiration ate	Title	or Nun of	ount 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.