FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person* ATIEH MICHAEL G			2. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]						
(Last)	(First)	(Middle)	06/03/2014		Relationship of Reporting Personal (Check all applicable)     X Director		rson(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year) 06/05/2014		
C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD		ARMA US,				Officer (give title below)	Other (spe	, 1,	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
(Street) SOUTH SAN FRANCISCO	CA	94080								y More than One Person	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					Amount of Securities Beneficially Owned (Instr. 4)				Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secu Underlying Derivative Secu 4)			4. Conversi	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Expiration		n Title		Amount or Number of Shares	Exercise Price of Derivativ Security	or Indirect		

Explanation of Responses:

## Remarks:

The amendment is being filed solely to add the Power of Attorney.

No securities are beneficially owned.

Brett A. Grimaud, Attorney-in-

\*\* 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 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).

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.