## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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 <sup>*</sup> PASQUALONE FRANK					2. Issuer Name and Ticker or Trading Symbol <u>Theravance Biopharma, Inc.</u> [ TBPH ]										5. Relationship of Reporting F (Check all applicable) Director			o Issuer o Owner	
(Last)	(Fir	st) (N		3. Date of Earliest Transaction (Month/Day/Year) 02/05/2015								2	C Offic belo	er (give title w)	Oth bel	er (specify w)			
C/O THERAVANCE BIOPHARMA US, INC.																Sr. VP, C	Operations		
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														Forn Pers		e than One F	Reporting		
(City)	(Sta	ate) (Z	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) Date (Month/Day)					y/Year)	Exec if any	Deemed aution Date, y nth/Day/Year)		Transaction			4. Securities Acquired ( Disposed Of (D) (Instr. ) and 5)			Secu	ficially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
									Code	v	Amount		A) or D)	Price	Repo Trans		(1130.4)	(1130.4)	
Ordinary Shares 02/05/20					2015	015			Α		130,000		A	\$ <mark>0</mark>	13	5,714(1)	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)	if any	emed tion Date, n/Day/Year)	4. Transac Code (Ir 8)			ative rities ired sed . 3, 4	6. Date Exerci Expiration Da (Month/Day/Yo		te	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		o D S (I	Price f erivative ecurity nstr. 5)	derivative ve Securities / Beneficially	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or Num of Shar	ber					

Explanation of Responses:

1. Includes 5,714 shares acquired in a pro rata distribution by Theravance, Inc.

Frank Pasqualone

02/09/2015

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.