FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL									
OMB Number: 3235-0									
Estimated average burden									
hours per response:	0.5								

ion 1(b).			File	d pursi	lant t	o Sectio	n 16(a)	of the Se	ecuriti	ies Exchan	ae Ad	ct of 193	34		1	per respor		0.5	
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1. Name and Address of Reporting Person* HAUMANN BRETT K						2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) SVP Clin Dev & Chief Med Ofc					
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD						3. Date of Earliest Transaction (Month/Day/Year) 11/20/2016													
(Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (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 Person					
	Tabl	e I - Nor	ı-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	eficia	ally Own	ed				
Date					Day/Year) Exc		Execution Date, if any		3. Transaction Code (Instr. 8)					nd Secur Benef Owne	5. Amount of Securities Beneficially Owned Following		rect direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									v	Amount		(A) or (D)	Price	Trans	Transaction(s) (Instr. 3 and 4)			(111311. 4)	
Ordinary Shares 11/20/.										5,388	88 D		\$31	96 182,905		D			
	Та													y Owned					
2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any	n Date, Cot		Instr.	tr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration		e ar)	Amount of Securities Underlying Derivative Security (In and 4) Amor Nun of Nun of		ount	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Own Form Direct or Inc (I) (In	: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	d Address of ANN BE (FERAVANCE EWAY BL SAN SCO (S GEORGIE (S) Conversion or Exercise Price of Price of Perivative	d Address of Reporting Person* ANN BRETT K (First) (RAVANCE BIOPHARMA EWAY BLVD SAN SCO CA (State) (Table Conversion or Exercise Price of Derivative (Month/Day/Year)	d Address of Reporting Person* ANN BRETT K (First) (Middle) RAVANCE BIOPHARMA US, INC EWAY BLVD SAN SCO CA 94080 (State) (Zip) Table I - Nor Gecurity (Instr. 3) Table II - L (Month/Day/Year) Price of Derivative Table II - L (Month/Day/Year) (Month/Day/Year)	d Address of Reporting Person* ANN BRETT K (First) (Middle) RAVANCE BIOPHARMA US, INC. EWAY BLVD SAN SCO CA 94080 (State) (Zip) Table I - Non-Derive (Month/E) Shares 11/20 Table II - Derivat (e.g., pt. 2) Conversion of Exercise Price of Derivative Security 2. Transaction Date (Month/Day/Year) 3. Transaction Date, if any (Month/Day/Year)	d Address of Reporting Person* ANN BRETT K (First) (Middle) RAVANCE BIOPHARMA US, INC. 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Explanation of Responses:

Brett A. Grimaud, Attorney-in-11/22/2016

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.