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

Name and Address of Reporting Person*     WHITESIDES GEORGE M						2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]									heck all a	ship of Reporti pplicable) ector	•		lssuer Owner		
(Last)	(Fir	st) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2017									Of	ficer (give title low)			(specify		
l		ULEVARD	US, IIN	C.	4. If A	mend	lment,	, Date o	f Original I	iled	(Month/D	ay/Ye	ar)		Individua ne)	dividual or Joint/Group Filing (Check Applicable					
(Street) SOUTH S	( )	A 9	<b>9</b> 4080													Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)																		
		Tabl	e I - N	on-Deriv	ative S	ecu	ritie	s Acq	uired, D	isp	osed of	f, or	Bene	ficia	lly Ow	ned					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Dat					Execution D			Date,	3. Transacti Code (In: 8)	on Dispose		rities Acquired ed Of (D) (Instr.			Sec Ber Ow	mount of urities eficially ned owing	Forr (D) o	wnership n: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	V	Amount		A) or D)	Price	Rep Tra	Reported Transaction(s) (Instr. 3 and 4)			(111541. 4)			
Ordinary	Shares			05/17/2	2017				A		6,000	)	A	\$	)						
Ordinary Shares															48,662		I	By Family Trust			
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	ise (Month/Day/Year) if any Code (Instr. Derivati (Month/Day/Year) 8) Securiti Acquire					vative rities uired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)					str.	8. Price of Derivativ Security (Instr. 5)	Beneficially	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect I) (Instr.	Beneficial Ownership			
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amo or Num of Shar	ber							

**Explanation of Responses:** 

Brett A. Grimaud, Attorney-in-Fact 05/18/2017

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

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.

<sup>\*\*</sup> Signature of Reporting Person Date

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).