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* Shafer Bradford J | | | | | | 2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH] | | | | | | | | | | all app | | ng Pe | 10% C |)wner |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|---------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------|----------------------------------|-------|------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------|----|----------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| (Last) | (Fir | st) (N | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/20/2016 | | | | | | | | | | X | Office belov | er (give title v) | | Other below) | (specify |
| C/O THERAVANCE BIOPHARMA US, INC. | | | | | | | | | | | | | | | | EVI | P, Gen. Co | unse | el, Secreta | ry |
| 901 GATEWAY BOULEVARD | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applica | | | | | |
| (Street) | | | | | | | | | | | | | | -" | X Form filed by One Reporting Person | | | | | son |
| ı | SOUTH SAN CA 94080 FRANCISCO | | | | | | | | | | | | | | | Form Pers | filed by Mo | re tha | an One Rep | oorting |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Da | | | 3. Transact Code (In 8) | | | | | | or | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | (| | (| | | | |
| Ordinary Shares 11/20 | | | | | 016 | | | F | | 4,008 | | D | \$31.96 | | 5 191,722 | | | 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) | perivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | Code (I | Fransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instra 3 and 4) Amount or Numb of Share | | nstr. | t | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Bradford J. Shafer

11/22/2016

** Signature of Reporting Person Date

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.

 $^{^{\}star}$ 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).