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 [*] GALA RENEE D					2. Issuer Name and Ticker or Trading Symbol <u>Theravance Biopharma, Inc.</u> [TBPH]												p of Reportir blicable) tor	ng Pers	on(s) to 10% C	
(Last)	(Fir	t) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/20/2014									X	Offic belov	er (give title w)		Other below)	(specify	
C/O THERAVANCE BIOPHARMA US, INC.															SVP-Finance					
901 GATEWAY BLVD					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					Applicable
(Street)															X	Form filed by One Reporting Person				
	JTH SAN CA 94080 ANCISCO														Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	(ip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					/Year)	Execu if any	eemed ution Date, , th/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)				3,4 Secu		icially d	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)		((1130.4)
Common Stock 08/20/20					014)14			F		158		D	\$26.98		14,279(1)		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)	ative Conversion Date Exect rity or Exercise (Month/Day/Year) if any		if any	eemed tion Date, h/Day/Year)		ransaction ode (Instr.		mber ative rities ired r osed . 3, 4	6. Date Exercia Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		ı ıstr.			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	m: ect (D) Indirect	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisat		Expiration Date	Title	or Nu of	mber ares						

Explanation of Responses:

1. Shares acquired in a pro rata distribution by Theravance, Inc.

Heather M. Shane, Attorney-08/22/2014

in-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.