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*  HEGDE SHARATHCHANDRA S					2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner					
,	,	,	C.	3. Date of Earliest Transaction (Month/Day/Year) 02/06/2017											Office	er (give title v)	(	Other (specify below)		
901 GATEWAY BOULEVARD  (Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
( .	A 9	4080												X	Form	filed by Mor	•	•		
(Si	ate) (Z	Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date					Execution (Year)				ction Disposed Of (D) (Inst					Securities Beneficially Owned		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount			Price	,  !	Reported Transaction(s) (Instr. 3 and 4)		(111501.4)		(111501. 4)	
Ordinary Shares 02/06/2								Α		9,000	) A 9		\$(	\$0 180,628		80,628	D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
	3. Transaction Date (Month/Day/Year)	Execut if any	Code (Ir 8)	Transaction Code (Instr. 8)		vative rities sired r osed ) r. 3, 4	Expiration Da (Month/Day/Yo		e ar) xpiration	Amou or Numb of		ount nber			derivative Securities Beneficially Owned Following Reported	Owne Form Direct or Ind (I) (In:	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	(Figure 1) (Figure 2) (Figure 2) (Figure 3) (Figure 3) (Figure 3) (Figure 4)	(First) (first	(First) (Middle) (First) (Middle) (Favance Biopharma US, IN (First) (Middle) (First) (Middl	(First) (Middle)  ERAVANCE BIOPHARMA US, INC.  EWAY BOULEVARD  SAN CA 94080  (State) (Zip)  Table I - Non-Deriv  Security (Instr. 3)  2. Transac (Month/Da  Shares  02/06/2  Table II - Derivat (e.g., pt  Conversion or Exercise Price of Derivative  (Month/Day/Year)  3. Transaction San Date (Month/Day/Year)	E SHARATHCHANDRA S  (First) (Middle)  CRAVANCE BIOPHARMA US, INC.  TEWAY BOULEVARD  Table I - Non-Derivative Security (Instr. 3)  Conversion or Exercise Price of Derivative (Month/Day/Year)  The 3. Date (2/10)  Table II - Non-Derivative Security (Instr. 3)  Table II - Derivative Security (e.g., puts, call and code (if any (Month/Day/Year))  A. Deemed Execution Date, (if any (Month/Day/Year))  The 3. Date (2/10)  A. If A 2. 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Explanation of Responses:

Brett A. Grimaud, Attorney-in-Fact 02/08/2017

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.