## 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 <sup>*</sup> HAUMANN BRETT K						2. Issuer Name and Ticker or Trading Symbol <u>Theravance Biopharma, Inc.</u> [TBPH]											p of Reporti blicable) tor	ng Per	rson(s) to 10% C	
(Last)	(Fir	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 02/20/2017									Х	Offic belov	er (give title w)		Other below)	(specify
C/O THERAVANCE BIOPHARMA US, INC.																SVP	/P Clin Dev & Chief Med C			Ofc
901 GATEWAY BLVD					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form filed by One Reporting Person					son
	SOUTH SAN CA 94080 FRANCISCO														Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) Date (Month/Day)					/Year)	Execution Date,			3. Transaction Code (Instr. 8)						3, <sup>°</sup> 4 Secu Bene Owne		icially d	Form (D) o	ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price		Following Reported Transaction(s) (Instr. 3 and 4)		linsu	. 4)	(1150. 4)
Ordinary Shares 02/20/20						)17			F		14,434	4	D	\$33	.78 17		77,471		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)	ve Conversion Date Execution Date or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		g nstr.	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	0 Fe 0 (1) (1)	wnership orm: irect (D) r Indirect ) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Titl	or Nu of	nount mber ares						

Explanation of Responses:

Brett K Haumann

02/22/2017

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.