FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT C	OF CHANGES IN E	BENEFICIAL	OWNERSHIP

ı	OMB APPRO	JVAL						
	OMB Number:	3235-0287						
l	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).

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 * $\underline{HAUMANN\ BRETT\ K}$						2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]								neck all a Dir	nip of Reportir oplicable) ector icer (give title		Owner	
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD						3. Date of Earliest Transaction (Month/Day/Year) 08/20/2017									^ bel	ow)	belov & Chief Med	<i>ı</i>)` ′
(Street) SOUTH S FRANCI	sco C		94080 (Zip)		4. If	Ame	ndment,	Date of	f Original	Filed	(Month/Da	ay/Year)	6. I Lin	e) <mark>X</mark> Fo Fo	rm filed by On	p Filing (Check e Reporting Pei re than One Re	son
		Tab	le I - Nor	n-Deriva	ative	Sec	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	ficia	ly Owi	ned		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)				Secu Bene	nount of irities eficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (D	() or ()	Price	Tran	saction(s) r. 3 and 4)		(111501.4)
Ordinary Shares 08/20/				/2017			F		7,064 D		\$ <mark>27</mark> .	.4 149,342		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) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/Year)		Date,	Code (Instr.		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			3. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amo or Num of Sha	ber				

Explanation of Responses:

Brett A. Grimaud, Attorney-in-08/22/2017

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.