FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Vashington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

											5pa									
1. Name and Address of Reporting Person* Molineaux Susan					2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]									(Ch	Relationship leck all appli X Directo			son(s) to Iss		
	`	E BIOPHARMA	(Middle) US, INC	2.	3. Date of Earliest Transaction (Month/Day/Year) 04/28/2020 Officer (give title below) below) Other (specify below)										specify					
(Street) SOUTH FRANCE	()	A	94080		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	e) X Form f Form f						
(City)	(S	tate)	(Zip)																	
		Tab	le I - Noi	n-Deriv	ative	Sec	uritie	s Ac	quire	l, Di	sposed	of, c	or Ben	eficia	ly Owne	t				
Date			2. Trans Date (Month/		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		n Dispos	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefici Owned	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Cod	e V	Amou	nt	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Ordinary	Shares			04/28	3/2020)			A		6,6	35	A	\$0	6,	635		D		
Ordinary	Shares														34,571 I			By Family Trust		
		ī									osed c				/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,	4. Transa Code (8)				6. Date Expirat (Month	on Dat		Amount of			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form Direct or Ind (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	V	(A)	(D)	Date Exercis		Expiration Date	ı Titl		Amount or Number of Shares						
Share Option (Right to	\$30.14	04/28/2020			A		6,000		(1)		04/27/203		dinary nares	6,000	\$0	6,000)	D		

Explanation of Responses:

Buy)

1. This option may be exercised and shall be vested as to 1/12th of the shares subject to this option when optionee completes each continuous month of service following the grant date and any then remaining unvested shares shall vest on the date of the next annual meeting of the Company's shareholders provided the optionee remains in continuous service on such date.

Brett A. Grimaud, Attorney-in-04/30/2020

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.