FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	HID EXCHANGE COMMINION
Washington	D C 20540

OIVIB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	ourden								
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(0). 50	ee Instruction	10.																			
1. Name and Address of Reporting Person* Farnum Rhonda				2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u> ramun</u>	Milliud	<u>L</u>										-			Director			10% Ov			
					_									V	Office below	er (give title		Other (s	specify		
(Last)	`	,	/liddle)			3. Date of Earliest Transaction (Month/Day/Year)									SVP, COMM & MEDICAL AFFAIRS						
C/O THE	ERAVANC	E BIOPHARMA	US, IN	NC.	08/20/2024																
901 GATEWAY BLVD																					
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Street)	G 1 3 T														Line)						
SOUTH	~ · · · · · · · · · · · · · · · · · · ·	A 9	4080											V	_	filed by On		•			
FRANCI	SCO														Form filed by More than One Reporting Person						
(City)	(8	tate) (Z	Zip)																		
		Table	I - Noi	n-Deriva	tive S	Secu	rities	s Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)					Execut		Deemed cution Date, y nth/Day/Year)				ies Acquired (A Of (D) (Instr. 3,		4 and Secur Benef Owne		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or F	rice		ted action(s) 3 and 4)			(Instr. 4)		
Ordinary Shares 08/20/2					2024				F		9,222(1)	I)	\$8.22	326,743			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 Execution Date, if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership (Instr. 4)			
					Code V		(A)	(D)	Date Exercis	able	Expiration Date	Amou or Numb of Share		ber							

Explanation of Responses:

1. Shares withheld to satisfy tax obligations arising out of the vesting of previously granted restricted stock units. The share withholding transaction was with the issuer and did not involve an open market

/s/ Brett A. Grimaud, Attorney-in-Fact

08/22/2024

** 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.