SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL								
OMB Number:	3235-0287							
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		Person*	2. Issuer Name and Ticker or Trading Symbol <u>Theravance Biopharma, Inc.</u> [TBPH]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				X	Director	10% Owner				
(L pot)	(Firet)		_	x	Officer (give title below)	Other (specify below)				
		. ,	3. Date of Earliest Transaction (Month/Day/Year) 08/14/2015		Chief Executiv	,				
901 GATEWAY	BOULEVA	RD								
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	vidual or Joint/Group Fili	ing (Check Applicable				
SOUTH SAN	CA	94080		X	Form filed by One Re	eporting Person				
FRANCISCO					Form filed by More th Person	an One Reporting				
(City)	(State)	(Zip)								

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquir Disposed Of (D) (Ins			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Ordinary Shares	08/14/2015		Р		63,140	A	\$11.79 ⁽¹⁾	583,298	D	
Ordinary Shares	08/17/2015		Р		16,860	A	\$12.13 ⁽²⁾	602,056 ⁽³⁾	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(3 / 1		,			• · ·							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents the weighted average purchase price per share purchased on August 14, 2015. The shares were purchased at prices ranging from \$11.73 to \$11.96 per share. Full information regarding the number of shares purchased at each price shall be provided upon request from the staff of the U.S. Securities and Exchange Commission, the Issuer, or a security holder of the Issuer.

2. Represents the weighted average purchase price per share purchased on August 17, 2015. The shares were purchased at prices ranging from \$12.06 to \$12.27 per share. Full information regarding the number of shares purchased at each price shall be provided upon request from the staff of the U.S. Securities and Exchange Commission, the Issuer, or a security holder of the Issuer.

3. Includes 1,898 shares acquired under the Theravance Biopharma, Inc. 2013 Employee Share Purchase Plan on May 15, 2015.

Rick E Winningham

** Signature of Reporting Person

08/17/2015

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.