SEC For	rm 4																	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549																		
to Section 16. Form 4 or Form 5 obligations may continue. See						Pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									OMB Number:         3235-0287           Estimated average burden            hours per response:         0.5			
1. Name and Address of Reporting Person <sup>*</sup> <u>GRAHAM RICHARD A</u>					2. Issuer Name and Ticker or Trading Symbol <u>Theravance Biopharma, Inc.</u> [ TBPH ]									heck all app Direc V Office	licable) tor er (give title	10% Ow ive title Other (s		wner
(Last)(First)(Middle)C/O THERAVANCE BIOPHARMA US, INC.901 GATEWAY BLVD					3. Date of Earliest Transaction (Month/Day/Year) 12/01/2022									A below) below) SVP, RESEARCH & DEVELOPMENT				
(Street) SOUTH SAN CA 94080 FRANCISCO				4. lf /									<ul> <li>Individual or Joint/Group Filing (Check Applicable ine)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>				on	
(City) (State) (Zip)																		
Table I - Non-Deriva       1. Title of Security (Instr. 3)     2. Transac Date (Month/Date)				tion 2A. Deemed Execution Date,			3. Transa	d, Disposed of, or Bene       saction e (Instr.       9       V     Amount       (A) or (D)		ed (A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Ordinary Shares 12/01/2					022				S		2,084	D	\$10	.73 31	3 313,520			
		Tal	ble II -								osed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)				6. Date Expirat (Month	tion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ıt	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (E or Indire (I) (Instr.	n: ct (D) direct	Beneficial ) Ownership ct (Instr. 4)
					Code	v			Date Exercisable		Expiration Date	0	lumber f ihares					

Explanation of Responses:

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

12/05/2022

Date

\*\* Signature of Reporting Person

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.