FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
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0.5

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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*  HEGDE SHARATHCHANDRA S						2. Issuer Name <b>and</b> Ticker or Trading Symbol Theravance Biopharma, Inc. [ TBPH ]									Check	all app	licable)			ssuer Owner (specify	
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 05/20/2019									X Officer (give tide below) SVP, Resear				below)			
(Street) SOUTH SAN FRANCISCO CA 94080  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indivine)	Form Form	al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Noi	n-Deriva	ative	Sec	curitie	s Ac	quired	Dis	posed o	f, oı	r Ben	eficia	ally	Owne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution D		Date,	Code	Transaction Disposed Code (Instr. 5)		ies Acquired (A) Of (D) (Instr. 3, 4				5. Amount of Securities Beneficially Owned Following Reported		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		Transa	ction(s) 3 and 4)			(IIISU. 4)	
Ordinary Shares 05/20/2					2019			F		2,272		D	\$19.84		262,172		]	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	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	Code (Insti				6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)			Deriv Secu	ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D) or Indirec (I) (Instr.	nership rm: ect (D) Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	ount mber ares							

Explanation of Responses:

Sharathchandra S Hegde

05/22/2019

\*\* 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.