FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	DVAL				
	OMB Number:	3235-0287				
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	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).

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* GALA RENEE D (Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD						2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH] 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2018										Relationship of Reportir Check all applicable) Director X Officer (give title below) SVP, Chief F			10% Owner Other (specify below) inancial Officer	
(Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)										Individue)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						tion 2A. Deemed Execution Da			3. Transaction Code (Instr.		4. Securities Acquired (A)			(A) or	or 5. 4 and Se Be		5. Amount of Securities Beneficially		rship irect direct 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					2018				Code	v	33,750	(1)	A) or D)	A \$0				D		
		la									sed of, onvertib				y Ow	ned				
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, Transact					6. Date E Expiration (Month/I		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amo or Num of Sha	ber						

Explanation of Responses:

1. On March 15, 2016, the reporting person was granted a performance stock award that vests based on the achievement of certain performance conditions over a five-year timeframe from 2016 through December 31, 2020 and continued employment. On May 14, 2018, the performance conditions applicable to 33,750 shares were achieved and such shares will vest on May 20, 2018.

2. Includes 865 shares acquired under the Theravance Biopharma, Inc. 2013 Employee Share Purchase Plan on May 15, 2018.

Renee D Gala

05/16/2018

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.