FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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).

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. Name and Address of Reporting Person [*] Molineaux Susan						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					
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 05/17/2017										er (give title			(specify	
C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD.					4. If Ai	4. If Amendment, Date of Original Filed (Month/Day/Year)									ie)	,				
(Street) SOUTH SAN FRANCISCO CA 94080														Form	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,			Transaction Dispo Code (Instr. and 5)			rities Acquired (A ed Of (D) (Instr. 3,					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	/	Amount		A) or D)	Price	Repo Trans	ported insaction(s) str. 3 and 4)		,		
Ordinary Shares 05/17/2					2017	017			A		6,000		A	\$ <mark>(</mark>) 1	12,000		D		
Ordinary Shares																6,000		I	By Family Trust	
	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)	ar) if any	emed ion Date, n/Day/Year)		Fransaction Code (Instr.		imber rative rities iired r osed) :. 3, 4 5)	6. Date Exercisabl Expiration Date (Month/Day/Year)		ar) Am Uno Der Sec		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or		1	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		xpiration ate	Title	Num of Shar							

Explanation of Responses:

Brett A. Grimaud, Attorney-in- 05/18/2017

Fact

** 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.