FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| I | Estimated average burden | | | | | | | | | |
| ١ | hours per response: | 0.5 | | | | | | | | |

| | Check this box if no longer subjec |
|--------|------------------------------------|
| \neg | 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 ar | 2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | | | | |
|--|--|-------|--------|---|--|----------|---|--|---|---|--|-------------------------------------|--------------------------------------|--|---|--|--|---------------------------------------|---|
| (Last) | Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/20/2023 | | | | | | | | v) `` | | below) | |
| 901 GAT | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | r) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | | | | |
| (Street) SOUTH FRANCE | TH SAN | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | ended to | | | |
| | | Table | l - No | n-Deriva | tive S | ecui | rities | Acc | uired, | Dis | posed of | f, or I | Benefi | ciall | y Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execut //Year) if any | | eemed ution Date, , th/Day/Year) | | | | | ies Acquired (/ Of (D) (Instr. 3 | | , 4 and Se Be Ow | | i. Amount of Securities Beneficially Dwned Following | | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pric | e | | orted saction(s) : 3 and 4) | | | |
| Ordinary | 2023 | | | | F | 8,744(1) | | I |) \$1 | 1.21 2 | | 268,973 | | 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) | tive Conversion Date ty or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | Der Sec (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | | |

Explanation of Responses:

1. Shares withheld to satisfy tax obligations arising out of the vesting of previously granted restricted stock units. The share withholding transaction was with the issuer and did not involve an open market transaction.

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

05/23/2023

** 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.