FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

D.C. 20549	OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

	Check this box if no longer subject to Section 16. Form 4 or Form 5									
J	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*  HAUMANN BRETT K					2. Issuer Name <b>and</b> Ticker or Trading Symbol Theravance Biopharma, Inc. [ TBPH ]										heck al ا ر	II applio Directo	cable)	g Person(s) to I 10% (		
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD					3. Date of Earliest Transaction (Month/Day/Year) 02/20/2016											below)	) "	below Developmen	)``	
(Street) SOUTH: FRANCI (City)	SCO C		94080 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X	,				
		Tabl	e I - Nor	n-Deriva	ative	Sec	curitie	s Ac	quired	, Dis	posed o	f, or	Ben	eficia	ally O	wned	t			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Day/Year) if a		A. Deemed execution Date, fany Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			nd Se B O	5. Amount of Securities Beneficially Owned Following		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	Tr	Reported Transaction(s) (Instr. 3 and 4)			(111501.4)	
Ordinary Shares 02/20/						0/2016					18,425	5	D \$15		5.65 121,508		1,508	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. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiration (Month/I		7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		str. 3	8. Price Derivat Securit (Instr. 5	tive d ty S 5) E F F	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)	Date Exercisa		Expiration ble Date		or	ount nber ires						

**Explanation of Responses:** 

Brett A. Grimaud, Attorney-in-

**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.