FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasimigton	, D.O. 20040	

OMB APPROVAL

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).

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 7									
Name and Address of Reporting Person* Shafer Bradford J					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% Ow	ner	
/I aat)	/5	inot	(Middle)	—									X	Officer (below)	(give title		Other (specification)	pecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)							Sr VP, Gen. Counsel, Secretary						
C/O THERAVANCE BIOPHARMA US, INC.					09/08/2014														
901 GATEWAY BOULEVARD				L															
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
SOUTH	SAN C	۸	94080										X Form filed by One Reporting Person						
FRANCISCO CA 94080												Form filed by More than One Reporting Person					ing		
(City)	(S	tate)	(Zip)																
		Ta	ble I - Non-	Derivat	ive Se	ecurities	s Ac	quired	, Dis	posed o	f, or Be	eneficia	lly O	wned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Day/Year) Execution		cution Date,		Transaction Disposed Code (Instr.		ities Acquired (A) o d Of (D) (Instr. 3, 4		4 and 5) Securit Benefic Owned		3	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct I Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	or Price	rice Repor				10	Instr. 4)	
			Table II - D (e							osed of, converti			/ Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Code	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Dei Sei	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Share	s		Transaction(s) (Instr. 4)				
Share Option (Right to Buy)	\$28.75	09/08/2014		A		170,000		(1)		09/07/2024	Ordinary Shares	170,00	0	\$0	170,00	00	D		

Explanation of Responses:

1. This option shall vest and become exercisable as follows: (a) with respect to the first 25% of the Company's shares subject to the option on September 1, 2015, subject to the optionee's continuous service through such date and (b) with respect to an additional 1/48th of the Company's shares subject to the option when the optionee completes each month of continuous service thereafter. The option shall be fully vested and exercisable on September 1, 2018 provided the optionee remains in continuous service with the Company through such date.

Bradford J. Shafer

09/10/2014

** 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.