Check this baok if no longer subject to Section 16, Form 4 of Form 5 instruction 1(b). OMB Number Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH] 5. Relationship of Reporting Person* (Last) (First) (Middle) 5. Relationship of Reporting Person* (Last) (First) (Middle) 2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH] 5. Relationship of Reporting Person* (Cord THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD 5. Relationship of Reporting Person* (City) (State) (Zip) 6. Individual or Joint/Group Filing Line) Volta Person 4. If Amendment, Date of Original Filed (Month/Day/Year) (City) (State) (Zip) 6. Individual or Joint/Group Filing Line) 1. Title of Security (Instr. 3) 2. Transaction (Month/Day/Year) (Month/Day/Year) 2. Transaction (Month/Day/Year) 3. Start Baceurites Acquired, Disposed of, or Beneficially Owned Transaction (Signed Tick) (Instr. 3, 4 and Securities Securities Acquired, Disposed of (D) (Instr. 4, 4 and 5. Securities Securities Acquired, Disposed of (D) Price (Instr. 3 and 4) 5. Amount of Transaction (Signed Tick) (Instr. 4, 4 and 3) 5. Amount of Transaction (Signed Tick) (Instr. 3, 4 and 4) Ordinary Shares 02/18/2022 F 8,369(1) D \$9.61 110,319 1 Table I - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities 5. Amount of		rm 4															
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Instruct and Address of Reporting Ferson BRADY ANN Image: trained and Address of Reporting Ferson Instruct and Ad	to Section 16. Form 4 or Form 5 obligations may continue. See					pursuant to Section 16(a) of the Securities Exchange Act of 1934								ERSHIP OMB Number: 323 Estimated average burden hours per response:			3235-0287 Irden 0.5
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 3. Date of Earliest Transaction (Month/Day/Year) PRESIDENT, 7 901 GATEWAY BLVD 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. A. Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following Reported Transaction(5) (Instr. 3 and 4) 6. Owned Securities (Instr. 3 and 4) Ordinary Shares 02/18/2022 F 8,369(1) D \$9.61 110,319 1 1. Title of 2. 3. Transaction 3. Transaction (e.g., puts, calls, warrants, options, convertible securities) 8. Price of 9. Number of 1														Director 10% Owner Officer (give title Other (specify			
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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.

Date Exercisable Expiration Date

<u>/s/ Brett A. Grimaud,</u>	02/22/2022
<u>Attorney-in-Fact</u>	02/23/2022
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Number

of Shares

Title

** 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).

Code V

(A) (D)

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.