FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	JVAL
	OMB Number:	3235-0287
	Estimated average burd	en
	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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* O'Connor Donal			2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]								(Ched	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				ner			
	`	E BIOPHARMA	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/21/2015									Officer below)	(give title		Other (s below)	pecify
(Street) SOUTH SAN FRANCISCO CA 94080			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(St	ate)	(Zip)																
		Tab	le I - Non	-Deriv	ative	e Se	curities	Acc	quired, I	Disp	osed o	f, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				4 and Securitie Beneficia Owned F		es Formally (D) (Following (I) (II)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) o	r Pri	ice	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
Ordinary Shares 10/21/				/2015		A		3,000 A			\$ <mark>0</mark>	3,000			D				
		٦	Table II - D						uired, Di , option:						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Transa Code (of		6. Date Exercisal Expiration Date (Month/Day/Year)		r) Amount of Securitie Underlyii		of es ng /e Security		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisabl		xpiration vate	Title	Amo or Num of Shar	ber					
Share Option (Right to Buy)	\$13.57	10/21/2015			A		12,000		(1)	1	0/20/2025	Ordinary Shares	12,0	000	\$0	12,000)	D	

Explanation of Responses:

1. This option may be exercised and shall be vested as of 1/24th of the shares subject to this option when optionee completes each continuous month of service following the grant date.

Brett A. Grimaud, Attorney-in-

Fact

** Signature of Reporting Person

10/23/2015

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.