FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	nuc. See		Filed							es Exchange npany Act of		f 1934		nours	s per re	esponse:	0.5
Name and Address of Reporting Person* WORBOYS PHILIP D					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 V Officer (give title Other (specif				
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2021								A belo	below) below) SVP, Research & Transl Science					
(Street) SOUTH FRANCE	•	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
		Table	I - Nor	n-Deriva	tive S	ecur	ities Ac	quire	ed, [Disp	osed of	, or B	enefic	ially Ow	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		ution Date,	Co	Transaction Code (Instr.					and Secu Bene Own	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
					Co	ode	v	Amount	(A) (D)	or Pric	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Ordinary Shares 05/20/2					2021		1	F		4,310	D	\$1	7.8	.8 339,369		D		
		Tal									sed of, o				ed			
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date ty or Exercise (Month/Day/Year) if any		on Date,		ransaction of Code (Instr. Derivative		Exp (Mo	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		1		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

(A) (D) Exercisable Date

Explanation of Responses:

Brett A. Grimaud, Attorney-

Title Shares

in-Fact

05/24/2021

** 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

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.