
**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, DC 20549

FORM 8-K

**Current Report Pursuant
to Section 13 or 15(d) of the
Securities Exchange Act of 1934**

Date of Report (Date of earliest event Reported): **August 12, 2015**

THERAVANCE BIOPHARMA, INC.

(Exact Name of Registrant as Specified in its Charter)

Cayman Islands
(State or Other Jurisdiction of
Incorporation)

001-36033
(Commission File Number)

98-1226628
(I.R.S. Employer Identification Number)

**PO Box 309
Ugland House, South Church Street
George Town, Grand Cayman, Cayman Islands KY1-1104
(650) 808-6000**

(Addresses, including zip code, and telephone numbers, including area code, of principal executive offices)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
 - Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
 - Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
 - Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))
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Item 7.01. Regulation FD Disclosure.

The information in this Current Report (including Exhibit 99.1) is being furnished and shall not be deemed “filed” for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Securities Exchange Act of 1934”), or otherwise subject to the liabilities of that Section. The information in this Current Report (including Exhibit 99.1) shall not be incorporated by reference into any registration statement or other document pursuant to the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such filing.

Attached as Exhibit 99.1 to this report, and incorporated herein by reference, is a slide presentation, which was presented by Theravance Biopharma, Inc. at the Wedbush PacGrow Healthcare Conference on August 12, 2015 in New York, NY.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

99.1 Theravance Biopharma’s Investor Slide Presentation at Wedbush PacGrow Healthcare Conference on August 12, 2015

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

THERAVANCE BIOPHARMA, INC.

Date: August 12, 2015

By: /s/ Renee D. Gala
Renee D. Gala
Senior Vice President and Chief Financial Officer

EXHIBIT INDEX

Exhibit No.	Description
99.1	Theravance Biopharma's Investor Slide Presentation at Wedbush PacGrow Healthcare Conference August 12, 2015



Theravance Biopharma, Inc. (NASDAQ: TBPH)
Rick E Winningham, Chief Executive Officer

Wedbush PacGrow Healthcare Conference
August 12, 2015

Cautionary Statement Regarding Forward-Looking Statements

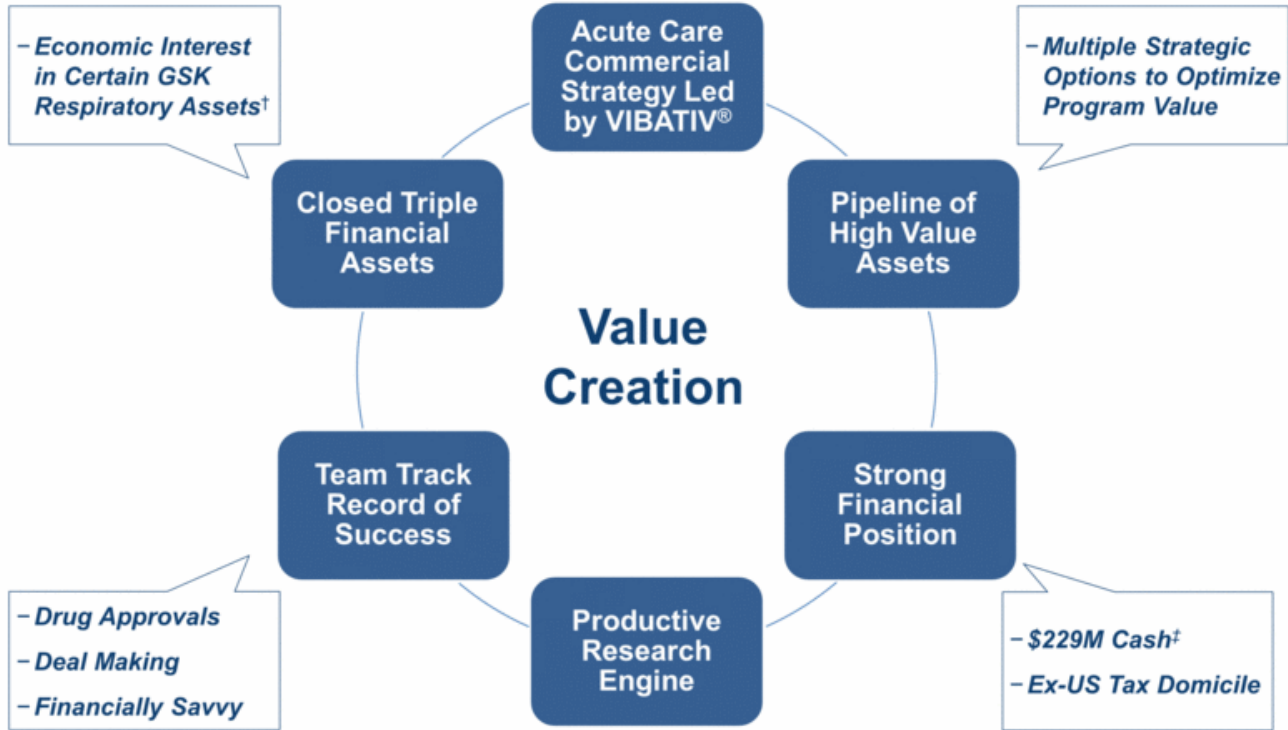
Under the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995, the company cautions investors that any forward-looking statements or projections made by the company are subject to risks and uncertainties that may cause actual results to differ materially from the forward-looking statements or projections.

Examples of forward-looking statements in this presentation include statements relating to the company's business plans and objectives, including financial and operating results, potential partnering transactions and sales targets, the company's regulatory strategies and timing and results of clinical studies, and the potential benefits and mechanisms of action of the company's product and product candidates (including their potential as components of combination therapies).

The company's forward-looking statements are based on the estimates and assumptions of management as of the date of this presentation and are subject to risks and uncertainties that may cause the actual results to be materially different than those projected, such as risks related to delays or difficulties in commencing or completing clinical studies, the potential that results from clinical or non-clinical studies indicate product candidates are unsafe or ineffective (including when our product candidates are studied in combination with other compounds), delays or failure to achieve and maintain regulatory approvals for product candidates, risks of collaborating with third parties to discover, develop and commercialize products and risks associated with establishing and maintaining sales, marketing and distribution capabilities. Other risks affecting the company are described under the heading "Risk Factors" and elsewhere in the company's Form 10-Q filed with the Securities and Exchange Commission (SEC) on May 13, 2015, under the heading "Risk Factors" contained in the Form S-3 Registration Statement filed by Theravance Biopharma with the SEC on July 9, 2015, and other periodic reports filed with the SEC.

Theravance Biopharma **Investment Highlights**

Multiple Opportunities for **Value Creation**



[†] TBPH is entitled to receive an 85% economic interest in any future payments that may be made by GSK pursuant to its agreements with Theravance, Inc. relating to the Closed Triple program and the MABA program.

[‡]

Includes cash, cash equivalents and marketable securities as of June 30, 2015

VIBATIV[®] (telavancin)
Commercial, Once-Daily, Dual Mechanism Antibiotic

What is **VIBATIV**[®]?

First FDA approved lipoglycopeptide exhibiting concentration-dependent bactericidal activity via a **dual mechanism** of action that inhibits cell wall synthesis and disrupts membrane barrier function

Active against Gram-positive bacteria, including methicillin-resistant *Staphylococcus aureus* (**MRSA**)

Intravenously administered;
once-daily dosing



Approved in the U.S. for treatment of the following infections in adult patients caused by designated susceptible bacteria:

- Complicated skin and skin structure infections (**cSSSI**)
- Hospital-acquired and ventilator-associated bacterial pneumonia (**HABP/VABP**) caused by susceptible isolates of *Staphylococcus aureus* when alternative treatments are not suitable

VIBATIV[®]: **Focus** for 2015

Targeting 2015 worldwide revenue¹ of \$15-18 million

- Increasing U.S. sales force to **50 reps** in targeted territories
- Leveraging regional **partners** outside the U.S. to extend commercial reach and build VIBATIV into a global brand

Establishing VIBATIV in the market as a differentiated product

- *In vitro* **potency** as great or greater than any other approved Gram+ antibiotic
- Aiming for **broadest set of indications** among branded anti MRSA agents

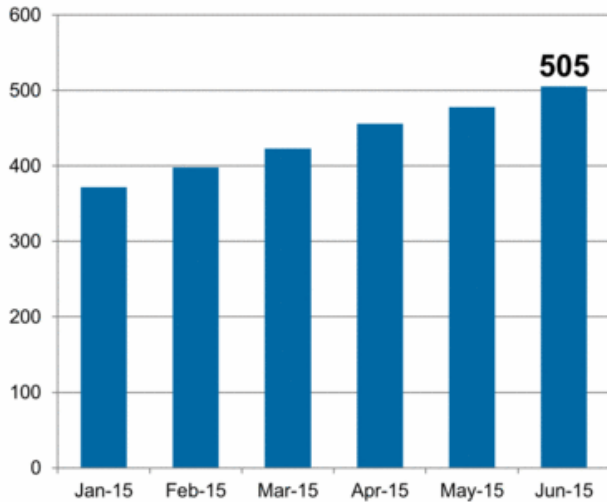
Generating additional efficacy data in patients

- Initiate Phase 3 **registrational bacteremia study** in ~250 patients
- Initiate Patient **registry** study (TOUR) in ~1,000 patients

VIBATIV® Commercialization

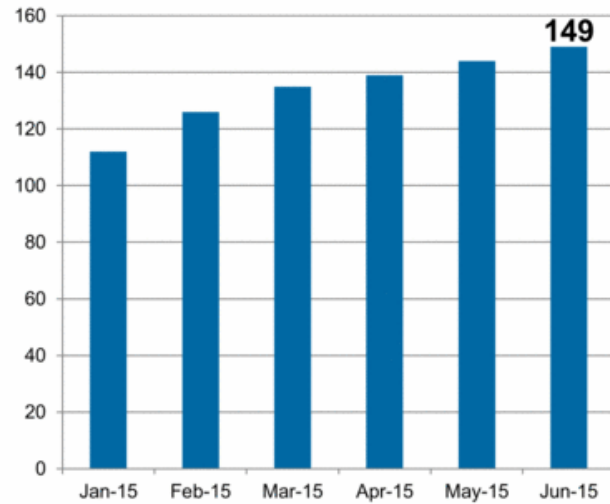
Steady Growth in Accounts and Formulary Wins

**Accounts with VIBATIV Sales
thru June 2015**



➤ Encouraged by steady account growth Q1 to Q2

**Cumulative Formulary Wins
thru June 2015**



➤ Important metric for in-hospital antibiotics; on track to achieve 2015 goal

➤ 79 formularies YTD and >150 cumulatively¹

⁷ Source(s): Account data from Symphony Sales, through June 2015; Formularies based on field intelligence
¹As reported August 10, 2015

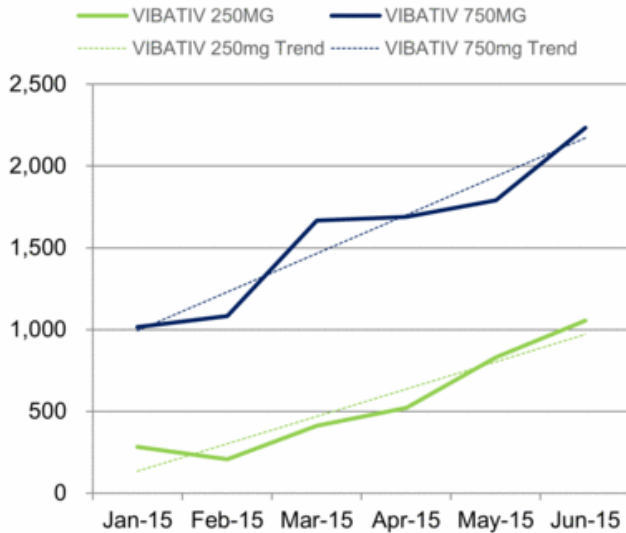
VIBATIV® Commercialization

Month-to-Month Sales Volume

Unit Sales Volume Increased
60% Q1 vs. Q2 2015¹

Factors Driving Utilization

VIBATIV 250mg & 750mg
Volume Units²



- Clinical data, MSLs and publications driving physician education
- Physician know-how and experience driving usage
- Physicians use VIBATIV when³...
 - "other agents fail"
 - "need rapid bactericidal activity"
 - "patients have multiple comorbidities"
 - "cases have documented resistance"

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¹Percent change on total mgs sold

²Symphony Sales Data, through June 2015

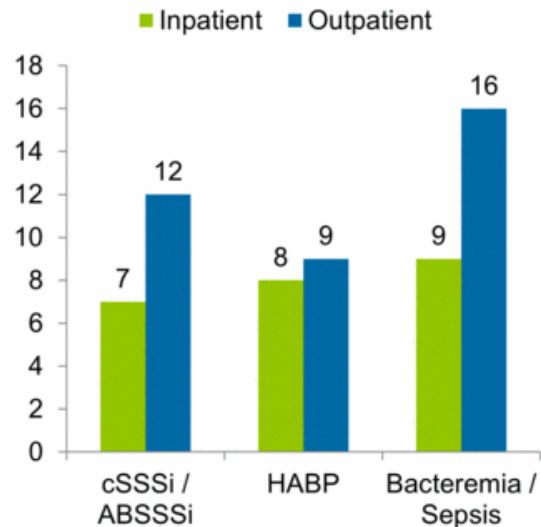
³TBPH market research

Telavancin Phase 3 Study in **Bacteremia**

Label **Expansion Strategy**

- Trial designed to **support regulatory filing** and potential **label expansion**¹
- ~250 patients at ~70 clinical sites in the U.S. and ROW **initiated February 2015**
- **Only two antibiotics approved in the U.S.** for the treatment of MRSA bacteremia; **treatment failure is common**
- Study **estimated to complete in 2017**

Average Days of Therapy (DOT)



* Source: "Treatment Trends®: Hospital Discharge and Outpatient Parenteral Antibiotic Therapy (US)" © June 2014 DR/Decision Resources, LLC. All rights reserved. Reproduction, distribution, transmission or publication is prohibited. Reprinted with permission.
 * Note: This analysis only considers treatment days for patients treated in both inpatient setting & OPAT for each infection type; excluded patients treated w/ OPAT w/o recent hospital or ER
 * ID specialists responded to "Please estimate duration of therapy, both inpatient therapy and outpatient therapy, for OPAT patients." (n-sizes vary by infection type & inpatient vs. outpatient.)

VIBATIV®: Potential for **Broadest Set** of Indications Among Branded Anti-MRSA Agents

Compound	SSSI*	Indications	
		HABP/VABP	Bacteremia
telavancin	✓	✓	Registrational Study
ceftaroline	✓		
dalbavancin	✓		
daptomycin	✓		✓
linezolid	✓	✓	
oritavancin	✓		
tedizolid	✓		

10 (*) Complicated or Acute Bacterial Skin or Skin Structure Infection

TD-4208
Nebulized Long-Acting Muscarinic Antagonist (LAMA)

TD-4208: Compelling Need for Once-Daily Nebulized LAMA

Enduring Patient Niche and Significant Market Opportunity

Unmet Need for Nebulized LAMA Therapy

- Once-daily LAMAs are **first-line therapy** for moderate to severe COPD¹
- **No nebulized LAMAs available today**; only available in handhelds

Enduring Patient Niche with Potential for Premium Pricing

- **>100M patient treatment days** in nebulized LABA, SAMA and SAMA/SABA therapy³
- **41%** of COPD patients use nebulizers at least occasionally for bronchodilator therapy²
- **9%** of COPD patients currently use nebulizers for ongoing maintenance therapy²
- Pricing in branded LA nebulized segment ~ 2x premium to handheld Spiriva³

Significant Market Opportunity

- TD-4208 **complementary to existing nebulized LABA** treatment options
- Mylan brings commercial strength in nebulized segment

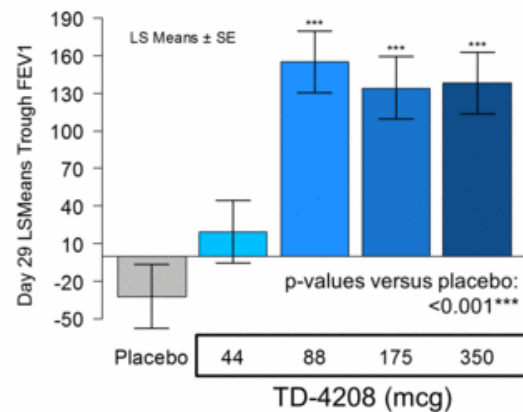
¹ Global Strategy for Diagnosis, Management, and Prevention of COPD
¹² TBPH market research (N = 160 physicians); Refers to US COPD patients

² Estimate derived from use of information under license from the following IMS Health information service: NSP for period MAT May, 2015. Excludes nebulized short-acting beta agonists. IMS expressly reserves all rights, including rights of copying, distribution and republication

Favorable Phase 2 Results Support Phase 3 Registrational Program in COPD

Phase 2b Study 0117 Met Primary Endpoint at 88 mcg and Above

- 355 patients with moderate to severe COPD
- Primary endpoint: Change from baseline in trough FEV₁ following 28 days



Plan to Initiate Phase 3 Program in second half of 2015

- Two replicate 3-month efficacy studies expected to read-out in 2016
- Single 12-month safety study expected to read-out in 2017
- ~2,300 patients across three studies
- Studies will test two doses: 88 mcg and 175 mcg administered once-daily

Strategic Collaboration with Mylan

Nebulized LAMA TD-4208 in COPD/Other Respiratory Diseases

Financial

- **Significant funding for Theravance Biopharma** including **\$15M initial payment** and **up to \$220M** in development/commercialization milestones
- **Profit share** in US and low to mid-teen **double-digit royalties** ex-US

Development

- **TBPH leads development** program in U.S. program fully funded by Mylan¹

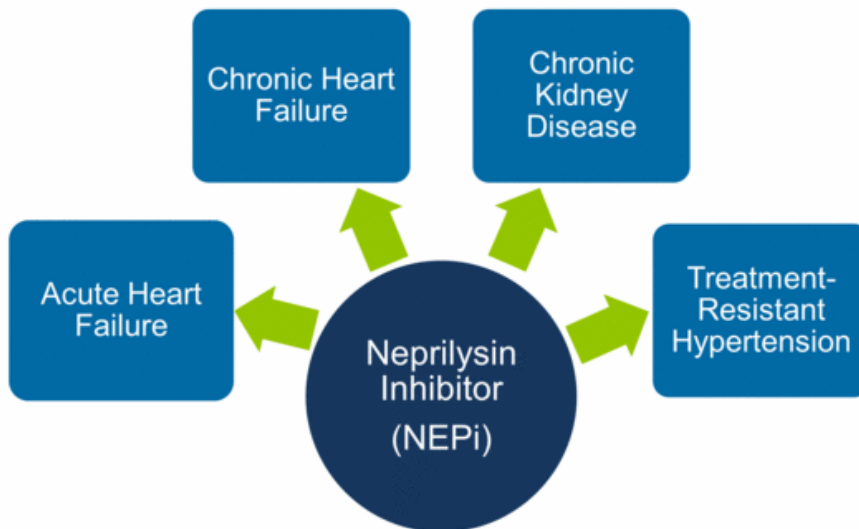
Commercial

- **Mylan leads commercialization in U.S., subject to FDA approval**
 - **US: TBPH co-promote under profit split** (65% Mylan / 35% TBPH)
 - **Ex-US: TBPH receives royalties**

¹ Applies through FDA approval of first product containing 4208

Neprilysin Inhibitor (NEPi) Program
*Potential Best-in-Class Therapeutic for
Cardiovascular and Renal Disease*

Targeting Broad Population of Patients in **Large Markets** Across Range of Cardiovascular and Renal Diseases



Acute Heart Failure 0.7 million ER visits annually ¹	Chronic Heart Failure 5.1 million people ²	Chronic Kidney Disease 20 million people or 10% of adults ³	Treatment-Resistant Hypertension ~10% of treated hypertensive population ⁴
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(U.S. estimates)

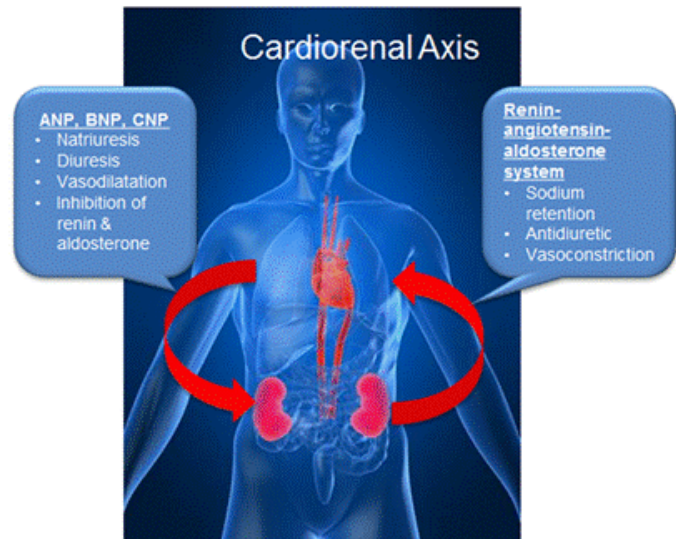
16 ¹www.circ.ahajournals.org
²www.cdc.gov

³www.cdc.gov
⁴www.prconline.gov

NEP: **Key Therapeutic Target** for Cardiovascular and Renal Diseases

Utility of NEP in Cardiovascular and Renal Disease

- Degradation of natriuretic peptides
- Reduction in mortality and morbidity in CHF patients
- Diuresis
- Control of blood pressure
- Reversal of maladaptive changes in heart and vascular tissue



Adapted from Burnett JC. Potential of Natriuretic Peptide in Left Ventricular Remodeling. http://www.medscape.com/viewarticle/471538_4

ARNI (ARB + NEPI) Class of Medicines: Potential **Paradigm Shift** for Patients with Congestive Heart Failure



Entresto®

- FDC of valsartan (ARB) and sacubitril (NEPI)
- Indicated to reduce risk of CV death and hospitalization for HF patients with CHF
- Showed reduction in overall mortality of >20% vs. standard of care
- Global peak sales forecast: \$6 billion to \$11 billion¹

Entresto® represents just the beginning of the NEP inhibitor class's therapeutic potential

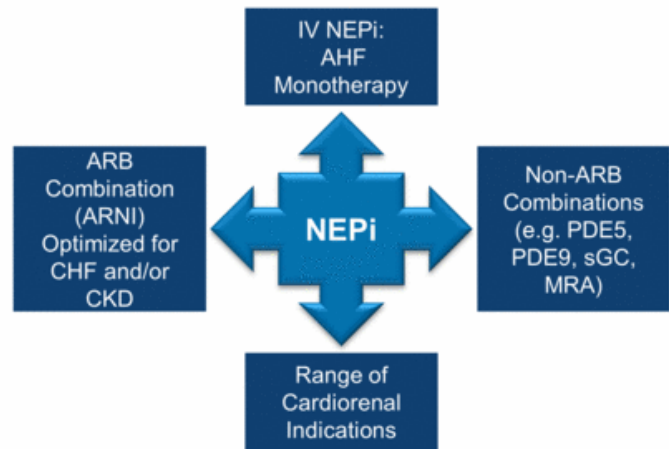
NEPi Program: Versatile Platform Across Wide Spectrum of Treatments

TBPH NEPi Key Potential Points of Differentiation

- Non-renally cleared
- Potential once-daily dosing
- Oral and IV administration
- Mono- or combo-therapy (FDC or co-administration)

Program Goals

- Target broad populations of patients with cardiovascular and renal disease
- Multiple candidates progressing through pre-IND tox; initiate Phase 1 late 2015/early 2016
- Key value inflection Phase 1b/2a



Disease Indications	Clinical Validation ¹	Preclinical Validation ²
Chronic Heart Failure	✓	
Acute Heart Failure		✓
Hypertension	✓	
Chronic Kidney Disease		✓

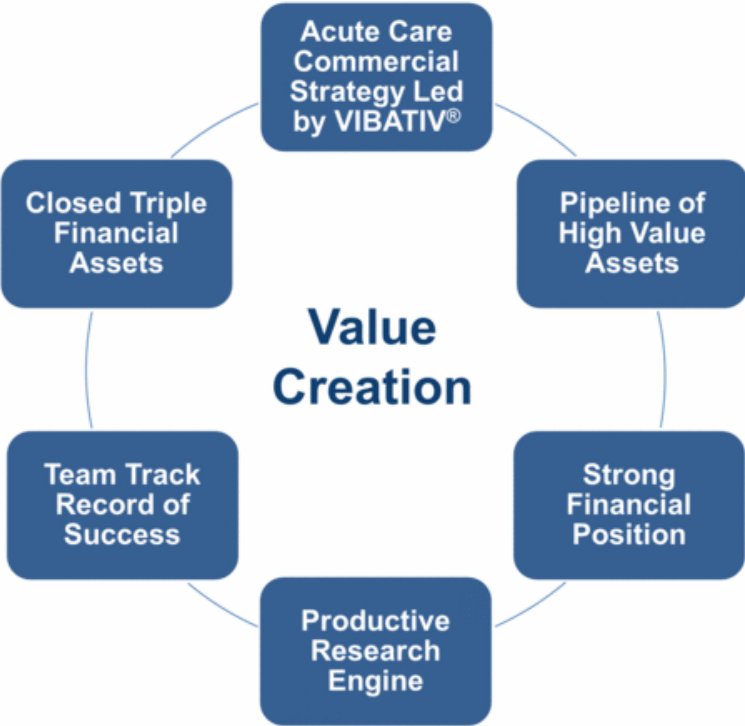
19 ¹ Using LCZ696/omapatrilat
² Using candoxatriil/omapatrilat

Theravance Biopharma
Value Creation

Theravance Biopharma **Milestones** to Value Creation

- **VIBATIV®**: targeting 2015 worldwide revenue¹ of \$15-18 million
- Initiation of **LAMA TD-4208 Phase 3 registrational** program second half 2015
- Progression of **high value development candidates** in cardiovascular / renal disease and ulcerative colitis into the clinic in late 2015/early 2016
- **Completion of 3 Phase 3 studies in 2016**
 - Two LAMA TD-4208 efficacy studies
 - Closed Triple FULFIL study²
- **Completion of 3 Phase 3 studies in 2017**
 - LAMA TD-4208 LTSS
 - Telavancin bacteremia study
 - Closed Triple IMPACT study²

Theravance Biopharma Investment Highlights





Thank You

About VIBATIV[®] (telavancin)

VIBATIV was discovered internally in a research program dedicated to finding new antibiotics for serious infections due to *Staphylococcus aureus* and other Gram-positive bacteria, including MRSA. VIBATIV is a bactericidal, once-daily, injectable lipoglycopeptide antibiotic with in vitro potency and a dual mechanism of action whereby telavancin both inhibits bacterial cell wall synthesis and disrupts bacterial cell membrane function.

VIBATIV for injection is approved in the U.S. for the treatment of adult patients for complicated skin & skin structure infections (cSSSI) caused by susceptible isolates of Gram-positive bacteria, including *Staphylococcus aureus*, both methicillin-susceptible (MSSA) and methicillin-resistant (MRSA) strains. In addition, VIBATIV telavancin is approved in the U.S. for the treatment of adult patients with hospital-acquired and ventilator-associated bacterial pneumonia (HABP/VABP) caused by susceptible isolates of *Staphylococcus aureus* when alternative treatments are not suitable.

VIBATIV is indicated in Canada and Russia for complicated skin & skin structure infections and HAP/VAP caused by Gram-positive bacteria, including MRSA.

VIBATIV is indicated in the European Union for the treatment of adults with nosocomial pneumonia (NP) including ventilator associated pneumonia (VAP), known or suspected to be caused by methicillin resistant *Staphylococcus aureus* (MRSA) and should be used only in situations where it is known or suspected that other alternatives are not suitable.

VIBATIV® (telavancin)

Important Safety Information (US)

Mortality

Patients with pre-existing moderate/severe renal impairment (CrCl \leq 50 mL/min) who were treated with VIBATIV® for hospital-acquired bacterial pneumonia/ventilator-associated bacterial pneumonia had increased mortality observed versus vancomycin. Use of VIBATIV in patients with pre-existing moderate/severe renal impairment (CrCl \leq 50 mL/min) should be considered only when the anticipated benefit to the patient outweighs the potential risk.

Nephrotoxicity

New onset or worsening renal impairment occurred in patients who received VIBATIV. Renal adverse events were more likely to occur in patients with baseline comorbidities known to predispose patients to kidney dysfunction and in patients who received concomitant medications known to affect kidney function. Monitor renal function in all patients receiving VIBATIV prior to initiation of treatment, during treatment, and at the end of therapy. If renal function decreases, the benefit of continuing VIBATIV versus discontinuing and initiating therapy with an alternative agent should be assessed.

Fetal Risk

Women of childbearing potential should have a serum pregnancy test prior to administration of VIBATIV. Avoid use of VIBATIV during pregnancy unless the potential benefit to the patient outweighs the potential risk to the fetus. Adverse developmental outcomes observed in three animal species at clinically relevant doses raise concerns about potential adverse developmental outcomes in humans. If not already pregnant, women of childbearing potential should use effective contraception during VIBATIV treatment.

Contraindication

Intravenous unfractionated heparin sodium is contraindicated with VIBATIV administration due to artificially prolonged activated partial thromboplastin time (aPTT) test results for up to 18 hours after VIBATIV administration.

VIBATIV is contraindicated in patients with a known hypersensitivity to the drug.

Hypersensitivity Reactions

Serious and potentially fatal hypersensitivity reactions, including anaphylactic reactions, may occur after first or subsequent doses. VIBATIV should be used with caution in patients with known hypersensitivity to vancomycin.

Geriatric Use

Telavancin is substantially excreted by the kidney, and the risk of adverse reactions may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection in this age group.

Infusion Related Reactions

VIBATIV is a lipoglycopeptide antibacterial agent and should be administered over a period of 60 minutes to reduce the risk of infusion-related reactions. Rapid intravenous infusions of the glycopeptide class of antimicrobial agents can cause "Red-man Syndrome" like reactions including: flushing of the upper body, urticaria, pruritus, or rash.

QTc Prolongation

Caution is warranted when prescribing VIBATIV to patients taking drugs known to prolong the QT interval. In a study involving healthy volunteers, VIBATIV prolonged the QTc interval. Use of VIBATIV should be avoided in patients with congenital long QT syndrome, known prolongation of the QTc interval, uncompensated heart failure, or severe left ventricular hypertrophy.

Most Common Adverse Reactions

The most common adverse reactions (greater than or equal to 10% of patients treated with VIBATIV) were diarrhea, taste disturbance, nausea, vomiting, and foamy urine. Full Prescribing Information, including Boxed Warning and Medication Guide in the U.S., is available at www.VIBATIV.com.

Q&A Session