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): **April 14, 2015**

THERAVANCE BIOPHARMA, INC.

(Exact Name of Registrant as Specified in its Charter)

Cayman Islands	**001-36033**	**98-1226628**
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(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))

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 Needham Healthcare Conference on Tuesday, April 14, 2015 in New York, NY.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

99.1 Theravance Biopharma's Investor Slide Presentation at Needham Healthcare Conference on April 14, 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: April 14, 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 Needham Healthcare Conference on April 14, 2015

Theravance Biopharma

Medicines That Make a Difference®

14th Annual Needham Healthcare Conference

Rick E Winningham

Chief Executive Officer

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.

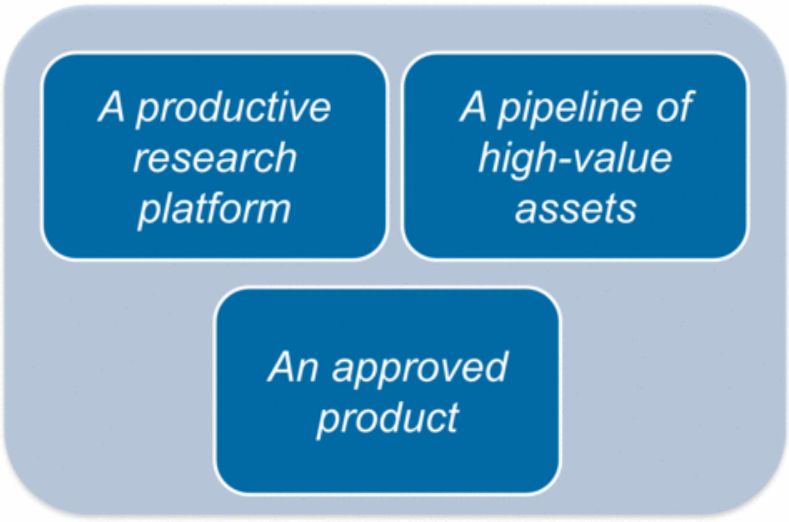
Examples of forward-looking statements in this presentation include statements relating to the company's business plans and objectives, including financial and operating results, potential partnering transactions and sales targets, the company's regulatory strategies and timing and results of clinical 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-K filed with the Securities and Exchange Commission (SEC) on March 13, 2015 and other periodic reports filed with the SEC.

Theravance Biopharma **Today**

(NASDAQ: TBPH)

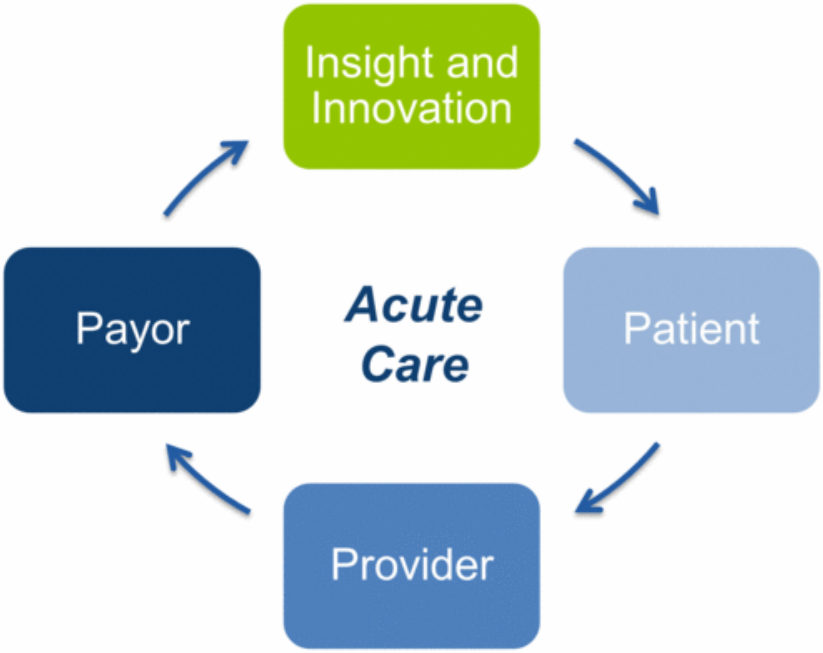
Theravance Biopharma was created to drive value from a unique and diverse set of assets



Theravance Biopharma

The Theravance Biopharma **Strategy**

Leverage Our Insights to Make a Difference for Patients and Create Meaningful Value for Shareholders



Theravance Biopharma

Theravance Biopharma **Milestones**

- **VIBATIV®**: targeting 2015 net sales of $20M
- Initiate **LAMA TD-4208 Phase 3 registrational** program in 2015
- Progression of high value product candidates in heart failure and ulcerative colitis into the clinic in late 2015/early 2016
- **Completion of 3 Phase 3 studies in 2016**[1]
  - LAMA TD-4208 efficacy studies
  - Closed Triple FULFIL study
- **Completion of 3 Phase 3 studies in 2017**[1]
  - LAMA TD-4208 LTSS
  - Closed Triple IMPACT study
  - Telavancin bacteremia study

[1]Estimates per clinicaltrials.gov

Theravance Biopharma

Medicines That Make a Difference®

VIBATIV® (telavancin)

What is **VIBATIV®** (telavancin)?

The 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

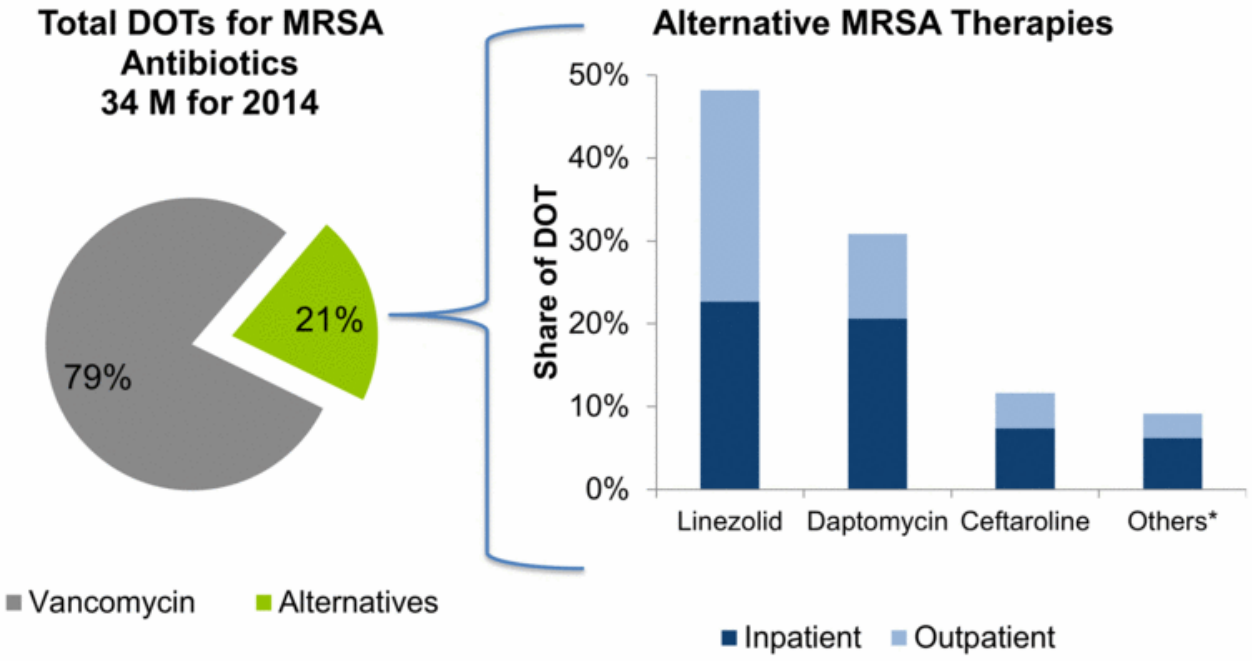
Active against Gram-positive bacteria, including methicillin-resistant *Staphylococcus aureus* (**MRSA**)

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

Opportunity Exists for VIBATIV® Among Alternative MRSA Therapies in Current US Market



Source: TBPH estimates based on integrating data from multiple sources
*Others includes Tygacil and Synercid

Theravance Biopharma

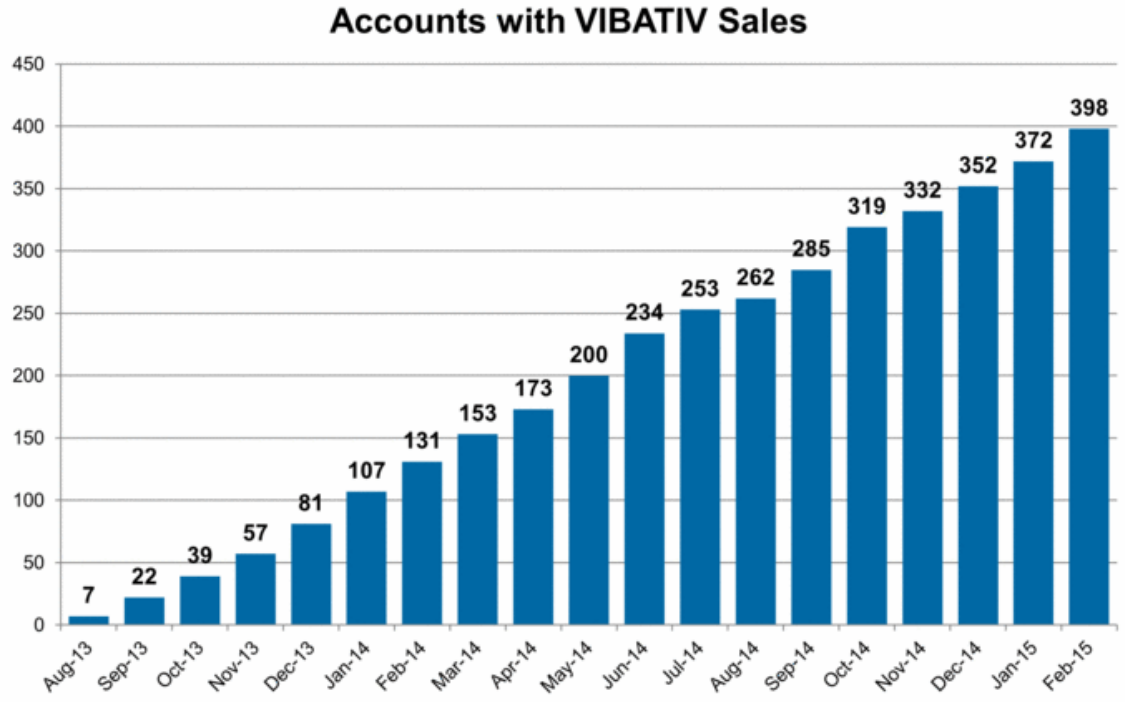
Why Physicians Choose **Telavancin**

Potent Activity
Dual Mechanism of Action; Bactericidal against clinically important Gram+ organisms
Active against *S. aureus* strains with reduced susceptibility to other agents • VAN MIC ≥ 1 µg/mL • VISA, hVISA strains • Daptomycin and linezolid-resistant
No resistance identified in clinical trials or in ongoing global surveillance to date
Clinically Relevant
Penetration into important sites of infection, including the lung
Drug levels remain above the MIC_{90} for MRSA over 24 hours
Clinical efficacy shown in largest HABP/VABP studies to date in a broad population of patients with multiple co-morbidities
Convenience of once daily dosing (with no required therapeutic dose monitoring)
Safety profile characterized in large clinical studies in both cSSSI and HABP/VABP

Louis D. Saravolatz, MD, MACP; St. John Hospital, Detroit, MI; Infectious Disease Specialist

VIBATIV® Commercialization

Robust Growth in New Accounts Since Launch



Source: Symphony Sales Data, thru Feb 2015

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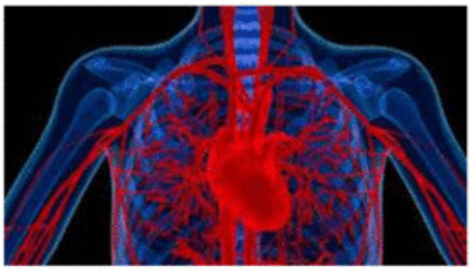
Telavancin Phase 3 Study in Bacteremia

Investing in and **Expanding the Brand**

- Trial, if successful, designed to **support regulatory filing** and **label expansion**[1]
- Multi-center, randomized, open-label study in ~250 patients at ~70 clinical sites in the U.S. and ROW **initiated February 2015**
- Study will evaluate non-inferiority of telavancin vs. standard-of-care[2]
- **Only two antibiotics approved in the U.S.** for the treatment of MRSA bacteremia (vancomycin & daptomycin)
- Study **estimated to complete in 2017**



[1]For VIBATIV® (telavancin) to Third Difficult-to-Treat, Gram-Positive Infection Type
[2]Non-inferiority of telavancin in treating patients as compared to standard therapies such as vancomycin, daptomycin and anti-staphylococcal penicillins

VIBATIV® Indication Profile

Potential for **Broadest Set** of Indications Among Branded Anti-MRSA

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

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

VIBATIV®: Focus for 2015

- **Expanded** commercial and medical program in select U.S. territories
  - Field team increased to 21 sales reps and 10 medical sales liaisons (MSLs)
  - **Highly experienced** institutional reps; Significant **medical information** focus
  - **Regional partners** outside the U.S. contribute cash plus insight to drive commercial success
  - Targeting **2015 net sales** of approximately **$20 million**
- **Generating** additional efficacy data in patients
  - Phase 3 **registrational bacteremia study** in ~250 patients
  - Patient registry study (TOUR) in ~1,000 patients
- **Differentiated** through approved indications and *in vitro* potency
  - Potential for **broadest set of indications** among branded anti MRSA agents
  - *In vitro* potency as great or greater than any other approved Gram+ antibiotic

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Medicines That Make a Difference®

TD-4208

TD-4208: Potential **First Once-daily** Nebulized Bronchodilator

Goal: **Standard of Care** in Nebulized Therapy

Unmet Need

- Once-daily LAMAs are **first-line therapy** for moderate to severe COPD[1]
- **43%** of COPD **treatment regimens** in U.S. **include a LAMA**[2]
- LAMAs are **only available in handheld devices**

Compelling Market Opportunity

- **9%** of COPD patients in the U.S. **use nebulized maintenance therapy**[3]
- Incremental **30%** use nebulized therapy on **intermittent** basis
- **~50%** COPD **patients** hospitalized for exacerbations **discharged with nebulized Rx**
- Twice-daily nebulized LABAs generate annual sales of **~$400M** in the U.S. with **26M treatment days**[4]

First-in-Class Opportunity

- **No once-daily marketed** nebulized bronchodilators
- **No once-daily** nebulized bronchodilators **in development**
- The only twice-daily LAMA in development is **restricted to one nebulizer**

[1] Global Strategy for Diagnosis, Management, and Prevention of COPD
[2] Encuity Research, LLC., *TreatmentAnswers*™ (2013)
[3] TBPH market research (N = 160 physicians)
[4] Estimate derived from use of information under license from the following IMS Health information service: NSP for period MAT Sep, 2014. IMS expressly reserves all rights, including rights of copying, distribution and republication

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Limited Nebulized Bronchodilators for COPD Available

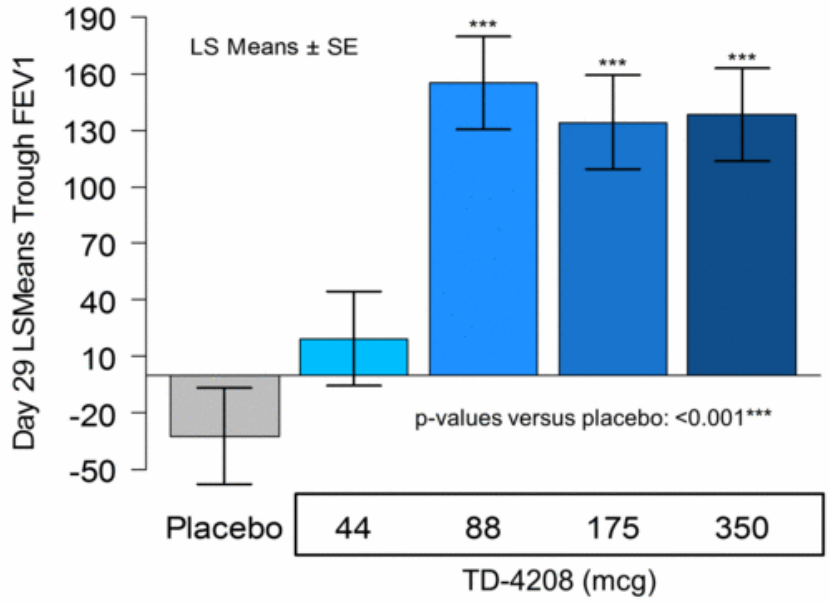
No Nebulized LAMAs and No Once-daily Products of any Class

Frequency	Class	Handheld segment	Nebulized segment
Four times daily	SAMA	✓	✓
	SABA	✓	✓
	SAMA/SABA	✓	✓
Twice daily	LAMA	✓	
	LABA	✓	✓
Once daily	LAMA	✓	
	LABA	✓	
	LAMA/LABA	✓	

- **No once-daily marketed** nebulized bronchodilators
- **No once-daily marketed** nebulized bronchodilators **in development**
- The only twice-daily LAMA in development is **restricted to one nebulizer**

TD-4208 Demonstrates **Clinically Meaningful Improvements** in Lung Function in COPD Patients

Study 0117 **Met Primary Endpoint** at Doses of 88 mcg and Above



- 355 patients with moderate to severe COPD
- Primary endpoint: Change from baseline in trough FEV_1 following 28 days

Note: FEV_1 = forced expiratory volume in one second. PE = Primary Endpoint. COPD = Chronic Obstructive Pulmonary Disease

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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 conducts development** program in US with costs **reimbursed by Mylan**[1]

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

Theravance Biopharma

TD-4208: **Phase 3 Registrational Program**

Fully-funded by Mylan and Executed by Theravance BioPharma

- Plan to **initiate Phase 3** program in 2015
- Trial designed to **support regulatory filing**
  - Two replicate **3-month efficacy studies** expected to **read-out in 2016**
  - Single **12-month safety study** expected to **read-out in 2017**
  - ~2,200 patients across program
  - Study will test two doses: 88 mcg and 175 mcg administered once-daily

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Medicines That Make a Difference®

Closed Triple

Economic Interest in GSK Respiratory Programs

Opportunity for "**Triple Therapy**"

85% economic interest[1] in future payments made by GSK from certain potential respiratory products:

- "**Closed Triple**" (FF/UMEC/VI): Upward-tiering royalty 6.5% - 10% of annual global net sales
- **MABA Monotherapy** (GSK961081 or '081): 10% to 20% of annual global net sales up to $3.5 billion, and 7.5% for all annual global net sales above $3.5 billion
- **MABA Combination**[2] ('081/FF): 70% of rate applicable to sales of single-agent MABA

No investment required by Theravance Biopharma

- Programs jointly managed by GSK and Theravance, Inc. (THRX; A Royalty Management Company); **fully funded by GSK**
- Phase 3 **IMPACT study** in 10,000 patients underway; **targeted to read-out 2017**
- Phase 3 **FULFIL study** in 1,800 patients enrolling; **targeted to read-out 2016**
- Two positive Phase 3 studies completed in "open" triple therapy

[1]TBPH is entitled to this economic interest through its ownership interest in Theravance Respiratory Company, LLC. [2]If MABA medicine containing '081 commercialized only as a combination, such as '081/FF, the above noted royalty rates apply. [3]Estimates per Clinicaltrials.gov
FF/UMEC/VI= Fluticasone Furoate/Umeclidinium/Vilanterol. MABA= Inhaled Bifunctional Muscarinic Antagonist -Beta2 Agonist.

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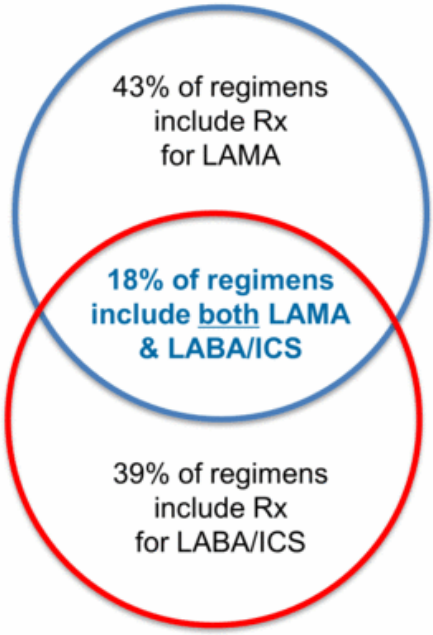
GSK/Theravance Closed Triple Addresses a **Significant**, **Growing** and **High Value Patient Segment**

- 18% of prescribed COPD regimens include co-Rx for LAMA+LABA/ICS[1]
- Patients on triple therapy **constitute highest value/greatest need segment**
  - These patients represent >40% of total LAMA and LABA/ICS COPD sales (**estimated $2.1B out of $4.6 total annual US sales** of LAMA and LABA/ICS products for COPD)[1,2]
  - Triple patients have more symptoms + higher exacerbation risk. Greater disease burden for patient and healthcare system = greater value for treatment success
- GSK/Theravance have the **only QD closed triple in late stage** development



[1]Encuity Research, LLC., *TreatmentAnswers*™ (2013)
[2]EvaluatePharma (2013)

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Medicines That Make a Difference®

Programs Emerging from Research

Focus: Potential **Best-in-Class NEPI** that could **Transform** the **Treatment of Congestive Heart Failure**

Capitalizing on Novartis' success with LCZ696 (ARNI = ARB + NEPI)

Novartis (Sacubitril)

- Off-patent
- Fixed 1:1 ratio with valsartan
- Renal clearance

Constraints
- Challenge to dose patients with severe renal impairment
- Inability to pair NEPI with alternate ARBs

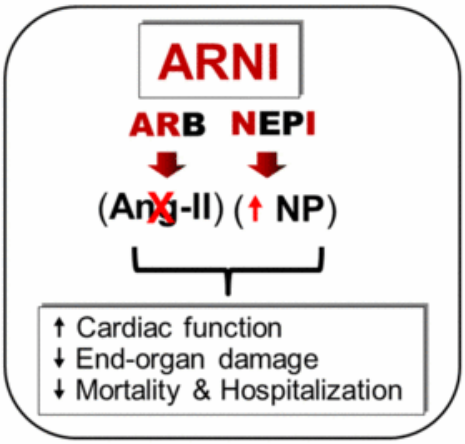
Theravance Biopharma (NEPI)

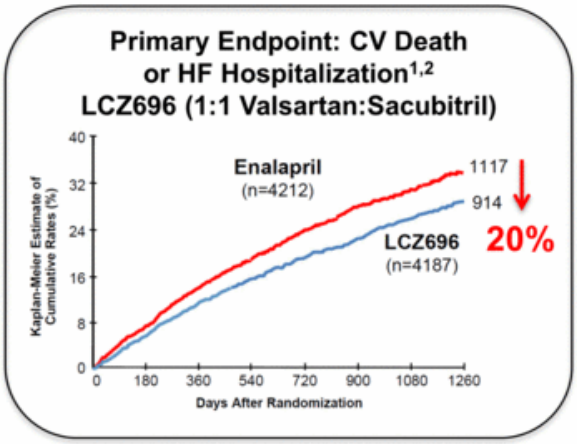
- IP Filed
- Flexible NEP:ARB ratio
- Non-renal clearance

Benefits
- Designed to treat patients regardless of baseline renal function
- Ability to pair NEPI with ARB of choice or alternate mechanisms

- Opportunity to create a **best-in-class product** targeting a broader population of patients including those with **severe HF** and additional **cardiorenal indications**
- Multiple candidates progressing through pre-IND tox; **targeting to achieve FIH in 2015**

ARNI (ARB + NEPI) Class of Medicines may be a Paradigm Shift for Patients with Congestive Heart Failure





However, important considerations for LCZ696 ARNI:

- ↗ **Inflexible 1:1** valsartan:sacubitril
- ↗ **Excluded patients** with severe renal dysfunction (~ 1M patients)[3]
- ↗ **Symptomatic Hypotension**

[1]McMurray et al (2014) *N Engl J Med*, 371:993-1004
[2]Solomon et al (2012) *Lancet*, 380:1387-95

[3]TBPH estimate based on integrating data from multiple sources

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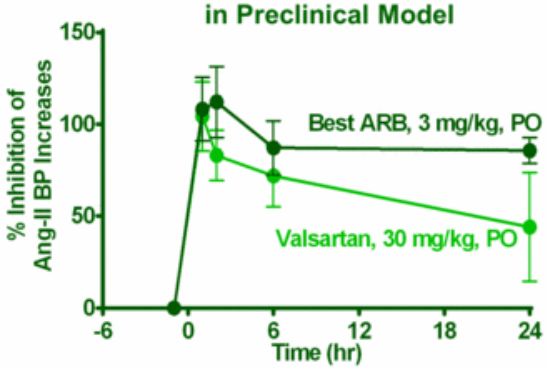
Objective: Create a **Best-in-Class** ARNI (**ARB** + **NEPI**) for Heart Failure

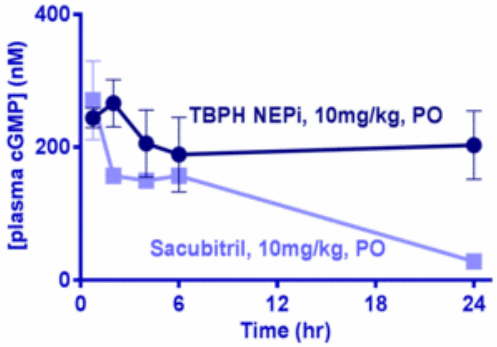
Best ARB + Best NEPI = Best ARNI

Improved efficacy, all HF patients, QD dosing

Sustained Ang II Receptor Blockade in Preclinical Model



Sustained Neprilysin Inhibition in Preclinical Model



Value Inflection in Phase 1b / 2a

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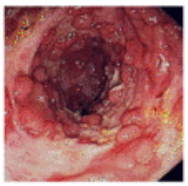
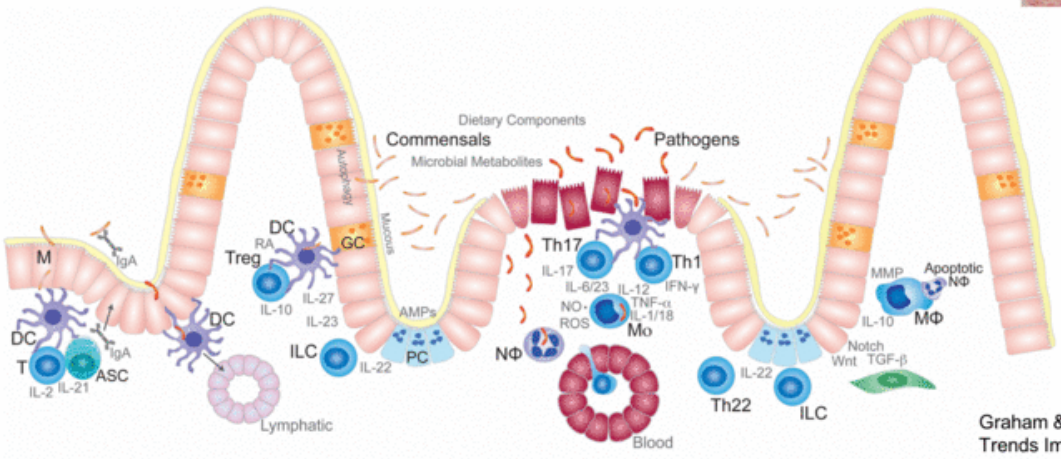
Ulcerative Colitis: A Major **Unmet Medical Need** Remains

- ~ 680K patients in the U.S.[1]
- Current treatments have limited efficacy, lose efficacy with time, or are inappropriate for long term use





Graham & Xavier (2013)
Trends Immunol., 34: 371-378

UC is a complex, heterogeneous disease, and optimal therapy may require targeting multiple inflammatory pathways

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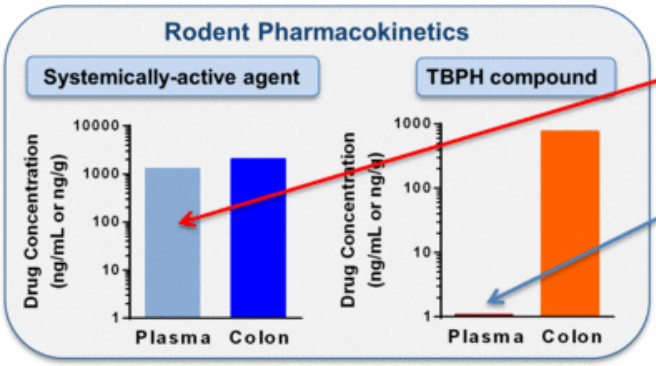
Focus: Oral Small Molecules for Ulcerative Colitis

Restricted to the GI Tract

TBPH target addresses multiple inflammatory mediators

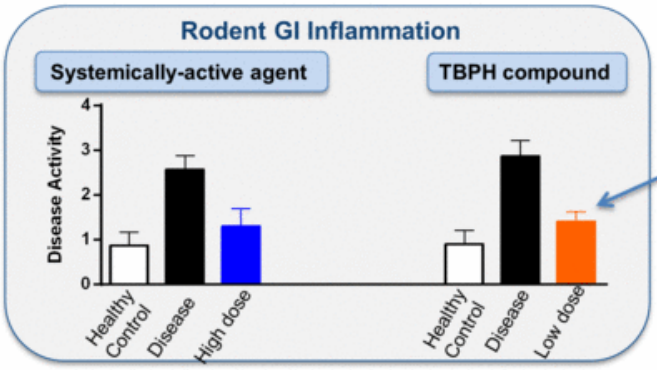
Localized Drug



High risk

Low risk

Targeted Benefit



High Impact

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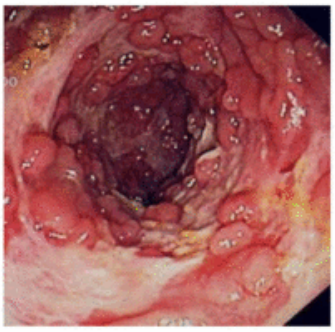
Objective: First-line Acute and Maintenance **Treatment** of Moderate to Severe **Ulcerative Colitis**

- Major **unmet medical need**
  - **~ 680K patients** in the U.S.[1]
- **Current treatments** have **limited efficacy**
- UC is a **complex, heterogeneous disease**
- Optimal therapy may require targeting **multiple inflammatory pathways**
- Agents are needed to treat severe, refractory acute disease and provide a sustained response for long term efficacy
- Pursuing **primary indication in UC**; potential **opportunity in other diseases**
- **Colonic restricted** late-stage research candidate under evaluation



Potential Applications Beyond UC

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Medicines That Make a Difference®

Theravance Biopharma
Value Creation

Theravance Biopharma **Investment Highlights**

- Team **track record** of approvals: 5 indications in 3 drugs in 13 years
- Focused acute care, commercial strategy led by internally discovered product bactericidal antibiotic against MRSA, **VIBATIV®**
- **Pipeline** of internally discovered product candidates
- **Leverage partners** to optimize program value and mitigate risk
- Economic interest in certain GSK programs†, including **"Closed Triple"**
- Efficient corporate structure, with tax domicile outside the U.S.
- Strong balance sheet with **$306M cash**‡ at 12/31/2014

† 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. †† Reflects non-GAAP operating loss, excluding stock-based compensation

Theravance Biopharma **Milestones**

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- **Completion of 3 Phase 3 studies in 2016**[1]
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- **Completion of 3 Phase 3 studies in 2017**[1]
  - LAMA TD-4208 LTSS
  - Closed Triple IMPACT study
  - Telavancin bacteremia study

[1]Estimates per clinicaltrials.gov

Theravance Biopharma

Medicines That Make a Difference®

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 for complicated skin & skin structure infections.

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 ≤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 ≤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.

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Q&A Session