FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person*  MITCHELL DEAN J					2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]										heck all	nship of Reporti applicable) Director	• ( )	o Issuer Owner	
(Last)	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/22/2015											Officer (give title elow)	Oth belo	er (specify w)	
C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) SOUTH SAN FRANCISCO CA 94080														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Exec if an	Deemed ution Date, y uth/Day/Year)					rities Acquired ( ed Of (D) (Instr. :			Se Be Ov	Amount of curities eneficially vned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code	v	Amount		(A) or (D)	Price	Re Tr	eported ansaction(s) astr. 3 and 4)	(111301. 4)	(111541. 4)						
Ordinary	2015			Α		6,000		A	\$(	)	6,000	D							
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	rivative Conversion curity or Exercise (Month/Day/Year) if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execut			4. Transac Code (li 8)	ction of			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amount or Number of Title Shares		ount nber	8. Price of Derivat Securit (Instr. 5	derivative ive Securities y Beneficially	Ownersh Form: Direct (D or Indire (I) (Instr. 4)	Beneficial Ownership		

Explanation of Responses:

Brett A. Grimaud, Attorney-in-Fact 04/24/2015

\*\* 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).

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.