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,	DС	20549
rvasiliigion,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	muc. Sec		Filed	pursua or Se	nt to S ection 3	ection 80(h) o	16(a) f the Ir	of the Sonvestmen	ecurit nt Co	ies Exchang mpany Act o	e Act o f 1940	f 1934		nou	rs per r	esponse:	0.5
1. Name and Address of Reporting Person* GRAHAM RICHARD A					2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]								Check all a Di V O	ship of Repor applicable) rector ficer (give titl	Ĭ	10% O Other (wner (specify	
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD					3. Date of Earliest Transaction (Month/Day/Year) 11/20/2020								SVP, Development					
(Street) SOUTH FRANCI	SCO		4080 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person										on			
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially Ov	vned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution D		Date,	Code (4. Securitie Disposed C 5)	es Acquired (A Of (D) (Instr. 3,		nd Sed Ber Ow	mount of urities eficially ned Following orted	For (D)	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	Amount	mount (A) or (D)		(Ins	Transaction(s) (Instr. 3 and 4)								
Ordinary Shares 11/20/2					2020		F		3,876	D	\$17	.21	131,249		D			
		Tal	ble II -								osed of, convertib				ned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, //Day/Year)	Code (Ins		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	rities ired rosed . 3, 4	Expiration Dat (Month/Day/Ye		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price Derivati Security (Instr. 5)	e derivativ	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

Brett A. Grimaud, Attorney-

in-Fact

** Signature of Reporting Person Date

11/24/2020

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.