FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

					or Sec	tion 30(n)) of the I	nvestmen	Com	pany Act o	or 1940	1						
1. Name and Address of Reporting Person* <u>HEGDE SHARATHCHANDRA S</u>				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					
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 02/06/2017									X Officer (give title Other (specify below) SVP, Research					
(Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	le I - Non	-Deriva	ative S	ecuritie	es Acc	quired,	Disp	osed o	f, or	Benet	icial	ly Own	ed			
Date				ate E lonth/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos		rities Acquired (A) ed Of (D) (Instr. 3, 4			Securi Benefi	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(<i>A</i>	() or ()	Price	Transa	action(s) 3 and 4)		(111511.4)		
Ordinary Shares 02/06/				/2017			A		9,000		A	\$ <mark>0</mark>	\$0 180,628		D			
		Та	able II - D (e							sed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transactic Code (Ins	on of tr. Deriv Secu Acqu (A) o Disp of (D	osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		r. 3	8. Price of Derivative Security Instr. 5)		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-02/08/2017

of Shares

Fact

Title

Expiration Date

** 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.