FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

UIVID APPI	TOVAL					
OMB Number:	3235-0287					
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 00	ee instruction	10.																		
Name and Address of Reporting Person* Crimoud Prott A				2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Grimaud Brett A.														Director			10% O\	wner		
				_										Office below	r (give title		Other (s	specify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								SVI	P. GEN	COUNSE	L AN	ND SECR	ETARY	
C/O THI	ERAVANC	E BIOPHARMA	US, IN	NC.	08/20/2024									SVP, GEN COUNSEL AND SECRETARY						
901 GATEWAY BLVD																				
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
SOUTH	SAN													VIIIE)	Form	filed by On	e Ren	orting Pers	on	
FRANCI		A 9	4080												Form filed by One Reporting Person Form filed by More than One Reporting					
															Person					
(City)	(S	tate) (Ž	<u>Z</u> ip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	Benef	iciall	y Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		Date,	Transaction Disposed (Code (Instr. 5)		ies Acquired (A) Of (D) (Instr. 3,		4 and Securit Benefic Owned		ies cially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) (D)	or Pi	ice	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Ordinary Shares 08/20/2				2024		F		9,268(1)	I) \$	88.22	34	2,613		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) 2. Conversion Date Of Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of rivative curity str. 5)		Owi For Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er								

Explanation of Responses:

1. Shares withheld to satisfy tax obligations arising out of the vesting of previously granted restricted stock units. The share withholding transaction was with the issuer and did not involve an open market transaction

/s/ Brett A. Grimaud

08/22/2024

** 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.