FORM 4

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

Washington,	D.C.	20549
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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

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

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

Name and Address of Reporting Person*     Winningham Rick E						2. Issuer Name <b>and</b> Ticker or Trading Symbol Theravance Biopharma, Inc. [ TBPH ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)      To the second					
	811111111													X				10% O	
(Last)	(Fir	rst) (N	Middle)		2 Da	O Date of Fauli and Transporting (March (David))									belov	er (give title v)		Other (: below)	specily
C/O THERAVANCE BIOPHARMA US, INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/20/2020								C	Chief Executive Officer				
901 GATEWAY BOULEVARD																			
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
SOUTH	- (')	A 9	4080											X	Form	orm filed by One Reporting Person			
FRANCI	ISCO														Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	, or E	Benef	icially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				4 and Securi Benefi		ties Fe cially (E I Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or Pri	ice Trans		action(s) 3 and 4)			(Instr. 4)
Ordinary	Shares			05/20/2	2020				F		13,946	D	\$2	\$26.67 1,303,061 <sup>(1)</sup> D					
Ordinary	rdinary Shares													92	2,567		I	By Trust	
		Tal	ble II -								osed of,				Owne	d			
				(e.g., pt	its, ca	alis, v	warra	ants,	optio	ns, c	onvertib	le se	curiti	es)					1
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	rivative curities quired ) or sposed (D) str. 3, 4		ion Da	ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	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:**

 $1.\ Includes\ 1,402\ shares\ acquired\ under\ the\ Theravance\ Biopharma,\ Inc.\ 2013\ Employee\ Share\ Purchase\ Plan\ on\ May\ 15,\ 2020.$ 

Brett A. Grimaud, Attorney-

05/22/2020

in-Fact.

\*\* 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.