FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average I | nurden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|--|--|-----|---------------------|---|---------------------------|--|--|----------|--|-----------|--|---|-------------------|---------------------|---|---|---|--|--|------------|
| 1. Name and Address of Reporting Person * $HAUMANN\ BRETT\ K$ | | | | | | 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 | | | | | |
| , | | | | | | | | | | | | | | | X | | er (give title | | | (specify |
| (Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/03/2020 | | | | | | | | | | SVP Clin Dev & Chief Med Ofc | | | | |
| (Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indi Line) X | Forn Forn | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tab | e I - No | n-Deriv | ative | Se | curiti | es Ac | quire | d, Di | sposed | of, c | or Be | nefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execut ay/Year) if any | | Deemed cution Date, ny nth/Day/Year) | | Transaction D | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Securities Beneficially | | For (D) | Ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Cod | le V | Amount | | (A) o (D) | r Pri | се | Transa | action(s) 3 and 4) | | | (111501.4) |
| Ordinary Shares 02/03/2 | | | | /2020 | 2020 | | | A | | 65,0 | 65,000 | | | \$ <mark>0</mark> | 29 | 96,276 | | D | | |
| Ordinary Shares 02/03/ | | | | 2020 | | | A | | 54,00 | 54,000(1) | | : | \$ <mark>0</mark> | 350,276 | | | D | | | |
| | | Ta | uble II - I | | | | | | | | osed of converti | | | | | wned | | | | |
| Title of erivative conversion or Exercise nstr. 3) 2. Conversion or Exercise (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution if any (Month/Day/Year) | | | n Date, ay/Year) | 4. Transaction Code (Instr. 8) | | n of Deri Secu Acqu (A) c Disp of (C (Inst and | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of | | Deri Sec (Ins | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. On March 15, 2016, the reporting person was granted a performance stock unit award that vests based on the achievement of certain performance conditions over a five-year timeframe from 2016 through December 31, 2020 and continued employment. On February 3, 2020, the performance conditions applicable to 54,000 shares were achieved and such shares will vest on February 20, 2021, subject to the reporting person's continued service.

> Brett A. Grimaud, Attorney-in-**Fact**

** Signature of Reporting Person

02/05/2020

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.