SEC For	rm 4 FORM	4 U	NITEI	D STAT	TES S	SEC					IGE C	OMN	MISSIC	N			
to Section 16. Form 4 or Form 5 obligations may continue. See				Washington, D.C. 20549 IT OF CHANGES IN BENEFICIAL OWN pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								RSHIP	OME	OMB APPROVAL OMB Number: 3235 Estimated average burden hours per response:			
1. Name and Address of Reporting Person [*] <u>Farnum Rhonda</u>					2. Issuer Name and Ticker or Trading Symbol <u>Theravance Biopharma, Inc.</u> [TBPH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Cofficer (give title Other (specify				vner
(Last)(First)(Middle)C/O THERAVANCE BIOPHARMA US, INC.901 GATEWAY BLVD					3. Date of Earliest Transaction (Month/Day/Year) 03/09/2023								. A below) below) SVP, COMM & MEDICAL AFFAIRS				
(Street) SOUTH SAN FRANCISCO CA 94080					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				
(City) (State) (Zip)						tive Securities Acquired, Disposed of, or Benefi											
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				ction 2A. Exe ay/Year) if ar		Deemed cution Date,	3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		d (A) or	5. Am nd Secu Bene Owne	ount of ities icially d Following	Form:	Direct of Indirect E str. 4) 0	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Price Reported Transaction (Instr. 3 and		<u> </u>		(Instr. 4)
Ordinary	Ordinary Shares 03/09/2023 s 4,000 D \$10.2 360,190 D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
(1. Title of 2. 3. Transaction 3A. Deer Derivative Conversion Date Executio Security or Exercise (Month/Day/Year) if any			(e.g., pu	e, 4. Transaction Code (Instr.		varrants,	options, convertibl 6. Date Exercisable and Expiration Date (Month/Day/Year)			e securities) 7. Title and 8. Amount of 5. Securities 5.			9. Numbe	e O s Fe lly Di oi i (l)	0. Dwnership Form: Direct (D) rr Indirect I) (Instr. 4)	11. Nature of Indirec Beneficial Ownershi (Instr. 4)	

Explanation of Responses:

<u>/s/ Corinna Liebowitz,</u> <u>Attorney-in-Fact</u>

Title

03/13/2023

Date

** Signature of Reporting Person

Amount or Number of Shares

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.

Code V

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.

(D)

(A)

Date Exercisable Expiration Date