FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	nuc. Sec		Filed	d pursua or Se	ant to S ection 3	Section 30(h) d	n 16(a) of the Ir	of the S ovestme	ecurit nt Coi	ies Exchang mpany Act o	e Act of f 1940	1934			nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* Winningham Rick E					2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]										k all app Direc	licable) tor	ng Pe	erson(s) to Is	wner
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 02/08/2021								X Officer (give title below) Other (specify below) Chief Executive Officer					specify	
(Street) SOUTH FRANCE	ISCO CA		4080 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - No	n-Deriva	ative S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enefi	cially	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution [Date,	Code (In					4 and Securi Benefi		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	P	ice	Transa (Instr. 3	action(s) 3 and 4)			(Instr. 4)	
Ordinary Shares 02/08/2					2021		A		170,000	A	_	\$0 1,4		45,169		D			
Ordinary Shares															92	2,567		I	By Trust
		Tal	ole II -	Derivati (e.g., pu	ive Se uts, ca	ecurii alls, v	ties <i>i</i> varra	Acqu ants,	ired, [optio	Disp ns, c	osed of, convertib	or Bei le sec	nefic curition	ially es)	Owne	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disp of (D	r osed) r. 3, 4	6. Date Expirati (Month/	ion Da		Amount of Securities Underlying Derivative Security (Ins 3 and 4)		unt		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4	Ownership	Beneficial Ownership t (Instr. 4)
					Code V		(A)	(D)	Exercis	able	Date		of Shares						

Explanation of Responses:

Brett A. Grimaud, Attorney-

** Signature of Reporting Person

in-Fact.

02/10/2021

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).