FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## 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:								

	tion 1(b).	nuc. See		Filed	pursua or Se	int to S ection 3	ection 0(h) o	16(a) f the Ir	of the Senvestmer	ecuriti nt Con	es Exchang npany Act o	e Act o f 1940	of 1934			nours	per re	esponse:	0.5
1. Name and Address of Reporting Person*  GRAHAM RICHARD A					2. Issuer Name <b>and</b> Ticker or Trading Symbol Theravance Biopharma, Inc. [ TBPH ]									Check a	ll app Direc	licable)	ng Pe	rson(s) to Is  10% Over (see the content of the con	wner
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD					3. Date of Earliest Transaction (Month/Day/Year) 02/08/2021									SVP, Development					
(Street) SOUTH FRANCI	SCO CA		4080 Zip)		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										on				
		Table	I - Noı	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benefic	ially C	)wn	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution I		Date,				es Acquired (A Of (D) (Instr. 3,		4 and Securi Benefi		ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or Pric	<u>,</u>  π	Transaction(s) (Instr. 3 and 4)					
Ordinary Shares 02/08					2021			A		65,000	65,000 A		0	188,749			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 or Exercise Price of Derivative Security	ersion Date Execution Date, if any (Month/Day/Year) etitive				Transaction of Code (Instr. Derivativ		ative rities ired sed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			vative irity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	Code V (A) (D)			Date Exercisa	able	Expiration Date Titl		of Shares						

**Explanation of Responses:** 

Brett A. Grimaud, Attorney-

in-Fact

02/10/2021

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.