FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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 OMB Number: 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

1. Name and Address of Reporting Person* HAUMANN BRETT K						2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]										all app Direct Office	blicable) ctor er (give title			Owner (specify	
(Last)	`	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year)										belov SVP	,	& Chief	below) Chief Med Ofc		
C/O THERAVANCE BIOPHARMA US, INC.					03/15/2016															-	
901 GAT	EWAY BL	VD																			
(Street) SOUTH SAN FRANCISCO CA 94080					4. If	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)	(S	tate) (Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Day/Year) Ex		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					4 and Secui Benet		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount		(A) or (D)	Price	, ı	Transaction(s) (Instr. 3 and 4)				(1130.4)			
Ordinary Shares 03/1					03/15/2016						90,00	0 A		\$	211,508		11,508)		
	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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price of Derivative Security (Instr. 5)			Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	n: ct (D) ndirect	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nur of	ount nber res							

Explanation of Responses:

Brett A. Grimaud, Attorney-in-03/17/2016

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.