Check

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, I	D.C. 20549	
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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 3235-0287 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

Name and Address of Reporting Person*     PASQUALONE FRANK						2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [ TBPH ]									ck all app Direc	ationship of Reporti all applicable) Director Officer (give title		rson(s) to Is 10% Ov Other (s	vner
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2020										pelov	,	mm (	below) Ops Office	er	
(Street) SOUTH FRANCI	SCO		4080 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	3ene	ficial	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Exec		Deemed cution Date, y nth/Day/Year)		Transaction Disposed C Code (Instr. 5)		es Acquired (A Of (D) (Instr. 3,		4 and Securi Benefi Owned		ies cially Following	Forn (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or P	rice	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Ordinary Shares 05/20/2					2020				F		4,214	Г	\$	26.67	67 410,108 <sup>(1)</sup>			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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Str.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: y Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Numl of	ber					

## **Explanation of Responses:**

 $1.\ Includes\ 1,402\ shares\ acquired\ under\ the\ Theravance\ Biopharma,\ Inc.\ 2013\ Employee\ Share\ Purchase\ Plan\ on\ May\ 15,\ 2020.$ 

Brett A. Grimaud, Attorney-

05/22/2020

in-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.