FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ington, D.C.	20549
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1	OMB APPRO	JVAL				
	OMB Number:	3235-0287				
	Estimated average burd	en				
	hours per response:	0.5				

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

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* Molineaux Susan					2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]									ck all applic Directo	able) r	g Pers	on(s) to Issu	ner	
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD.						3. Date of Earliest Transaction (Month/Day/Year) 04/22/2015									below)	(give title		Other (s below)	pecify
(Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip)				4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Oily)			le I - Non	-Deriv	/ative	e Sec	curities	s Acc	nuired.	Disi	oosed o	of, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date				nsaction n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		red (A)	or	5. Amour Securitie Beneficia	. Amount of ecurities eneficially wned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	nount (A) or (D)		ce	Transact (Instr. 3 a	ion(s)			insu. 4)
Ordinary Shares 04/22/				2/201	/2015			A		6,000	6,000 A		\$ <mark>0</mark>	6,000			D		
		-	Table II - I)								osed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date, T	4. Transa Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da	Date	Amount of		of s ng e Secu		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amor or Numl of Share	ber					
Ordinary Shares	\$18.41	04/22/2015			A		12,000		(1)	O	4/21/2025	Ordinary Shares	12,0	00	\$0	12,000		D	

Explanation of Responses:

1. This option may be exercised and shall be vested as of 1/24th of the shares subject to this option when optionee completes each continuous month of service following the grant date.

Brett A. Grimaud, Attorney-in-04/24/2015 **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.