FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	ES IN BEN	IEFICIAL (DWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden 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

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1. Name and Address of Reporting Person* MALKIEL BURTON G				2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]									(Ch	elationship eck all appli X Direct	cable)	ng Pers	son(s) to Iss			
	ERAVANCI	irst) (Middle) E BIOPHARMA US, INC. OULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 04/27/2021										Office below	r (give title)		Other (s	specify
(Street) SOUTH FRANCE	()	Α !	94080		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	า-Deriv	ative	Se	curitie	s Ac	qui	ired, C	Disp	osed c	of, or	Ben	eficial	ly Owne	d			
Date					2A. Deemed Execution Date of any (Month/Day/Yea		Code (Instr.							Benefic	es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									-	Code	V	Amount		(A) or (D)	Price	Transac (Instr. 3	tion(s)			(111501.4)
Ordinary Shares			04/27	7/202	7/2021				A		9,828 A		A	\$0	81	81,605		D		
Ordinary	y Shares												15	15,000			By Spouse			
		Т	able II -									sed of, onverti				Owned				
1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day			Date,	Code (Instr		n of		6. Date Exercisable Expiration Date (Month/Day/Year)			and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	te ercisable		xpiration ate	Title	0 N	Amount or Number of Shares					
Share Option (Right to	\$20.35	04/27/2021			A		6,000			(1)	04	4/26/2031	Ordir Shai		6,000	\$0	6,000)	D	

Explanation of Responses:

1. This option may be exercised and shall be vested as to 1/12th of the shares subject to this option when optionee completes each continuous month of service following the grant date and any then remaining unvested shares shall vest on the date of the next annual meeting of the Company's shareholders provided the optionee remains in continuous service on such date.

Brett A. Grimaud, Attorney-in-04/29/2021 **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.