FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* BRADY ANN						2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]									Check a	all app Direc	licable)	ng Pers	Person(s) to Issuer 10% Owner Other (specif	
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD						3. Date of Earliest Transaction (Month/Day/Year) 02/03/2020									Λ	belov	Preside	ent, TE	below)	
(Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transa Date (Month/E						ar)	Executio if any	A. Deemed secution Date, any lonth/Day/Year)		Transaction Dispos Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secur Benet		cially I Following	Form:	nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount		(A) or (D)	Price	Transaction(s)				(111341. 4)	
Ordinary Shares 02/03/					2/03/2020						40,00	0	A	\$	0 111,111			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	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date, Transacti Code (Ins					6. Date E Expiratio (Month/D		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Pric Deriva Securi (Instr.	ative ity 5	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nun of	nber						

Explanation of Responses:

Brett A. Grimaud, Attorney-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.