FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-02

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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).

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*  PITZER KENNETH R					2. Issuer Name <b>and</b> Ticker or Trading Symbol Theravance Biopharma, Inc. [ TBPH ]										Check a	II app	icer (give title		erson(s) to Issuer 10% Owner Other (specify below)	
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 05/20/2019										SVP, Prod Strat & Comm Plng					
(Street) SOUTH SAN FRANCISCO CA 94080  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Nor	า-Deriva	ative	Sec	uritie	s Ac	quired	, Dis	posed o	f, or	Ben	eficia	ally O	wne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ur) Ei	A. Deemed kecution Date, any lonth/Day/Year)		Transaction Disposed Code (Instr. 5)			ties Acquired (A) I Of (D) (Instr. 3, 4			4 and See Be Ow		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
								Code	v	Amount		A) or D)	Price	Ti	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Ordinary Shares 05/20/2						/2019					2,272	D \$19		\$19	.84 264,378		54,378	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. Deemed Execution Dat if any (Month/Day/Ye	Date,	Code (Inst				6. Date Expirati (Month/	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)			8. Price Deriva Securi (Instr. 9	ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount nber ires						

**Explanation of Responses:** 

Kenneth R Pitzer

05/22/2019

\*\* Signature of Reporting Person

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.