SEC For	rm 4																		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														OMB APPROVAL					
to Section 16. Form 4 or Form 5 obligations may continue. See						TOF CHANGES IN BENEFICIAL OWN									Est			er: werage burd esponse:	3235-0287 en 0.5
1. Name and Address of Reporting Person [*] WORBOYS PHILIP D					or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]									(Chec	k all app Direc	licable)	10% Owr		
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 02/20/2021									SVP, Research & Transl Science					
(Street) SOUTH SAN FRANCISCO CA 94080				4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	,				on	
(City) (State) (Zip)																			
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	luired	, Dis	posed of	, or E	Bene	ficially	y Own	ed			
1. Title of Security (Instr. 3) Date (Month/Da				Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		A) or , 4 and	or 5. Amou 4 and Securitie Beneficia Owned F Reported		Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								v	Amount	(A) ((D)	or P	Price	Trancactio				(
Ordinary Shares 02/20/2						021			F		31,887	D		\$18.79	79 352,508			D	
		Tal	ble II -								osed of, convertib				Ownee	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi ct (Instr. 4)
					Code	v	(A)	(D)	Date Exerci:	sable	Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

Brett A. Grimaud, Attorney-<u>in-Fact</u> 02/23/2021

** 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.