FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

	ction 1(b).	nuc. Sec		Filed							ies Exchang mpany Act o		1934			liours	per re	esponse:	0.5
Name and Address of Reporting Person* Winningham Rick E				2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]									5. Relationship of Repor (Check all applicable) X Director				ting Person(s) to Issuer 10% Owner		
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2021									X Officer (give title Other (specify below) Chief Executive Officer					specify	
(Street) SOUTH FRANCE	ISCO CA		4080		4. If Amendment, Date of Original Filed (Month/Day/Year)								ine) X	-,					
(City)	(S)		Zip)	Doriva	tive	Sacu	ritios	. Λ cα	uired	Die	nosed of	or B	nofic	ially ()wn	ad			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				tion 2A. Deemed Execution Date,		Juired, Disposed of, or B 3.		ed (A) o	r 5. and S	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount	(A) o (D)	Price			action(s) 3 and 4)			, ,		
Ordinary Shares 05/20/2				2021		F		11,404	D	\$1	7.8	.8 1,324,818 ⁽¹⁾			D				
Ordinary Shares														92	2,567		I	By Trust	
		Tal									osed of, convertib				vne	t			
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative irities uired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		tte ear)	7. Title and Amount of Securities Underlying Derivative Security (Ins: 3 and 4) Amou or Numb of Title Share		nt er		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)		

Explanation of Responses:

 $1.\ Includes\ 1,401\ shares\ acquired\ under\ the\ Theravance\ Biopharma,\ Inc.\ 2013\ Employee\ Share\ Purchase\ Plan\ on\ May\ 14,\ 2021.$

Brett A. Grimaud, Attorneyin-Fact.

05/24/2021

** 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.