FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. 20549 | |
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| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Inaterration 1/h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | : 0.5 | | | | | | | |

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* GRAHAM RICHARD A | | | | 2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH] | | | | | | | | | k all app Direc Office | licable) tor er (give title | Othe | Owner r (specify | | |
|--|--|------------|-------|---|----------------|--|-----|------|--|------------------------------|--------------------|--|---|---|--|---------------------|----------|--|
| (Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2023 | | | | | | | 1 | belov | , | belo & DEVELC | ′ | |
| 901 GATEWAY BLVD | | | | | | | | | | | | | | | | | | |
| (Street) SOUTH FRANCI | | A 9 | 94080 | | 4. If <i>i</i> | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (\$ | State) (2 | Zip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acq Disposed Of (D) (5) | | | s Acqu Of (D) (I | uired (<i>F</i> Instr. 3 | A) or , 4 and | 5. Amo Securi Benefi Owned | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | ction(s) 3 and 4) | | (msu: 4) | |
| Ordinary Shares 03/14/2 | | | | 2023 | | | S | | 2,323(1) | D \$ | | 10.32 | 2 371,817 | | 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) | rative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any | | | Transaction Code (Instr. 8) | | umber Expiration D (Month/Day/\text{varive} uired or oosed b) (ir. 3, 4 5) | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership ct (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amor or Numl of Share | ber | | | | |

Explanation of Responses:

1. This transaction was executed in accordance with the reporting person's 10b5-1 plan dated 11/23/22.

/s/ Corinna Liebowitz, 03/16/2023 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.