FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasilligion,	D.C.	20349	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

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

	tion 1(b).	nuc. See		Filed							ies Exchang mpany Act o		f 1934			nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* BRADY ANN					2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]								Check a		ng Pe	erson(s) to Is 10% Ov Other (s	wner		
(Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD					3. Date of Earliest Transaction (Month/Day/Year) 08/20/2020								X Officer (give title Other (specify below) President, TBIL						
(Street) SOUTH FRANCI	SCO CA		4080 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (ChecLine) X Form filed by One Reporting F Form filed by More than One F Person											porting Pers	on		
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or B	Benefic	ially (Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Da		ion Date, Transac Code (II			tion Disposed Of (D)		s Acquired (A) or f (D) (Instr. 3, 4 a		ecurit Benefic	ially Following	Forn (D) (m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D) Pr		. т	Transaction(s) (Instr. 3 and 4)				, , ,
Ordinary Shares 08/20					2020		F		2,292	D	\$18	.22	22 100,579		D				
		Tal	ble II -								osed of, convertib				wned	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8)		Transa Code (Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		unt ber				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

Brett A. Grimaud, Attorney-

in-Fact

08/24/2020

** 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.