Edgar Filing: Theravance Biopharma, Inc. - Form 4

Theravance Bio	opharma, Inc.									
Form 4	01 7									
February 22, 20								OMB AF	PROVAL	
FORM	4 UNITED S	STATES					COMMISSION	OMB Number:	3235-0287	
								-		
(Print or Type Res	ponses)									
			2. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M	liddle)	3. Date of Earliest Transaction				(Check all applicable)			
C/O THERAVANCE BIOPHARMA US, INC., 901 GATEWAY BLVD			(Month/Day/Year) 02/20/2017			Director10% Owner XOfficer (give titleOther (specify below) below) SVP, Chief Financial Officer				
			Filed(Month/Day/Year) Applicable Line _X_ Form filed			Applicable Line) _X_ Form filed by C	Joint/Group Filing(Check y One Reporting Person			
SOUTH SAN FRANCISCO	, CA 94080						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative S	Securities Acq	uired, Disposed of	, or Beneficial	ly Owned	
	Transaction Date Aonth/Day/Year)	2A. Deen Executior any (Month/D	n Date, if	Code (Instr. 8)		(A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

F

Ordinary

Shares

02/20/2017

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 control number.

226,350

D

\$

33.78

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

10,211 D

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
GALA RENEE D C/O THERAVANCE BIOPHARMA U 901 GATEWAY BLVD SOUTH SAN FRANCISCO, CA 9408	·		SVP, Chief Financial Officer					
Signatures								
Brett A. Grimaud, Attorney-in-Fact	02/22/2017							
**Signature of Reporting Person	Date							

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.