Edgar Filing: Theravance Biopharma, Inc. - Form 4

Theravance Bio Form 4	pharma, Inc	2.									
April 24, 2015 FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION AND											
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				GES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: Estimated a burden hou response	rs per	
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type Resp	oonses)										
MALKIEL BURTON G Symbol				Issuer Name and Ticker or Trading bol eravance Biopharma, Inc. [TBPH]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check					k all applicable)			
(Month/Da C/O THERAVANCE BIOPHARMA 04/22/20 US, INC., 901 GATEWAY BOULEVARD				/Day/Year) 2015				_X_Director 10% Owner Officer (give title Other (specify below) below)			
				nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SOUTH SAN FRANCISCO,	CA 94080							Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			SecuritiesFBeneficially(JOwnedIn	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Ordinary 0 Shares 0	4/22/2015			Code V A		(D) A	Price \$ 0		D		

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

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.

 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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

		Relationships						
Reporting Owner Name / Address		Director	10% Owner	Officer	Other			
MALKIEL BURTON G C/O THERAVANCE BIOPHARMA US 901 GATEWAY BOULEVARD SOUTH SAN FRANCISCO, CA 94080	S, INC.	Х						
Signatures								
Brett A. Grimaud, Attorney-in-Fact	04/24/20	15						
**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).

(1) Includes shares acquired in a pro rata distribution by Theravance, Inc.

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.