Smaldone Alsup Laurie Form 3 February 15, 2018 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

OMB APPROVAL

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u>			2. Date of Event Requiring Statement (Month/Day/Year) 02/13/2018	3. Issuer Name and Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]			
A Smaldone Alsup Laurie (Last) (First) (Middle)		4. Relationship of Reporting		5 If Amondment Data Original			
· · ·		(wildule)		Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O THERAVANCE BIOPHARMA US, INC, 901				(Check all applicable)			
GATEWAY				_X_Director10% Owner			
	(Street)			OfficerOther (give title below) (specify below)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting		

SOUTH SAN FRANCISCO, CAÂ 94080

(City)	(State)
1.Title of Sec (Instr. 4)	urity

(C:+-)

(State) (Zip)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities 3. Beneficially Owned Ownership (Instr. 4) Form: Direct (D) or Indirect

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Reporting Person

Form filed by More than One

Person

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

SEC 1473 (7-02)

(I) (Instr. 5)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	,	

Shares	or Indirect
	(I)
	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships				
		Director	10% Owner	Officer	Other	
Smaldone Alsup Laurie C/O THERAVANCE BIOPHARMA US 901 GATEWAY BLVD. SOUTH SAN FRANCISCO, CA 940	,	X	Â	Â	Â	
Signatures						
Brett A. Grimaud as 02/1 Attorney-in-Fact		2018				
**Signature of Reporting Person	Date	e				
Explanation of Responses:						

No securities are beneficially owned

- * If the form is filed by more than one reporting person, *see* Instruction 5(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.