#### Edgar Filing: Shafer Bradford J - Form 4

Shafer Brad Form 4	ford J										
September (	08, 2017										
								OMB APPROVAL			
	<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSIO</b> Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287	
Check th if no lon subject to Section Form 4 of Form 5 obligation may con See Instri 1(b).	ger o 16. or <sup>ons</sup> tinue. Section 17	STATEMENT OF CHANGES IN 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								Expires: January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Shafer Bradford J			2. Issuer Name <b>and</b> Ticker or Trading Symbol Theravance Biopharma, Inc. [TBPH]				-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Ch				(Check	ck all applicable)			
C/O THERAVANCE BIOPHARMA US, INC., 901 GATEWAY BOULEVARD			(Month/Day/Year) 09/06/2017					Director 10% Owner X Officer (give title Other (specify below) below) EVP, Gen. Counsel, Secretary			
				Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SOUTH SA FRANCISC	AN CO, CA 94080							Form filed by Me Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	ole I - Non	-Derivative	Secu	rities Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Execution Date, if		3. 4. Securities Acquired (A Transactions Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Ordinary Shares	09/06/2017			S	14,670	D	\$ 30.7669 (1)	9 134,327	D		

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

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 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Shafer Bradford J C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BOULEVARD SOUTH SAN FRANCISCO, CA 94080			EVP, Gen. Counsel, Secretary			

## Signatures

Bradford J. 09/08/2017 Shafer \*\*Signature of Date

<u>\*\*</u>Signature of Reporting Person

of

### **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).

This transaction was executed in multiple trades at prices from \$30.69 to \$30.94. The price reported above reflects the weighted average
 (1) sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or any security holder of the issuer, full information regarding the number of shares and prices at which the transaction was effected.

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.