Edgar Filing: PASQUALONE FRANK - Form 4

PASQUALO	ONE FRANK									
Form 4										
November 2	21, 2018									
FORM	14							OMB AF	PROVAL	
	UNITE	D STATES			AND EXCI , D.C. 2054		COMMISSION	OMB Number:	3235-0287	
Check this box if no longer								Expires:	January 31,	
subject t						NERSHIP OF	Estimated a	2005 average		
Section		SECURITIES						rs per		
Form 4 c								response	0.5	
	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									
may con				•	• •	•	1935 or Section	1		
See Instr	ruction	30(h)	of the In	ivestment	Company	Act of 194	-0			
1(b).										
(Print or Type	Responses)									
(F)									
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of 5.							Reporting Person(s) to			
PASQUALONE FRANK			Symbol Theravance Biopharma, Inc. [TBPH]			Issuer				
(Last)	(First)	(Middle)		f Earliest Ti		. ,	(Chec.	k all applicable)	
(2007)	(1 1130)	(initiality)		Day/Year)	ransaction		Director	10%	Owner	
C/O THERAVANCE BIOPHARMA			11/20/2018			Officer (give title Other (specify				
US, INC., 9					below) below) SVP, Chief Comm Ops Officer					
	(Streat)		4 10 4	1 (D						
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			Filed(Mo	ntn/Day/Yea	r)		Applicable Line) _X_ Form filed by C	One Reporting Pe	rson	
SOUTH SA	N						Form filed by M			
	CO, CA 94080						Person			
(City)	(State)	(Zip)							_	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative Se	curities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D				3. 4. Securities Acquired Transaction(A) or Disposed of (D		5. Amount of	6. Ownership		
	(Month/Day/Ye	ear) Execution any	n Date, 1f	Transactio Code			 Securities Beneficially 	Form: Direct (D) or	Indirect Beneficial	
(1130.5)		•	Day/Year)	· · · · · · · · · · · · · · · · · · ·			Owned	Indirect (I)	Ownership	
			. ,				Following	(Instr. 4)	(Instr. 4)	
					(A)	Reported Transaction(s)			

Ordinary Shares 11/20/2018

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

F

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.

(Instr. 3 and 4)

216,340

D

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

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

Code V Amount (D)

5,735 D

or

Price

24.79

S

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	(Month/Day/Year) ve es d		7. Title an Amount o Underlyin Securities (Instr. 3 a	of I ng S s (8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans
			Code V	of (D) (Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		(Instr

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
PASQUALONE FRANK C/O THERAVANCE BIOPHARMA US 901 GATEWAY BLVD SOUTH SAN FRANCISCO, CA 94080	·		SVP, Chief Comm Ops Officer				
Signatures							
Brett A. Grimaud, Attorney-in-Fact	11/21/2018						
**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.